



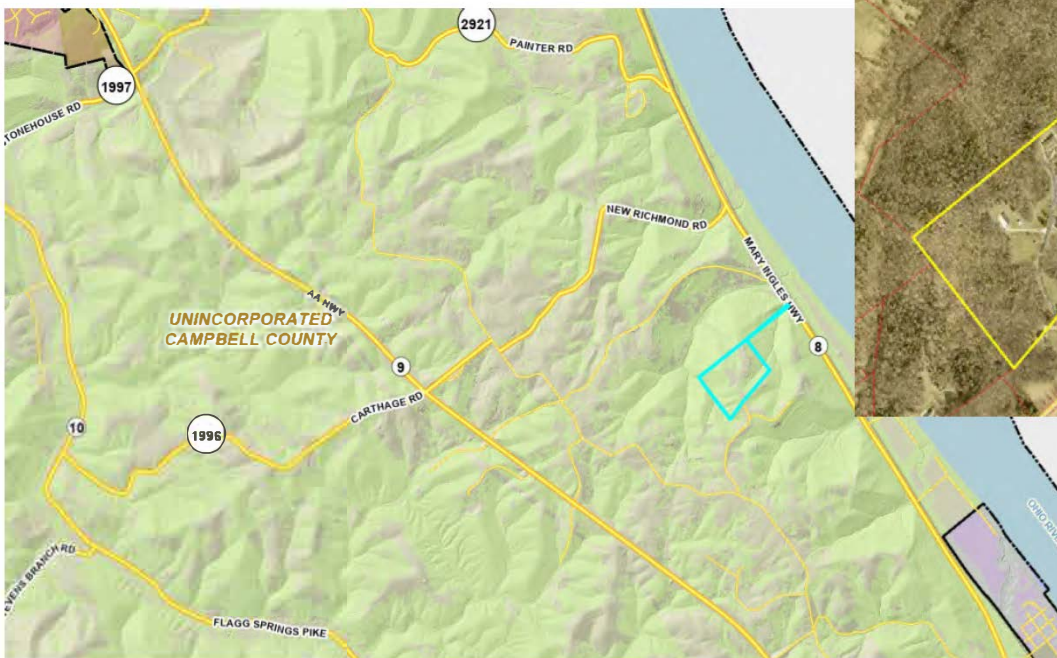
September 8, 2026

Campbell County & Municipal Board of Adjustments

The Campbell County & Municipal Board of Adjustments will hold a Public Hearing on **Tuesday, September 15, 2026 at 6:30 PM ET (5:30 PM CT)** at the Campbell County Fiscal Court Chambers located at 1098 Monmouth St. Newport, KY 41071 for the purpose of hearing testimony for the following case:

CASE: BA-26-011
APPLICANT: SHP on behalf of Holly Hill Child & Family Solutions (HHCFS)
LOCATION: 9599 Summer Hill Road
REQUEST: Enlargement of Conditional Use Permit as approved in 1989. The enlargement requested is to construct a new 9,000 square foot building to house and treat displaced juvenile females pursuant to an agreement with the Cabinet for Health and Family Services.
Variance for the height of a security fence.

Per Section 18, notice of public hearing was placed on LinkNKY Reader. Notice was sent to adjoining and neighboring property owners.



Background:

Holly Hill was chartered April 3, 1884, through a special act of the Kentucky General Assembly. The original facility, Campbell County Protestant Orphan's Home, was located in Newport, Kentucky. In 1952, the home relocated to Cold Spring, Kentucky and changed its name to Holly Hill Children's Home. In 1987, Holly Hill was officially licensed as a residential treatment facility to deal with children who suffer from severe emotional and behavioral problems. Historically, Holly Hill treated boys and girls ages 12 to 18 until 1995, when the agency made the transition to an all-girls facility.

Today, Holly Hill Child & Family Solutions (HHCFS), with offices in California, Kentucky and Highland Heights, Kentucky offers two main areas of programming: Residential Treatment and Behavioral Health Services. The southern Campbell County site specializes in the treatment of adolescent girls in a residential setting.

The residential facility is not exclusive to Campbell County residents. Holly Hill Child & Family Solutions is a non-profit agency.

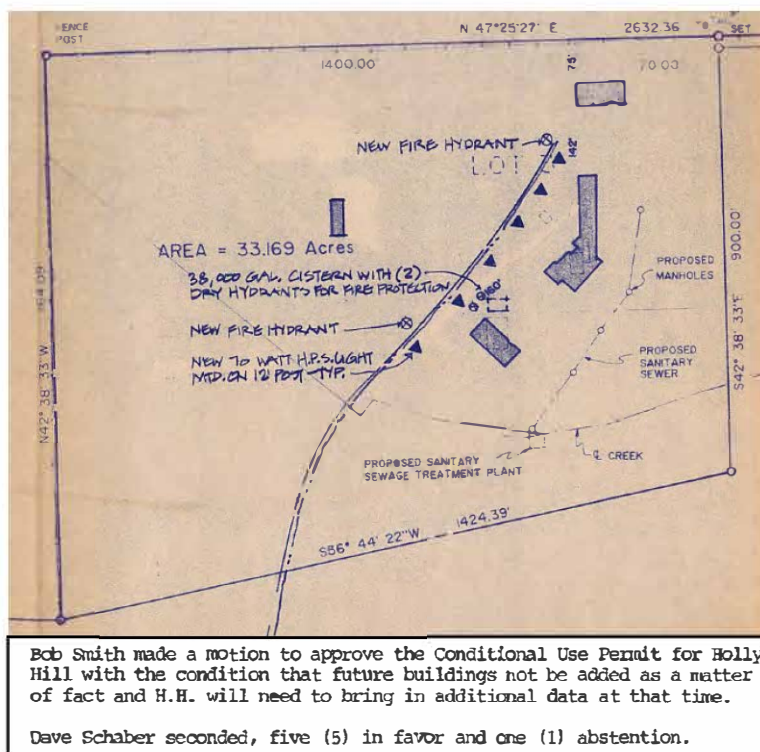


In 1989, the Campbell County & Municipal Board of Adjustment (BA-05-89) granted a Conditional Use Permit for Holly Hill Children's Home to be relocated to the site at 9599 Summer Hill Road "with the condition that future buildings not be added as a matter of fact and H.H. will need to bring additional data at that time".

The 1989 site plan indicated two cottages to house a maximum of 12 residents, a maintenance building and an administration building. Future cottage(s) for expansion were referenced but not depicted on the plan.

In 1989, it was noted by the Holly Hill Director that "the children of Holly Hill were abused or neglected or have had a traumatic experience and were in need of a home and counseling."

The 1989 application and hearing minutes are included in [Attachment A](#).





The Holly Hill campus at 9599 Summer Hill Road is defined as a Congregate Care (Residential Treatment) Program. The residential campus includes an administration building, two residential cottages and a maintenance building. *KRS100.982 defines a "Residential care facility" as a residence operated and maintained by a sponsoring private or governmental agency to provide services in a homelike setting for persons with disabilities. "Services" are defined as but is not limited to, supervision, shelter, protection, rehabilitation, personal development, and attendant care.*

Title VII Family First Prevention Services Act (FFPSA) provides for higher level of care facilities with tailored services when the youth is pregnant, parenting youth, victim of labor trafficking, victim of sex trafficking, or at risk of sex trafficking. In 2024, the *Holly Hill Children's Home Pilot* was started. As stated by the applicant, *"It was developed with the Kentucky Department for Community Based Services as a low-census form of Holly Hill's existing residential treatment program for adolescent girls, using single-occupancy bedrooms, enhanced staffing, and closer supervision."* This pilot program focuses on providing Residential Treatment Program for a victim of sex trafficking, or at risk of sex trafficking.

In 2024, Holly Hill Children's Home, Inc. affiliated with Inperium, a 501(c)(3) nonprofit that helps nonprofits and mission-aligned enterprises grow through a shared constellation of services, expertise, and capital. The affiliation with Holly Hill is Inperium's first in Kentucky. This investment combined administrative operations to generate economies of scale and enhance overall performance.

The campus at 9599 Summer Hill Road has an operating capacity of 12 residents with 6 in each cottage. The current site has a licensed capacity for 24 residents under Private Childcaring Facility License 500027, issued by the Kentucky Cabinet for Health and Family Services, Office of Inspector General, Division of Regulated Childcare.

New Vista, which contracts with the Department of Community Based Services (DCBS) of the Kentucky Cabinet for Health and Family Services, provides a comparative report for the Holly Hill Children's Home Pilot and list a female operational bed capacity of 12, with the accepted

range from 12 to 17 years of age. The residents of the site are from throughout the State. A psychiatrist is assigned to the facility and makes monthly visits to the site.

Commonly when placing a youth in a Residential Treatment Program, the proximity to the youth's school and community within the county where they have resided with their family, is preferable to promote attachment and positive treatment outcomes.

Overview

- A. In May 2026, an application was received for the "Modification to approved Conditional Use"eThe request was described as *Holly Hill is requesting a modification to the approved Conditional Use of the property established in 1989, for the expansion discussed at that time. Specifically, we have proposed a new 9,000 SF PRTF cottage on the property that maintains the current capacity of the campus and uses existing infrastructure.*" The cover letter identified that the site would meet "all regulatory requirements for all regulatory requirements of a PRTF Level II facility."

An amended application was made in August, 2026. This amendment modified the request as follows, *Holly Hill is requesting an enlargement to the approved Conditional Use of the property that was approved in 1989 by the Board of Adjustments. The enlargement requested is to construct a new 9,000 SF building on the property to house and treat displaced juvenile females pursuant to an agreement with the Cabinet for Health and Family Services*".

A letter from CABINET FOR HEALTH AND FAMILY SERVICES, KENTUCKY DEPARTMENT FOR COMMUNITY BASED SERVICES references a proposal by HHCFS to develop a Psychiatric Residential Treatment Facility (PRTF).

An additional letter was received from the CABINET FOR HEALTH AND FAMILY SERVICES, DEPARTMENT FOR MEDICAID SERVICES seeking to clarify the role of Psychiatric Residential Treatment Facilities (PRTFs) within Kentucky's behavioral health continuum for children and adolescents and to explain how this level of care relates to existing Qualified Residential Treatment Programs (QRTPs). (Refer to [Attachment B](#) for the applications and associated letters).

Campbell County Zoning Ordinance Section 9.14 provides that the Board of Adjustments may authorize a conditional use if the evidence presented by the applicant (and staff) is such as to establish beyond any reasonable doubt:

- That the proposed use at the particular location is necessary or desirable to provide a service or facility which will contribute to the general well-being of the neighborhood or the community;
- That such use will not be detrimental to the health, safety, or general welfare of persons residing or working in the vicinity, or injurious to property or improvements in the vicinity.
- That such use will comply with any regulations and conditions in the Campbell County Zoning Ordinance for such use.

- B. A height variance for a security fence at the proposed Psychiatric Residential Treatment Facility was also requested.

Kentucky Revised Statutes (KRS) 100.241 provides that the Board shall have the power to hear and decide on applications for variances. The Board may impose any reasonable conditions or restrictions on any variance it decides to grant.

KRS 100.243 states that before any variance is granted, the board must find that the granting of the variance will not adversely affect the public health, safety or welfare, will not alter the essential character of the general vicinity, will not cause a hazard or a nuisance to the public, and will not allow an unreasonable circumvention of the requirements of the zoning regulations. In making these findings, the board shall consider whether:

- The requested variance arises from special circumstances which do not generally apply to land in the general vicinity, or in the same zone;
- The strict application of the provisions of the regulation would deprive the applicant of the reasonable use of the land or would create an unnecessary hardship on the applicant; and
- The circumstances are the result of actions of the applicant taken subsequent to the adoption of the zoning regulation from which relief is sought.

A **Psychiatric Residential Treatment Facility (PRTF)** is any non-hospital facility with a provider agreement with a State Medicaid Agency to provide the inpatient services benefit to Medicaid-eligible individuals under the age of 21. The facility must be accredited by Joint Commission on Accreditation of Healthcare Organizations (JCAHO) or any other accrediting organization with comparable standards recognized by the State. PRTFs must also meet the requirements in §441.151 through 441.182 of the CFR.

The regulatory authority for PRTFs includes Section 1864(a) of the Social Security Act (the Act), which authorizes the Secretary to enter into an agreement with the State. Authority also includes Section 1902(a)(9)(A), which authorizes the state agency or other appropriate medical agency, to be responsible for establishing and maintaining health standards, and Section 1902(a)(33)(B), licensing requirement. The Social Security Amendments of 1972 amended the Medicaid Statute to allow States the option of covering inpatient psychiatric hospitals services for individuals under 21 (psych under 21 benefit).

Kentucky requires a Certificate of Need for a PRTF. KRS 216B.450 further categories the facilities into Level I and Level II care.

KRS 65.879 provides that residential care facilities for persons with a disability are not exempted from general application ordinances, including zoning.

The Kentucky Public Protection Cabinet, Department of Housing Building and Construction states that the authorization for a building permit does NOT release the owner from complying with local planning/zoning requirements or to obtain local building permits.

KRS 216B.450 provides the following definitions:

(4) "Home-like" means a residence with living space designed to accommodate the daily living needs and tasks of a family unit, with opportunity for adult-child communication, shared tasks, adult-child learning, congregate meals, and family-type routines appropriate to the ages and levels of functioning of the residents;

(5) "Psychiatric residential treatment facility" means either a licensed:

(a) Level I community-based, and home-like facility with a maximum of nine (9) beds which provides inpatient psychiatric residential treatment to residents age six (6) to twenty-one (21) years who have an emotional disability or severe emotional disability as defined in KRS 200.503, with an age range of no greater than five (5) years at the time of admission in a living unit; or

(b) Level II home-like facility that provides twenty-four (24) hour inpatient psychiatric residential treatment and habitation to persons who:

1. Are ages four (4) to twenty-one (21) years, with an age range of no greater than five (5) years at the time of admission to the facility;
2. Have a severe emotional disability as defined by KRS 200.503 in addition to severe and persistent aggressive behaviors, intellectual disability, sexually acting out behaviors, or developmental disability; and
3. Do not meet the medical necessity criteria for an acute care hospital or a psychiatric hospital and whose treatment needs cannot be met in an ambulatory care setting, Level I psychiatric residential treatment facility, or other less restrictive environment

KRS 65.879 provides that, specifically applicable to residential care facilities for persons with a disability, the facilities not exempted from general application ordinances.

- (4) This section shall not be construed to exempt residential care facilities from compliance with local government ordinances that apply generally within the jurisdiction, including but not limited to business licensing requirements, occupational license taxes, nuisance and property maintenance codes, public and fire safety ordinances, health and sanitation ordinances, zoning requirements as provided under KRS 100.984, or any other type of local ordinance of general application.

- C. The Cabinet for Health and Family Services Office of Inspector General Division of Certificate of Need Inventory of Kentucky Health Facilities, Health Services and Major Medical Equipment provides the number and location of Psychiatric Residential Treatment Facilities throughout the State as of May 2026.

County	Level I Facility	Current Bed Inventory	County	Level II Facility	Current Bed Inventory
Adair	Spectrum Care Academy Bluegrass I	8	Daviess	River Valley Behavioral Health	24
	Spectrum Care Academy Bluegrass II	8	Floyd	Mountain Comprehensive Care Center, Inc.	18
Barren	Spectrum Care of Glasgow I	9	Jefferson	Brooklawn: Salem Level II PRTF	24
Boone	Children's Home of Northern Kentucky (PRTF-B1)	9	Marshall	Purchase Youth Village	32
	Children's Home of Northern Kentucky (PRTF-B2)	9	Laurel	Spectrum Care Academy	9
Boyle	Sunrise Children's Services - Woodlawn PRTF East	9	Nelson	Heartland Youth Village	46
	Sunrise Children's Services - Woodlawn Lowe	9	Franklin	Aegis Center	48
	Sunrise Children's Services - Woodlawn PRTF West	9		Total	201
	Woodlawn PRTF Sanders	9			
Daviess	River Valley Behavioral Health #1	9			
	River Valley Behavioral Health #2	9			
Hardin	Spectrum Care Academy of Elizabethtown I	9			
	Spectrum Care Academy of Elizabethtown II	9			
Jefferson	Pelletier PRTF	9			
	Uspiritus-Brooklawn-Horizons	9			
	Uspiritus-Brooklawn Academy	18			
	Uspiritus-Brooklawn-Steil	9			
	Magnolia Cottage	9			
	Rose's Cottage II	9			
	Sophie's Cottage	9			
	Uspiritus-Brooklawn-Spruce/Susan's Cottage	9			
Kenton	Children's Home of Northern Kentucky (Cottage A)	9			
	Children's Home of Northern Kentucky (Cottage B)	9			
	TOTAL	214			

- D. A line item within the State budget was approved as follows

“(21) Holly Hill Child and Family Solutions: Included in the above General Fund appropriation is a one-time allocation of \$6,500,000 in fiscal year 2024-2025 to support an infrastructure modernization program. Notwithstanding KRS 45.229, any portion of General Fund not expended for this purpose shall lapse to the Budget Reserve Trust Fund Account (KRS 48.705). Mandated reports shall be submitted pursuant to Part III, 24. Of this Act.”

Considerations of the Site.

The applicant provided a site plan. Plans were submitted electronically to allow a scaled review. Refer to [Attachment C](#) for site plan and a rendering of the proposed building.

1. The site is located at 9599 Summer Hill Road in unincorporated southern Campbell County. Parcel PIDN 999-99-35-282.01 consists of approximately 33.74 acres.
2. The site is zoned Agricultural One (A-1). The surrounding community is also zoned A-1. The general area consists of large lot single-family homes and farms.

The are no institutional or commercially zoned properties within the vicinity.

3. The developed area of the Holly Hill Campus is surrounded by woods.



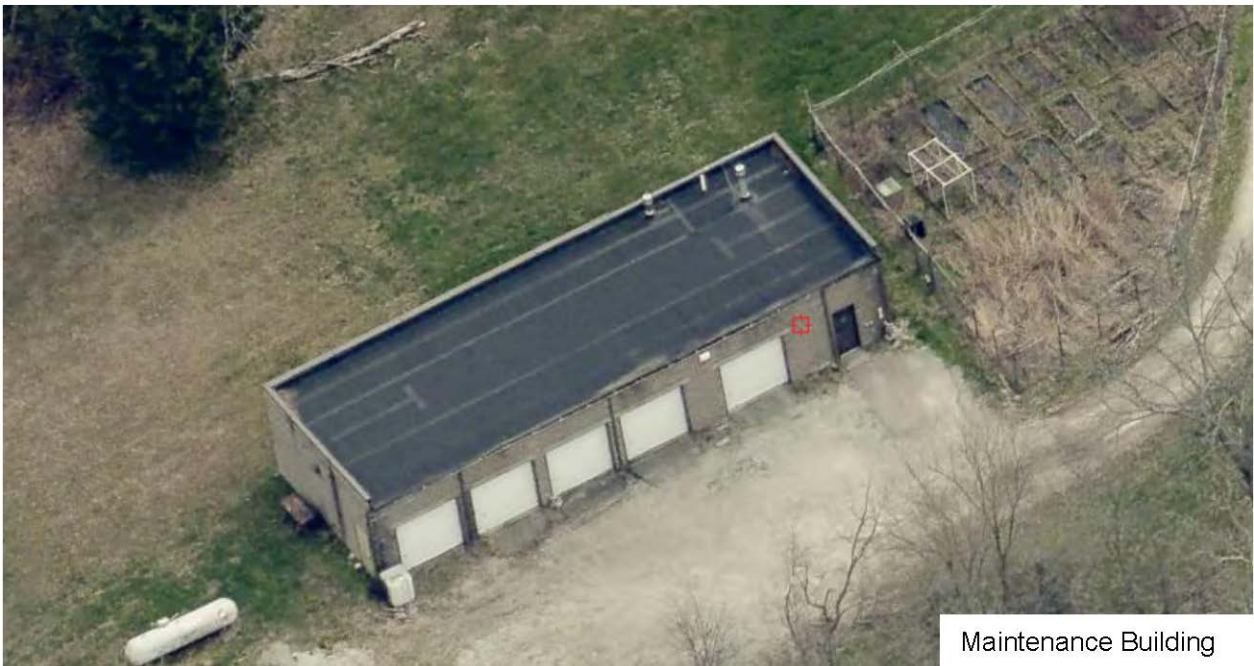
Campbell County Zoning Ordinance Section 10.1 A-1 AGRICULTURE ZONE:

- C. **CONDITIONAL USES:** No building or occupancy permit shall be issued for any of the following nor shall any of the following uses or any customary accessory buildings and uses be permitted until and unless the location of said use shall have been applied for and approved of by the Board of Adjustment as set forth in Section 9.14.
8. Hospitals for human care, clinics, sanitariums, homes for the aged, religious and charitable institutions, not including penal or correctional institutions; provided that any building for patients shall be distant at least two (200) hundred feet from every adjoining lot in any Residence Zone, and that the area of the parcel of land so occupied shall be no less than ten (10) acres.
- E. **AREA AND HEIGHT REGULATIONS FOR CONDITIONALLY PERMITTED USE:** No building shall be erected or structurally altered hereafter except in accordance with the following regulations:
1. Minimum Lot Area - Three (3) acres
 2. Minimum Lot Width - One hundred (100) feet
 3. Minimum Front Yard Depth - Fifty (50) feet
 4. Minimum Side Yard Width
 - a. Total - Twenty five (25) feet
 - b. One Side - Ten (10) feet
 5. Minimum Rear Yard Depth - Thirty-five (35) feet
 6. Maximum Building Height - Thirty-five (35) feet



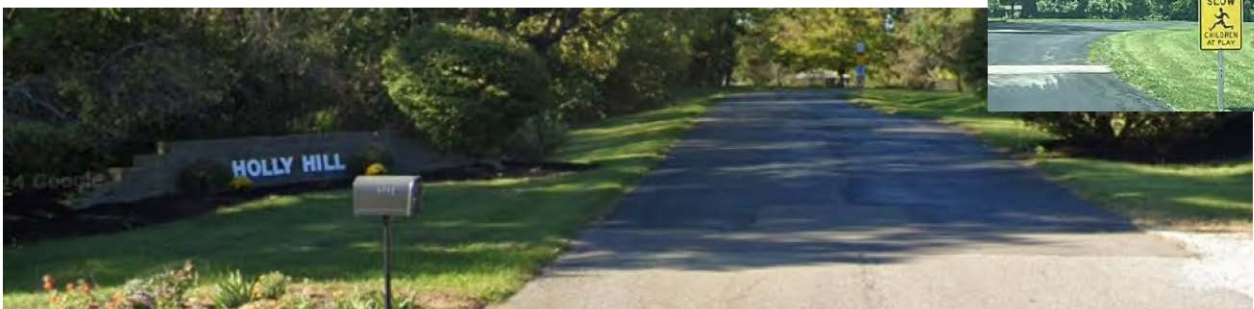


Riverview Cottage



Maintenance Building

4. The property is accessed via Washington Trace (CR 1104) to Summer Hill Road (CR 1372). Washington Trace averages 17 feet wide. Summer Hill Road is approximately 22 feet wide and blacktop. The campus is served by a private driveway.



5. The proposed site for the PRTF is at the approximate location of the baseball field and gazebo. This greenspace area has been used as gathering space and recreational activity. Once the site is developed, the field will no longer be available for outdoor recreational activities. The applicant has stated that the ballfield is underutilized.



There is a basketball goal in a parking lot located to the south of the Administrative Building. This facility is next to the dumpster and the access point of the sanitary system for the campus.



There are also outdoor seating/gather spaces associated with both the Hilltop and Riverview Cottages.

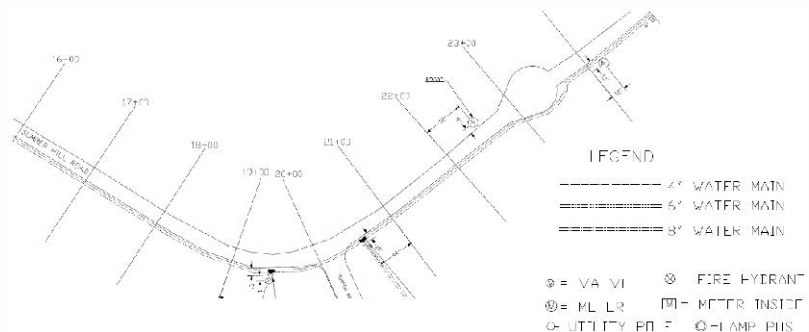


The plan for the proposed addition of the PRTF includes a fenced multi-sport court and landscaped activity area serving the new building. The space will include a basketball court, a swing, a soft play surface, defined seating area, and a grassy area. The campus' existing basketball court is to be retained.

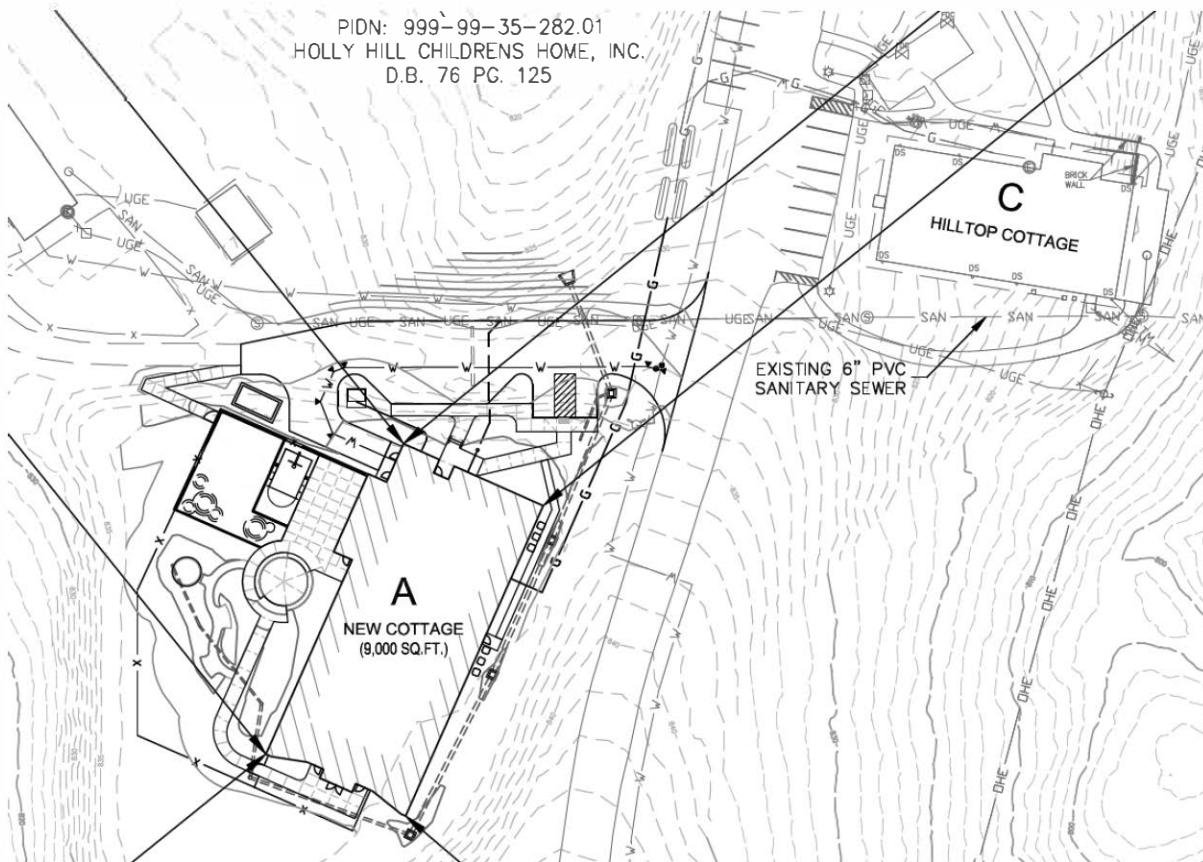
6. A confirmation of available utility service has been provided for stormwater management, domestic water (NKWD), electrical capacity (KLH engineers to LG&E), sanitation (package treatment plant maintained by Vitech) ([Attachment C](#)).

NKWD indicates that a 6 inch water main services Summer Hill Road. In 1989, water pressure was flagged an item of concern in 1989 and 2026. The remote location and hilltop setting required additional water pressure.

The proposed PRTF will be fully sprinklered and include a water pump for the suppression system to account for pressure concerns.



7. The proposed project does include a backup diesel fuel generator to support this PRTF.
8. The site is outside the urban service boundary for stormwater management. However, SD1 regulations should be followed for stormwater management. No detention/retention facilities are proposed.
9. The campus is served by a private package sewer treatment plant. The plant was replaced in 2025 and is professionally maintained.
10. The proposed PRTF will be over 400 feet from the property line in each direction. If approved, it will be the first building once entering the campus from the cul-de-sac on Summer Hill Road. The existing Hilltop Cottage is approximately 170 feet to the northeast.



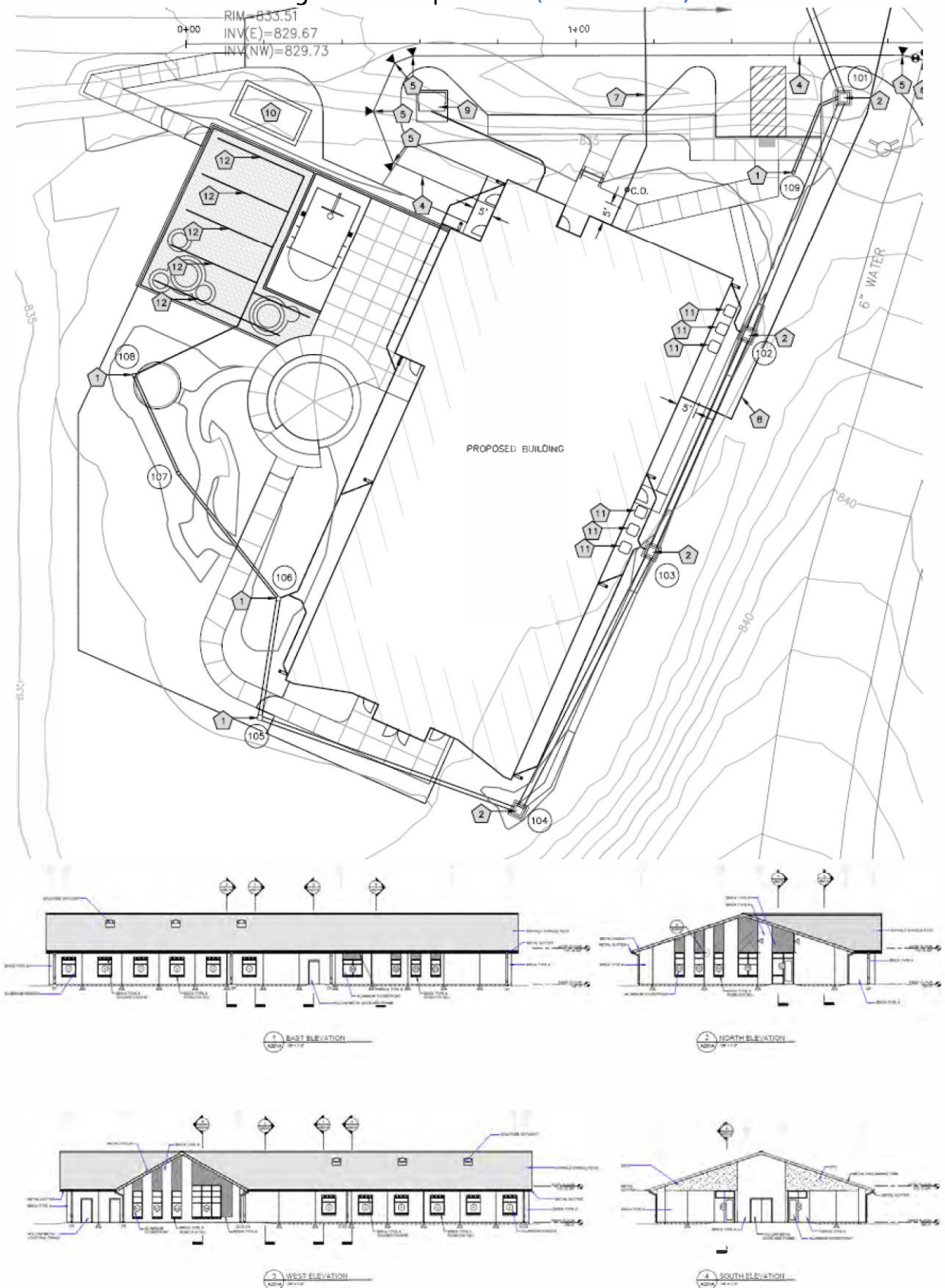
11. As indicated by the Applicant, *the PRTF will be a separately licensed program with its own required 24-hour staffing coverage. There will be four front line staff present during the day and two or three staff present in the evening when the female juveniles are sleeping.*

Some roles will be new and dedicated, while certain professional, administrative, dietary, maintenance, and other support functions may be shared across the campus where regulations permit. Required staffing for one program will not be double-counted as coverage for the other.

12. The applicant states that the *Holly Hill facility is not a "lockdown facility" in the sense that it is not a jail, juvenile detention center, or correctional facility. However, it is a staff-secure, controlled-access residential behavioral health program with a purpose of treatment, education, and residential care.*

The residents live onsite and receive therapy, education, nursing, and medication services, meals, recreation, and daily living support in a cottage-style environment. The new building includes resident bedrooms, living and dining areas, treatment and education rooms, staff and nursing areas, and dedicated enclosed outdoor space. Its design also reduces routine movement elsewhere on the campus".

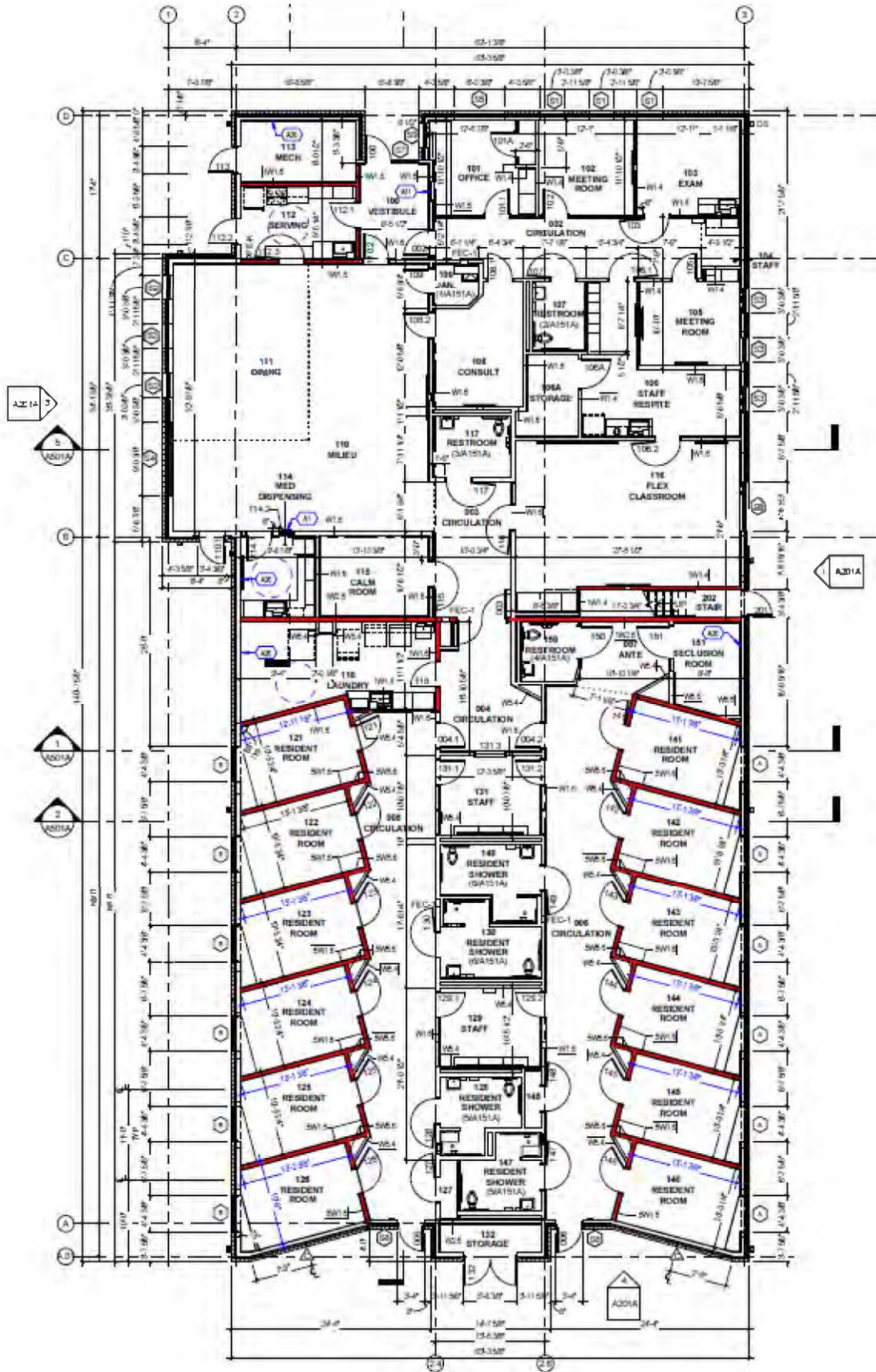
13. An overview of the Building Details was provided. (Attachment C).





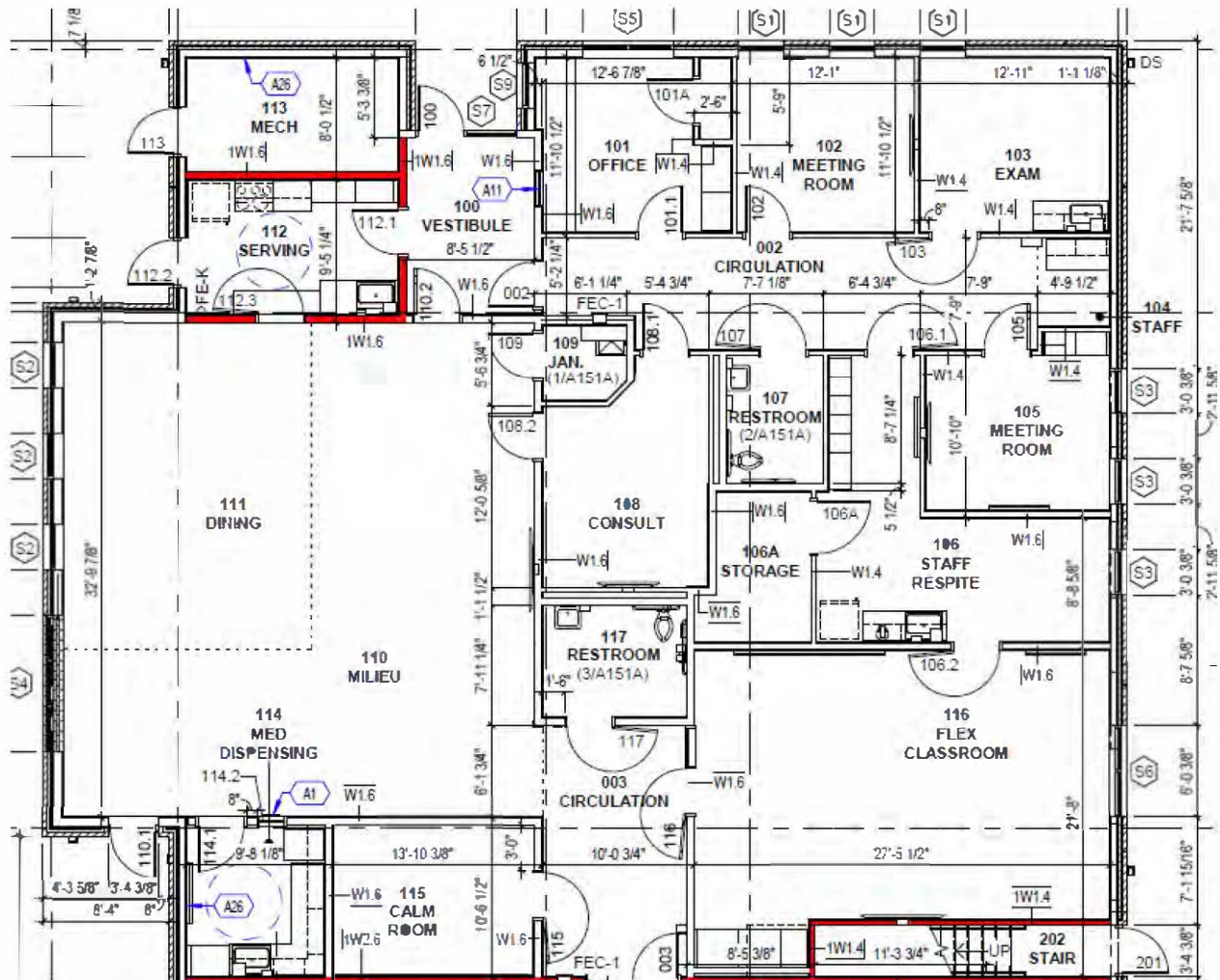
AERIAL VIEW FROM SOUTHWEST
NEW COTTAGE - HOLLY HILL CHILD & FAMILY SERVICES



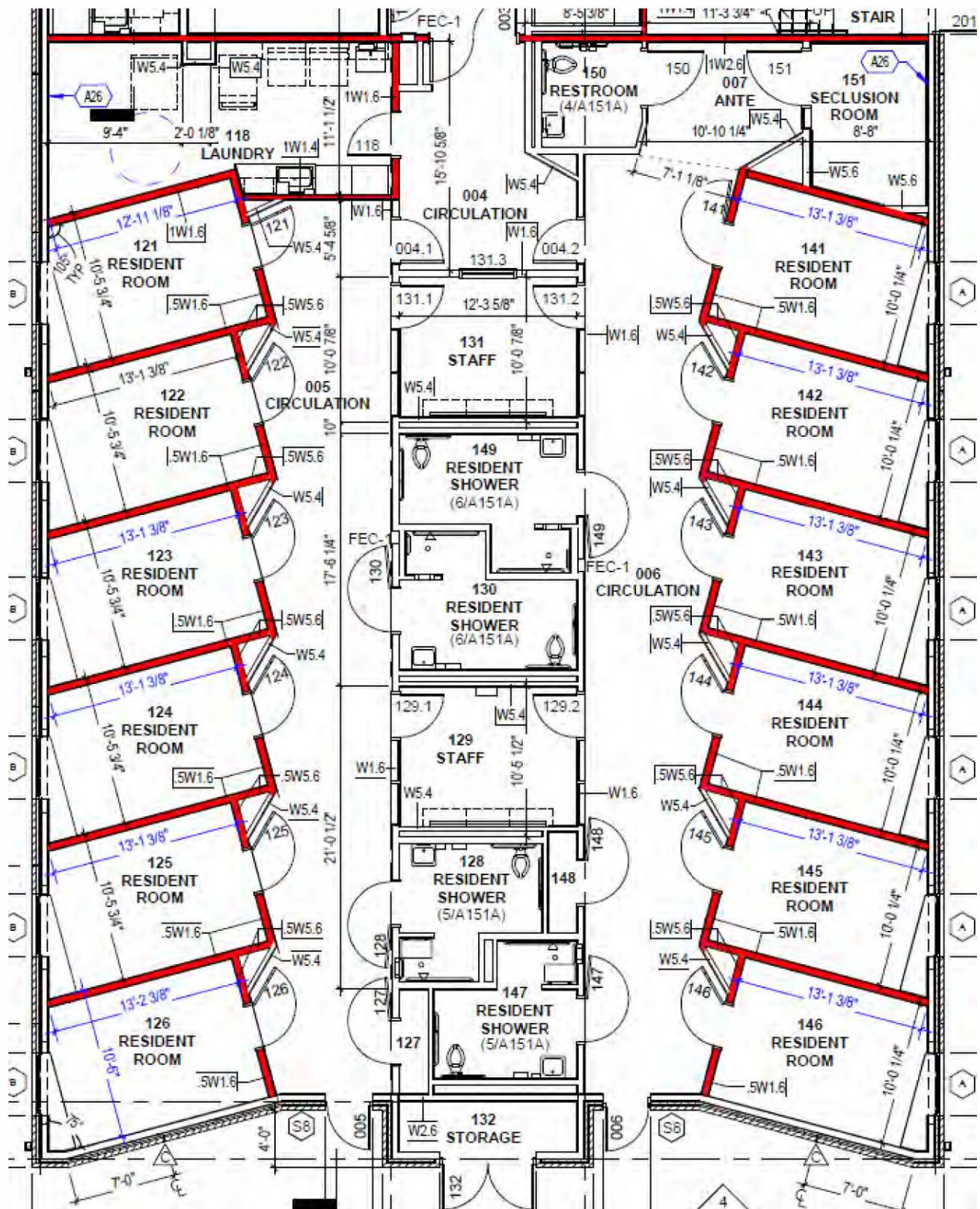


As you enter the building through the primary entrance

- to the left is an office, two meeting rooms, an exam room and staff respite area;
- to the right is the kitchen and dining room;
- off of the dining room is a medical dispensing area, one flex classroom, and a calm room.



As you proceed beyond the office and community areas, you enter into the individual resident space. The site plan indicates 12 resident rooms and 4 resident bathrooms/showers. Two staff rooms are located amongst the resident rooms.



Local Agency Comments

14. Campbell County Police Department (CCPD) is an accredited, full-service law enforcement agency with primary jurisdiction over the unincorporated areas of the county. The site is served by the CCPD. The department was contacted regarding the proposed expansion.

6/18/2026

Cindy,

I would offer this perspective.

A few years ago, I met with the director of the facility several times because of the large number of calls for service we were receiving there. At the time, those calls were becoming a concern and were putting a strain on police resources.

That said, since the facility was taken over by the current operator, the number of calls for service has dropped significantly. From our perspective, the facility appears to be operating much better than it was previously. I also believe the facility provides an important service, and my understanding is that the need for that service continues to grow.

My only concern is that the proposed expansion may result in the facility taking on a larger number of residents and potentially more challenging cases. If that occurs, it could place greater demands on staff and may impact the progress that has been made in reducing calls for service.

I am not opposed to the expansion. I would simply encourage consideration of any possible requirements that would help ensure staffing levels remain adequate to meet the needs of the residents and manage issues within the facility. My concern is that we do not return to a situation where the facility requires a disproportionate amount of police resources, affecting our ability to provide service throughout the rest of the community.

I am not sure whether such conditions can be imposed as part of the approval process, but if they can, I believe they would be worth considering. If possible, it may also be beneficial, although not possible, to have some ongoing accountability to ensure those standards continue to be met after the expansion is approved.



Craig Patrick Sorrell
Chief of Police
Campbell County Police Department
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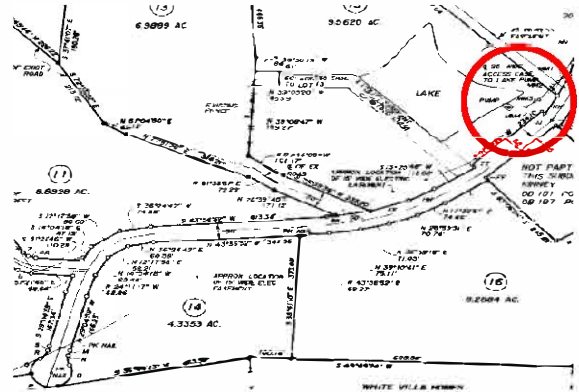
15. The site is served by Campbell Fire/Rescue (CFR). The CFR district encompasses an over 70 square mile area, including the past Alexandria Fire District and the Southern Campbell Fire District. CFR operates out of Alexandria and Southern Campbell Fire District stations. The department was contacted regarding the proposed expansion.

There was some initial concern regarding the main water line that serves as domestic, sprinkler, and the actual fire hydrant. CFR confirmed that the existing cistern for fire suppression as indicated on the 1989 plan would hold approximately 35,000 to 40,000 gallons. However, if this system is still required, an access adjustment would be required for the current equipment.

There are two hydrants on the campus. The hydrants were tested at 90 psi for static and 30 psi residual.

An off-campus lake with an access easement was identified as part of the proposed 1989 fire management system. There is no dry hydrant present. The lake is approximately 2500 - 3000 feet to get to the farthest cottage which would require 4 engines to provide the service.

As noted in item 6, a water pump for the suppression system is proposed to account for pressure concerns.



CFR confirmed that between 1/1/2023 and 8/30/2026, there have been ten engine runs to the site, two were canceled in route and 103 medic runs, 75 of which required transport.

16. Campbell County School District provides public education to the residents. New students are referred to a Review Committee. This committee accepts, review and makes recommendations to determine the program and specialty needs referred to as the Individual Education Plan (IEP). Among other items, the IEP defines the school programs to be used including:

- Alexandria Educational Center – Grades 6 through 12
- Campbell County High School or Campbell County Middle School
- Home or hospital instruction (Medical Exception)

The mission of the Campbell County School District, in partnership with students, staff, parents, and community, is to do "Whatever It Takes" to ensure our students' success in college,

Students are provided 7 hours a day of instruction. Learning at a school campus is preferred as it best aligns with the mission of the Campbell County School District. If a student attends the Alexandria Educational Center, Campbell County High School or Campbell County Middle School, transportation is provided. A school principal commonly rides the bus for the Alexandria Educational Center.

If the IEP deems that home or hospital instruction program is warranted, a student shall meet twice within a 5-day instructional period with a teacher for one hour. This program and teacher are provided by Campbell County Schools. One teacher can normally meet with 6 students in a day.

Public Comments:

17. Numerous comments were received as part of this case. Comments were received verbally and in writing ([Attachment D](#)). In addition to comments given, numerous requests were made for the applications ([Attachment B](#)) and applicable regulations ([Attachment E](#)). These concerns are briefly summarized as follows:

Opposed to the Plan

- Strongly disagree with the plan
- Express my opposition to the proposed expansion
- Deny this request and preserve the safety and residential character of our community
- I DO NOT SUPPORT the psych unit
- Strong and unequivocal opposition to the proposed expansion of Holly Hill
- Summer Hill is too far out and not secure enough to protect young girls in an In-Patient Psychiatric Unit

Appreciate the service

- Appreciate the service that Holly Hill provides. Residents have intense, specific psychiatric and therapeutic needs, and providing them with high-quality, specialized care is important work.

Runaways

- Many problems with the residents leaving and running away
- A troubled teen ran away and was hit by a car on the AA highway and killed
- Runaways were found partying and smoking in our barns
- Residents leave the facility and walk through neighboring properties
- On multiple occasions, girls from Holly Hill have come onto our property
- Called 911 twice in response to Holly Hill runaways
- Girl was unconscious in our front yard, while another had bleeding cuts on her arm
- People have run away and come through our property
- One attempted to hang herself from the rope swing
- Another ran away during a snowy winter while wearing a hoodie and flip-flops
- This girl's home struggles to keep their residents contained already

● On one occasion, I saw a young woman on Dead Timber Road who appeared extremely distressed and was being followed by a white van. I was concerned enough about her safety that I turned around to check on the situation. When I located them again, the woman was walking along AA Highway and the van was still following her. I called 911 because, based on what I was seeing, I was genuinely concerned that a kidnapping or other dangerous situation might be occurring. I later learned that the woman was a Holly Hill patient and that the van was associated with Holly Hill staff.

A troubled teen ran away from there several years ago and was hit by a car on the AA highway and killed.

● One of the girls was unconscious in our front yard, while another had bleeding cuts on her arm. We were told they had broken a window at Holly Hill before running away.

Another ran away during a snowy winter while wearing a hoodie and flip-flops.

● One attempted to hang herself from the rope swing we had attached to our walnut tree.

- Not fair to the local community to deal with escaped girls who are dealing with psychological issues
- Establish a clear physical perimeter security plan that is shared with the public

Police and Emergency Response

- Police were often involved and could be seen frequently in the rural area
- Our yards, driveways, and homes become the immediate area where law enforcement to search for individuals who have left the facility
- Expanding the campus would likely increase law enforcement demands
- Impact the current facility already has on county resources
- Seen countless police cars, ambulances, and EMT vehicles called to Holly Hill on a weekly and sometimes daily basis
- The 911 dispatchers center stated to someone in our community group that there was 400+ calls to Holly Hill in the past 3 years
- Frequency with which emergency services are reportedly called to Holly Hill.
- Our street regularly witnesses a high volume of police, fire, and EMS vehicles rushing to the current campus, reflecting existing operational challenges at the Holly Hill site.

Considering past incidents of Holly Hill residents leaving the property unsupervised and given the high-acuity psychiatric nature of this expansion, there must be a clear physical perimeter security plan (detailing fence location, setbacks, continuous monitoring).

Even without the expansion, there should be a mandatory neighborhood emergency alert protocol to immediately notify Summer Hill Road residents.

Holly Hill must be required to conduct thorough, root-cause investigations following any security breach, resulting in timely corrective actions. The results of these investigations and corrective measures must be formally communicated, in writing.

Speeding and unsafe driving

- Speeding vehicles entering and leaving the campus, creating safety concerns for pedestrians and children
- Unsafe driving associated with traffic entering and leaving Holly Hill (speed and manner)
- Speeding of 40 mph or more on Summer Hill Road while waiting for school bus.
- Do not feel comfortable allowing my children to ride their bikes or roller skates on our own road
- Traffic is a significant loss of safety and quality of life for families who live here
- Reckless driving and speeding from staff and visitors, which endangers local children playing outside
- Consider a formal Traffic Impact Study with calming measures
- Higher volume of employees, visitors, emergency personnel will contribute to road hazards

Trash

- Employees leave trash in our yards
- Litter from vehicles has become a recurring problem that residents are left to clean up

- Observed litter and beer cans along Summer Hill Road
- Location of litter raise questions about whether the existing operation is being adequately managed

Employment

- Not a good place to work
- High employee turnover
- This facility already doesn't have enough staff that can watch everyone
- Whether the facility has sufficient staffing, supervision, and resources to safely accommodate its current population

Location

- Recognize the importance of providing treatment for those in need, but not in the middle of a rural residential neighborhood
- Understand that the female residents there are troubled and need help, but consider that we are a residential neighborhood first and foremost, with several families who have young, impressionable children
- No nearby businesses or public places for them to go
- The only surrounding properties are private homes
- Facility has already changed the [quiet rural community] character of our neighborhood
- It poses as a danger to our community and also the girl there seeking treatment
- Welfare of nearby families and children
- They need a Psychiatric Facility in a safe area, not down a dark dangerous highway and surrounded by heavy woods

Summary of Applicant Request:

The initial application indicated that

"Holly Hill is requesting a modification to the approved Conditional Use of the property established in 1989, for the expansion discussed at that time. Specifically, we have proposed a new 9,000 SF PRTF cottage on the property that maintains the current capacity of the campus and uses existing infrastructure."

The amended application states a request for the

"Enlargement of Conditional Use Permit as approved in 1989. The enlargement requested is to construct a new 9,000 square foot building to house and treat displaced juvenile females pursuant to an agreement with the Cabinet for Health and Family Services."

A letter from CABINET FOR HEALTH AND FAMILY SERVICES, KENTUCKY DEPARTMENT FOR COMMUNITY BASED SERVICES references a proposal by HHCFS to develop a Psychiatric Residential Treatment Facility (PRTF).

Supporting documentation submitted by the applicant states:

Item A: That the proposed use at this location is necessary or desirable to provide a service or facility that will contribute to the general well-being of the community:

Holly Hill has been serving children of Northern Kentucky since 1884. While their services have evolved since the days of health epidemics, their commitment to children's well-being has never wavered. This purpose-built campus has been delivering behavioral and mental health services for children since 1990, in a setting that offers respite, safety and security for those most vulnerable, many from Northern Kentucky. Recognition of the good work and impact of Holly Hill's staff is demonstrated by the Commonwealth of Kentucky fully funding the proposed improvements to this campus in a unique partnership, and in support of the girls they serve who are court-recognized victims of abuse and trafficking.

Item B: That the proposed use will NOT be detrimental to the health, safety, or overall welfare of persons residing or working in the vicinity, or injurious to property or improvements in the vicinity:

Since the construction of the California, Kentucky campus in 1989, Holly Hill's operation has never resulted in harm to adjacent property or residents. The proposed improvements include security and safety fencing around the new cottage to further minimize risk of elopement by residents.

Item C: That such use will comply with any regulations in the Zoning Ordinance and Subdivision Regulations for such use:

The Conditional Use of this property is in an Unincorporated area of the County, zoned A-1 for Agricultural use.

Item D: That the requested variance/waiver arises from special existing circumstance, which does not generally apply to land in the general vicinity:

At the time of the approved Conditional Use, a stipulation was added that required the property owner to return to the BOA for additional buildings on the campus, which is the reason for this application.

Consideration of the Conditional Use Permit (CUP)

The applicant has submitted a request for the enlargement of Conditional Use Permit as approved in 1989. In 1989, the Board of Adjustments specifically defined the limits of the CUP to two residential cottages and specified that the applicant would need to apply to the Board of Adjustments for additional cottages.

The letter, dated July 24, 2026, from Cabinet for Health and Family Services, Kentucky Department for Community Based Services references a proposal by HHCFS to develop a Psychiatric Residential Treatment Facility (PRTF).

A letter, dated August 18 2026, The Kentucky Department for Medicaid Services, Department for Medicaid summaries "Psychiatric Residential Treatment Facilities (PRTFs) within Kentucky's behavioral health continuum for children and adolescents and to explain how this level of care relates to existing Qualified Residential Treatment Programs (QRTPs)." The letter also states that a "PRTF is a licensed residential behavioral health program that provides intensive psychiatric assessment, treatment, and rehabilitation for youth whose behavioral health conditions require a level of treatment that cannot be safely or effectively provided in a less restrictive setting.

PRTFs are federally recognized, enrolled Medicaid providers and are subject to comprehensive federal and state requirements governing clinical services, medical oversight, quality, and safety. Additionally, a Certificate of Need must be obtained.

Operationally, a PRTF functions much like a Q RTP. Both provide:

- *Twenty-four-hour residential care in a safe, structured environment.*
- *Trauma-informed treatment.*
- *Individual, group, and family therapy.*
- *Nursing oversight and medication management.*
- *Educational services coordinated with the child's school district.*
- *Family engagement and discharge planning.*
- *Multidisciplinary treatment teams focused on helping youth stabilize and successfully transition to a less restrictive environment.*

The principal difference is the level of clinical intensity. Youth admitted to a PRTF meet medical necessity criteria requiring enhanced psychiatric services, physician oversight, and more intensive behavioral health treatment than is typically provided within a Q RTP."

Staff has reviewed the materials from the original 1989 Conditional Use for a Residential Treatment Facility, the materials provided by the applicant for a proposed use as a Psychiatric

Residential Treatment Facility, agency comments, public comments, and regulatory research of PRTFs. Staff contends that while a Psychiatric Residential Treatment Facility may be part of the continuum of care, but it is not that same use. The Kentucky Department for Medicaid Services, Department for Medicaid which states the difference in the clinical level of intensity and need for a Certificate of Need.

Additionally, we note

1. The question before the Board is not whether psychiatric residential treatment is needed, nor whether Holly Hill provides an important service. The question is whether the applicant has demonstrated that this proposed intensified use, at this particular rural location, will contribute to the general well-being of the neighborhood or community and will not be detrimental to those who live and work in its vicinity.

Here, the evidence concerning the particular location points in the opposite direction. The public value of the applicant's mission cannot substitute for the required showing of locational compatibility. A facility may unquestionably serve the public good and nevertheless be inappropriate for a particular site. Holly Hill has to prove the required compatibility findings. The record and experience with the site do not support such a finding.

2. The proposed use is not simply an enlargement in square footage. It is an enlargement in operational intensity. The compatibility inquiry must look at the intensity of the proposed population and services, not merely whether "residential treatment" has historically occurred on the property. The applicant describes a 9,000-square-foot addition, but the land use impact is driven by what will occur in that building, not by its footprint.

The Cabinet describes the proposed PRTF as providing intensive psychiatric assessment, treatment, and rehabilitation to youth whose needs cannot safely or effectively be met in a less restrictive setting, with enhanced psychiatric services and physician oversight. That is qualitatively more intensive than an ordinary residential care environment. A use can become incompatible through intensification.

The intensive clinical care requires greater supervision needs, greater security measures, more frequent interventions, and greater reliance upon outside emergency resources. The proposed security measures confirm the heightened intensity. The request for a ten-foot anti-climb fence reflects a need for containment beyond what is customary for the surrounding rural residential environment. The more intensive the level of care becomes, the more important the suitability of the location becomes.

3. The rural isolation of the site is a disadvantage for this particular use, not necessarily an advantage. Isolation increases travel distances for police, fire, medical personnel, employees, educators, transportation providers and other support services. It also creates wooded areas, hillsides, farms and private residential properties into which residents may enter if they leave the campus. The very characteristics of this property that may have supported its original residential treatment use now present challenges for the proposed intensified use. The surrounding woods, hillsides and rural isolation are no longer merely features of a residential campus the applicant's own security plan

treats them as areas from which residents must be affirmatively contained. A use that increasingly requires physical separation from the characteristics of its surroundings presents a materially different compatibility question from the residential treatment use approved in 1989.

4. The proposed use is becoming more institutional, more clinically intensive and more dependent upon reliable support services. The proposed use lacks the surrounding institutional framework that ordinarily helps absorb an intensive healthcare use. This is not an area of hospitals, medical offices, institutional campuses, commercial services or public facilities. It is essentially an agricultural and large-lot residential environment. The report specifically notes that surrounding properties are private homes and that nearby commercial or public destinations are absent. The proposed institution therefore operates as an isolated island of intensive activity within an otherwise rural landscape.
5. The incompatibility is demonstrated by what happens when the facility cannot contain an incident within its own boundaries. When residents leave the property, the consequences immediately transfer to adjoining farms, yards, barns, roads and residences. Neighbors report that their property has become part of the search area or where residents travel after they leave the campus. The operational consequences of the more intensive use extend beyond its property lines.

Compatibility must also be considered from the standpoint of the residents who will live at the facility and the employees responsible for their care. The evidence demonstrates that when a resident leaves the controlled campus environment, the remote location itself creates additional risk: wooded terrain, hillsides, rural roads and substantial distances from immediate assistance.

The applicant's proposed anti-climb enclosure acknowledges that reality. The Board may reasonably consider whether a remote rural site whose physical surroundings magnify the consequences of an elopement is an appropriate location for a more clinically intensive population for whom enhanced supervision and security are necessary.

6. The Board has actual historical evidence from this site, rather than theoretical predictions about a new use. The existing facility gives the Board a real world record. There have been reported elopements, police responses, emergency responses, incidents of self-harm and residents entering neighboring property. The Board therefore need not speculate about whether similar operational demands could spill into the neighborhood; the record indicates that spillover has already occurred with the less intensive use.
7. The proposed use creates a legitimate concern that the operational demands of the facility will be shifted to public emergency resources. This is not merely a generalized concern expressed by neighbors. Campbell County Police and Fire have actual experience with the facility and reported that calls for service had previously become sufficiently numerous to place a strain on police resources. Although the current operator substantially improved that situation, the police department specifically

expressed concern that expansion into more challenging cases could increase those demands and reverse that progress.

8. The cumulative site limitations are the decisive issue. The combination of a more intensive psychiatric use, rural isolation, narrow road access, public-safety demand, off-site elopement history, security requirements, local of other surrounding institutional uses and unresolved infrastructure concerns supports a finding that the proposed enlargement is not compatible with this particular location.
9. The measures proposed by the applicant to mitigate symptoms of the site's incompatibility; they do not establish compatibility. The applicant proposes a ten foot anti climb fence because an ordinary six-foot fence is considered insufficient to prevent residents from reaching the surrounding woods and hillsides. Where increasingly significant measures are necessary to overcome the inherent limitations of a location, the Board may reasonably regard that fact as evidence that the proposed intensity of use has exceeded what the location can appropriately accommodate. Mitigation of an incompatibility is not the same thing as proof of compatibility.

Staff Recommendation:

The Campbell County & Municipal Board of Adjustment deny the request for the enlargement of Conditional Use Permit for an intensified use of the site including a Psychiatric Residential Treatment Facility.

Basis for Recommendation:

1. In compliance with SECTION 18.7 CONDITIONAL USE PERMITS of the Campbell County Zoning Ordinance, a written application for a modification to conditional use permit with a site plan and supplemental information subject to the applicable requirements of Section 9.19, was submitted to the Board for review;
2. Notice of public hearing was given in accordance with Section 18.2 of the Campbell County Zoning Ordinance;
3. In accordance with KRS. 100.237, the Board of Adjustment shall have the power to hear and decide applications for conditional use permits to allow the proper integration into the community of uses which are specifically named herein which may be suitable only in specific locations in the zone.
4. The evidence and testimony as presented concluded the exiting CUP granted in 1989 and the proposed use as a PRTF are not the same use, therefore an expansion is not applicable.
5. The proposed use is not simply an enlargement in square footage. It is an enlargement in operational intensity. This proposed use is not the same use as a Residential Treatment Facility as defined by The Kentucky Department for Medicaid Services, Department for Medicaid. The proposed use is for a medical facility with the clinical level of intensity which requires a Certificate of Need was not envisioned in 1989.
6. Campbell County Zoning Ordinance Section 9.14 provides that the Board of Adjustments may authorize a conditional use. The evidence is such that the Board is able to establish that:

- a. While an **Psychiatric Residential Treatment Facility** may be desired by the Commonwealth, the proposed use at the particular location is NOT necessary or desirable to provide a service or facility which will contribute to the general well-being of the neighborhood or the community. The applicant has failed to demonstrate that this proposed intensified use, at this particular rural location, will contribute to the general well-being of the neighborhood or community and will not be detrimental to those who live and work in its vicinity. Mitigation of an incompatibility is not the same thing as proof of compatibility.
- b. The remote location of such a facility places and increased demand on the neighborhood. The large lot residential and agricultural community lacks the community supporting character or uses for such a facility. The proposed use as a Psychiatric Residential Treatment Facility would be detrimental to the health, safety, or general welfare of persons residing, working in the vicinity, and injurious to property or improvements in the vicinity.

* * * * *

Campbell County Zoning Ordinance Section 18.6 VARIANCES: Before any variance is granted, the Board of Adjustment must that the granting of the variance will not adversely affect the public health, safety, or welfare, will not alter the essential character of the general vicinity, will not cause a hazard or nuisance to the public. These findings shall be recorded in the minutes and records and issued in written form to the applicant to constitute proof of the variance. Such variance shall not be granted by the Board of Adjustment unless and until:

1. A written application for a variance and a site plan, subject to the applicable requirements of Section 9.19, are submitted demonstrating:
 - a. That the requested variance arises from special circumstances exist which do not generally apply to land in the general vicinity, or in the same zone.
 - b. That the manner in which the strict application of the provisions of this Ordinance would deprive the applicant of a reasonable use of the land or would create an unnecessary hardship on the applicant.
 - c. That the circumstances are the result of actions of the applicant taken subsequent to the adoption of the zoning regulation from which relief is sought.
 - d. Reasons that the variance will not allow unreasonable circumstance of the requirements of the zoning regulations and will not alter the essential character of the neighborhood; and
 - e. That granting the variance requested will not confer on the applicant any special, privilege that is not conferred by this ordinance to other lands, structures or buildings in the same zone. No nonconforming use of neighboring lands and structures in the same zone shall be considered grounds for the issuance of a variance.

The Applicant has also requested a variance for the height of a security fence to 10 feet. *"The requested variance for the fence is for the proposed height of 10'-0" - varying from a normally allowed 6' height; an industry standard for similar facilities with a risk of elopement, and for the safety & security of residents. The fence will be a closely-spaced metal mesh noted as 'anti-climb' but maintains visual transparency. The fenced courtyard area is designed to serve the dual purpose of amenity outdoor space and a 'safe-dispersal zone' so that, even in an*

evacuation of the building, residents can safely congregate within the fenced area greater than 50' away from the structure, and under the supervision of staff."

The applicant has stated that

- a. A fence limited to 6'-0" is easily scalable and, if climbed, affords residents access to wooded areas and adjacent hillsides.*
- b. The proposed fenced area is limited to space nearest the building, rather than near the property lines or the wooded areas of the site. In most cases, the proposed fence and structure will not even be visible from adjunct properties.*
- c. Holly Hill's property of 33.7 acres still generally conforms to the Agricultural nature of the zoning, one of the best attributes of the property. The proposed new structure is approximately 400' away from the closest property line, yet conveniently close to the primary private entry drive for enhanced accessibility.*
- d. The requested fence on the property is for the purpose of keeping the children in the care of this organization safe and secure.*

As reference by the letter from Adams Law dated July 30, 2026, the applicant has stated that *"the site is not a lockdown facility in the sense that Holly Hill is housing juvenile females that do not interact with their peers. Rather, it is a controlled access, staff supervised therapeutic facility.*

A fence designed to keep the residents contained including a 'safe-dispersal zone' aligns with that of juvenile detention facility. A criminal detention facility is not permitted within this zone. The applicant has been clear that their residents are not criminals."

Staff notes that

- The request for a ten-foot anti-climb fence reflects a need for human containment beyond what is customary for the surrounding rural residential environment. This is a special circumstances exist which do not generally apply to land in the general vicinity, or in the same zone.
- The measures proposed by the applicant to mitigate symptoms of the site's incompatibility do not establish compatibility. The applicant is not being deprived reasonable use of the land by the absence of a higher fence for a non-compatible use.
- The circumstances are the result of actions proposed by the applicant to establish an intense non-compatible use at the site.
- The requested variance would alter the essential character of the neighborhood; and confer on the applicant a special privilege that is not characteristic of the neighborhood.

As previously stated, the applicant proposes a ten foot anti climb fence because an ordinary six-foot fence is considered insufficient to prevent residents from reaching the surrounding woods and hillsides. Where increasingly significant measures are necessary to overcome the inherent limitations of a location, the Board may reasonably regard that fact as evidence that the proposed intensity of use has exceeded what the location can appropriately accommodate.

Staff Recommendation:

The Campbell County & Municipal Board of Adjustment deny the variance of four feet in height for a 10 foot high security fence.

Basis for Recommendation:

1. Proper notice has been given for a variance.
2. With the exception of the height, the type of materials and location is generally found to be in agreement with the zoning regulations.
3. In applying KRS 100.243 and Campbell County Zoning Ordinance Section 18.6, the board is unable to state that the requested variance
 - a. will not adversely affect the public health, safety, or welfare,
 - b. will not alter the essential character of the general vicinity,
 - c. will not cause a hazard or nuisance to the public.

The proposed security fence fails to address incidents involving self-harm and assaults on other residents or staff that would be isolated within the fence.

Residential fences of this height are not common for this rural residential community and would alter the essential character of the neighborhood.

No hardship can be implied for a non-compatible use.

4. Per Campbell County Zoning Ordinance Section 18.6 e, "No nonconforming use of neighboring lands and structures in the same zone shall be considered grounds for the issuance of a variance."

Attachment A

- 1989 Application
- 1989 Board of Adjustments Minutes

CAMPBELL COUNTY AND MUNICIPAL PLANNING AND ZONING COMMISSION

APPLICATION FOR ZONING ACTION

I/We, the undersigned, hereby apply for the following indicated zoning action:

- | | |
|--|--|
| ☐ Zoning Regulation Text Amendment | ☐ Zoning Map Amendment (Zone Change) |
| ☐ Comprehensive Plan Text Amendment | ☐ Subdivision Regulation Text Amendment |
| ☐ Preliminary Plat Approval | ☐ Improvement Plan Approval |
| ☐ Final Subdivision Plat Approval | ☐ Identification (deed) Plat Approval |
| ☒ Conditional Use Permit | ☐ Site Plan Review & Approval |
| ☐ Concept Development Plan Change | ☐ Preliminary Development Plan Approval |
| ☐ Change of Non-Conforming Use | ☐ Dimensional Variance |
| ☐ Appeal to Board of Adjustments | ☐ Certificate of Occupancy |
| | ☐ Revisions |

Applicant: William C. Hub, P.S.C.-Architects Owner ☐ or Agent ☒
 Address: 542 Greenup Street Phone: (606) 491-3844
 City, State, Zip: Covington, KY 41011 Other Phone: _____
 Name of Property Owner: Holly Hill Children's Home Phone: (606) 441-2600
 Address: 120 East Alexandria Pike City & State: Cold Spring, KY
 Location of Property: Being a part of E.P. Ball estate, being a portion of Lots 1,2,3, and 4 lying between KY Route 8 and Washington Trace Road.

Present Zoning Classification: A-1 Agriculture Map Page No. _____
 Deed Book: 76 Page: 125 Group: _____

Recorded at: Alexandria (X) Newport ()

Land Area in Acres: 33.169

Description of Action Requested: Holly Hill Children's Home, a private, non-profit organization requests conditional use permit for construction of residential facilities for treatment of adolescents and families who are suffering from emotional and family problems.

Subscribed and sworn to before me this 28th day of July, 1989.

Dorothy Smalley
Notary Public

My Commission Expires: July 1, 1993

Michael E. Williams Eugene F. Wilson
 Owner's Signature _____ Applicant's Signature _____

FOR COMMISSION USE ONLY

CASE NO.: BA-85-89 FEE AMOUNT: \$ 470.00 DATE RECEIVED: 7/28/89 CHECK NO.: 015
 Referred to: BOARD OF ADJUSTMENTS Hearing Date: 8/15/89
 Action Taken: _____ Date of Action: _____
 Referred to: _____ Hearing Date: _____
 Action Taken: _____ Date of Action: _____



HOLLY HILL CHILDREN'S HOME 120 E. ALEXANDRIA PIKE COLD SPRING, KENTUCKY 41076 PHONE (606) 441-2600

Holly Hill Children's Home has served as a home for homeless, neglected, dependent, and abused children for over 100 years. Since its inception in 1884 in Newport, Holly Hill has strived to meet the needs of many hundreds of children and families in the area. As the needs of our society have changed, Holly Hill has tried to make the necessary changes to meet the changing needs of children and families. Because of these changes in society and technology, Holly Hill moved away from serving children considered "orphans", as most children with needs today do have families. We call ourselves a "residential treatment facility" because our goal is now to help youth be able to return to their families or to foster families so that they can grow up in a true family environment.

Although there are virtually no orphans today, there are still many children who need help. Many of our children come from families who have had problems. Quite a few have suffered from some form of neglect or abuse, or have had very traumatic experiences in their lives. Often, these children have not been able to accept foster care, so they have been moved from placement to placement. Needless to say, some of the children, as a result, have emotional problems because of this. While the children at Holly Hill may have some emotional, behavior, or school problems, Holly Hill does not serve children who are considered truly delinquent, as we do not operate a correctional program. Children must be able to function in our environment and in our community. While Holly Hill receives a per diem payment for services rendered to children committed to the Cabinet for Human Services, Holly Hill is totally a private facility. We screen every applicant carefully and are not forced to admit any child we feel we cannot help.

Holly Hill is very committed to help families stay together and grow stronger. All of the families of children in our care attend family therapy at the Home. We also have a Parent Support Group which meets weekly. This group is also open to parents in the community who do not have children placed at Holly Hill. We hope to expand these kinds of support groups and educational groups in the community as in today's modern world, few families can escape some problems.

As you can see, Holly Hill has had to change with the times. We hope Holly Hill will continue to grow and give to the community for another 105 years. In order to insure this, the Board of Directors has undertaken the task of Planning for the Future. The Board of Directors is a group of hard-working, dedicated volunteers who believe in services for children and families. A list of Board members is attached. The Board members represent many different segments of the community and give many hours of volunteer time to Holly Hill. The Board has spent many hours in making the decision to relocate Holly Hill. The members believe that rebuilding a facility for the future will best serve the needs of children and families today and in the years to come. The Board also hopes to honor the wishes of Mr. Eric Robinson, who bequeathed his property to Holly Hill for this purpose. The Board of Directors believes that Holly Hill can offer the community a great deal. The staff consists of highly qualified professionals in the field who are committed to providing the services needed in the community. The Board and staff of Holly Hill sincerely hope the community will help us help children for many years to come.

CAMPBELL COUNTY AND MUNICIPAL BOARD OF ADJUSTMENTS

APRIL 18, 1989

A G E N D A

1. Roll Call and determination of quorum.
2. Approval of minutes from February 21, 1989 meeting.
3. BA-02-89; CONDITIONAL USE PERMIT, Holly Hill Children's Home.
4. Other matters that may come before the Board.
5. Adjournment.

IF YOU CAN NOT ATTEND THIS MEETING PLEASE CALL BONNIE AT 292-3880a

THANK YOU.

CAMPBELL COUNTY AND MUNICIPAL BOARD OF ADJUSTMENTS

MINUTES OF APRIL 18, 1989

The meeting of the Campbell County and Municipal Board of Adjustments was called to order at 7:00 P.M. at the Campbell County Courthouse in Alexandria, Kentucky by Chairman Dan Burns.

The following members were present:

Dan Burns	Sue Hodges
Bettie Lyons	John Nueslein
Dave Schaber	Bob Smith (late)
Cletus Reinert	

Staff

Linda M. Dehne, Economic Development Director/Zoning Administrator
Chuck Bateson, Planning Consultant
Greg Bartlett, Attorney
Bonnie Geisler, Secretary

Following roll call and determination of quorum as per KRS 100.171, the following business was conducted.

John Nueslein made a motion to approve the minutes from the February 21, 1989 meeting, seconded by Bettie Lyons, six (6) in favor.

BA-02-89; Holly Hill; Conditional Use Permit.

Chuck Bateson stated that Holly Hill has requested a Conditional Use Permit on a 40 acre site, they want to build two cottages, one administration building and one gym-maintenance building and in the future add two additional cottages. The plan does meet all zoning requirements, in the staff report there were some questions on the following:

1. Entry road, 10' wide/2200 long, not wide enough for two way traffic, not enough room for emergency vehicles.
2. 6" water line that has to go back 2200 feet there may not be adequately protection; there will probably need to be sprinkler a system.
3. No paving or building materials are indicated on the plans but on the revised plan they did indicate that they would be wood frame with brick veneer.
4. It has been brought to my (Chuck Bateson) attention that the concept of Holly Hill has changed and I am not certain of whether these juveniles at Holly Hill are run aways or if they have a criminal court history or not and I don't know whether that falls under the Conditional Use Provision.

Gene Weber of Wm C. Hub Architects, stated that Holly Hill had contacted Terry Vance and asked what the procedure was at the onset of this project and that Holly Hill was going to be taking a portion of this property to be used for this new facility at the time application was made they were looking at approximately 40 acres, but in the revision that you now have only 33 acres are needed, the conditional use permit will only be for this 33 acres and then there is the easement going out to the 30' wide front easement coming out on Washington Trace.

Chuck Bateson asked if there were intentions of selling the rest of the acreage?

Gene Weber stated that yes, there was that intention to sell the rest of the property.

Glen Hanson, builder asked that if the buyer has intentions of leaving the land remain as a farm is the 50' right of way needed?

Chuck Bateson stated there is a provision for a flag lot in the subdivision regulations. If subdivided Holly Hill would have to be put on a flag lot with a 20' width at Washington Trace or subdivide with a public dedicated street to Holly Hill.

Chuck Bateson then read section 9.14 the Conditional Use requirements:
A. DETERMINATION: Subject to the requirements of Section 18.7 the Board of Adjustments may authorize a conditional use to be located within any zone in which such conditional use is permitted, if the evidence presented by the applicant is such as to establish beyond any reasonable doubt:

1. That the proposed use at the particular location is necessary or desirable to provide a service or facility which will contribute to the general well being of the neighborhood or the community.
2. That such use will not be detrimental to the health, safety, or general welfare of persons residing or working in the vicinity, or injurious to property or improvements in the vicinity.
3. That such use will comply with any regulations and conditions in this Ordinance for such use.

Carolyn DeOrta stated that Holly Hill has changed. Kids with emotional family problems are the ones that are placed in Holly Hill, 75% of the kids are from Northern Kentucky and the kids are not placed in Holly Hill by the courts but through Cabinet for Human Resources (CHR) Holly Hill is one of the few facilities that is licensed as child caring with treatment programs plus it is one of the only ones that is a facility for girls most programs are for boys.

Lou Ball, neighbor, and adjacent property owner; asked if Holly Hill's Board had looked into the services that are provided including the water? Then asked if Holly Hill's Board knew that with the drought last year there was only water for six (6) hours per day.

Gene Weber stated that they did intend to run a 6" line for the water.

Lou Ball stated that there was a 6" water line for service in the area now.

Gene Weber stated that they had met with the fire chief and they had talked about connecting a line to the pond located on the property.

Lou Ball stated that all property owners were not notified of the meeting.

Linda M. Dehne stated that because the property is in the Agricultural one (A1) Zone and did not abut any residential zone it was not legally necessary to notify the property owners by mail just to have the legal notice appear in the paper.

Ralph Martin, Gary McCormick, Charles McCormick. Becky Griesinger, property owners all implied that they are not in favor of Holly Hill building in this area.

Bob Smith stated that he thought the people that live in the area have the wrong idea about the children that are at Holly Hill, the kids there are not dangerous, he said he has been to Holly Hill and the kids are polite kids he also stated "You just don't want them (Holly Hill) in your back yard.

Gary McCormick, neighbor, teacher at Campbell County High School, stated that he has some of these kids in class and he has no trouble from them but he is concerned with the facility and who will be there in the future.

Ed Ball, neighbor, asked how Holly Hill was funded?

50% thru Cabinet for Human Resources (CHR)
Also some private payment
25% thru United Way & Community Chest
25% local support (churches 3%)
Also interest from endowments

It was also stated by Glen Hanson that Eric Robertson who willed the property to Holly Hill requested that the facility be built there.

Lou Ball stated that at the time of his death Eric Robertson didn't know the function of Holly Hill.

Chuck Bateson stated that a letter was needed to be sure that the water was adequate and if there is going to be a subdivision it will have to go before the Planning Commission.

Bettie Lyons made a motion to table this request until more information can be given by Holly Hill;

1. Water pressure and volume adequacy.
2. Three (3) years of records indicating children's behavior in the community in which it is now located.
3. 10' wide road and resolution of access problem.

Cletus Reinert seconded the motion 5 in favor and 2 opposed.

Bob Smith made a motion that the people at the meeting tonight be notified of the next meeting, seconded by Bettie Lyons seven (7) in favor.

Bob Smith made a motion to adjourn the meeting, John Nueslein seconded the motion, all in favor.

Respectfully submitted

A handwritten signature in cursive script that reads "Bonnie P. Geisler". The signature is written in dark ink on a light background.

Bonnie P. Geisler
Secretary

CAMPBELL COUNTY AND MUNICIPAL BOARD OF ADJUSTMENTS

MAY 16, 1989

A G E N D A

1. Roll call and determination of quorum.
2. Approval of minutes of previous meeting (April 18, 1989.)
3. BA-02-89; PUBLIC HEARING; CONDITIONAL USE PERMIT FOR HOLLY HILL CONTINUANCE.
4. Other matters that may come before the Board.
5. Adjournment.

IF YOU CANNOT ATTEND THE MEETING PLEASE CALL BONNIE AT 292-3880.

THANK YOU.

CAMPBELL COUNTY AND MUNICIPAL BOARD OF ADJUSTMENTS

MEETING OF MAY 16, 1989

The meeting of the Campbell County and Municipal Board of Adjustments was called to order at 7:00 P.M. at the Campbell County Courthouse in Alexandria, Kentucky by Chairman Dan Burns:

The following members were present:

Dan Burns	Dave Schaber
Cletus Reinert	Bob Smith (Late)
John Nueslein	

Staff Present:

Linda M. Dehne, Economic Development Director/Zoning Administrator
Chuck Bateson, Planning Consultant
Terry Vance, Building Inspector/Codes Administrator
Greg Bartlett, Attorney
Bonnie Geisler, Secretary

Following roll call and determination of quorum as per KRS 100.171, the following business was conducted.

Dave Schaber made a motion to approve the minutes from the April 18, 1989 meeting and motion was seconded by John Nueslein. Four (4) in favor and none (0) opposed.

BA-02-89 HOLLY HILL: CONTINUANCE:

Gene Weber, Architect for Holly Hill stated that they now have the additional information that was requested at the last meeting.

1. Access from Washington Trace
2. Water supply
3. Residents

ACCESS: propose to install 22' wide black top drive to meet requirements of "appendix B" for local street, there will be no curbs or gutters. LIGHTING/VISIBILITY: a series of lights, at the intersection of Washington Trace and new drive a 30' pole; mid-point near the ridge, and six (6) poles 12' high near building. The building requires review and approval by Kentucky Housing and the WATER is to be reviewed by Eastern Campbell County Fire Department; Holly Hill has contacted Greg Schultz the chief of Eastern C.C.V.F.D. and a letter (Exhibit 2) of recommendation was submitted. Holly Hill will have an early notification alarm system installed that relays directly to the Fire Department, also the hydrants, there will be a six (6) inch water main installed; there will be two (2) hydrants in the vicinity of the building and a dry hydrant near the existing lake, there is a cistern

on the property for immediate water if needed and two dry hydrants will be placed near this cistern.

Greg Schultz Chief of E.C.C.V.F.D. stated that he had reviewed the new facility for size, etc. to determine flow requirements, he does recommend an alarm system be installed, from the time of notification until arrival on the site if a fire broke out would be approximately 16 minutes, there would be mutual aid responding from other departments also, Greg Schultz also said the thought a sprinkler system was needed.

Gene Weber stated that sprinklers would be in the storage areas and in the cottages.

Mike Wilson President of Holly Hill Board stated that Holly Hill was started over 100 years ago and that for the last 20 years the children at Holly Hill are children who are abused or neglected by family and they need counseling. The Board has invested a lot of time and money on this and has not taken this lightly but thinks this would move would be best for the children. The land was left to Holly Hill in a will and requested that the land be used for children at Holly Hill.

Carolyn D'Ortega Director of Holly Hill stated that Holly Hill was a private facility with the capacity of 20 children (10 each) and that the children were not from jails and had not committed any crimes; the children at Holly Hill were abused or neglected or have had a traumatic experiences and were in need of a home and counseling. The old facility is out dated and they want a new more flexible facility. Holly Hill is a facility for teens and the only facility for girls over 12 in Northern Kentucky.

Jim Cole, neighbor, asked if Holly Hill was going to change its use and reach out in other areas?

Mike Wilson stated that Holly Hill was licensed by the State as a treatment facility and that the Campbell County Ordinance states no penal or correctional facility in that zone.

Carolyn D'Ortega stated that Holly Hill was not set up to house a correctional program.

Frank Benton attorney for Homeowners presented Exhibit 5 a petition against the applicants getting the C.U.P.. Exhibit 6 is a police report on runaways from Holly Hill, according to the figures, in the last three (3) years there have been 102 runaways. I contacted CHR and requested documents be sent to me, wanted to know what kind of children Holly Hill accepted, Mr. Charles Bondett said he would, when I did not receive them I called back and was told that the administration of Holly Hill told them not to sent the information to us. Talked to Mickey Folger the juvenile Prosecutor and he said that status offenders and public offenders were at Holly Hill. (1) It states in the ordinance that in the A1 zone not correctional or penal housing in allowed. (2) It is detrimental to the welfare of the children because this location is to remote from fire and police, public transportation, schools, garbage. (3) Concerned where does a run away go out here? They could

get lost in the woods. (4) We asked the Board direct Holly Hill to get documentation from CHR.

Carolyn D'Ortega stated that Mr. Bondett was never directed to not furnish the report. But the data is very dated and confidential. Also she does not know Mickey Folger. Holly Hill do not take public offenders but will review status offenders cases. Mr. Jim Fehles of Cold Spring Police Department took one (1) week getting these reports together for us. also we are not licensed as a correctional or drug or alcohol facility, we review the cases before the child is accepted.

David Hogan, neighbor of Holly Hill in Cold Spring stated that he had lived there for ten (10) years and that he nor had his neighbors had any trouble from the Holly Hill Children.

Mr. Copenbaker suggested Mr. Hogan keep them there in Cold Spring.

Bob Everman asked about the sale of the rest of the property?

Mike Wilson stated that 33 acres are to be retained and that 211 acres are to be sold.

Carolyn D'Ortega was asked her credentials;
Director of Holly Hill for three (3) years
Director of Psychiatrist at Clemont Hospital, Millcreek, Beech Acres
PHD in Clinic Psychiatry
Many of the staff have masters degrees.

Bob Everman stated that he was concerned about the property values depreciating.

Mike Wilson stated that the property values in Cold Spring had not depreciated.

Jim Alford stated that he had served as president of Holly Hill for six (6) years; Holly Hill does not have inmates these are kids that need our help, if water is a problem maybe the County should put in new lines and we can help. The new AA Highway will probably give you homeowners more trouble than the kids at Holly Hill.

John Nueslein stated that on May 1st he visited Holly Hill unannounced to take a tour. The kids were in study groups, doing the wash and in the living room, there were schedules posted for chores, the place was very clean, there was an outdoor recreation area. also talked to Cold Spring Police Department was told there were very few calls. The present facility is about 40 years old and in much need of repair and if it also very crowded.

Greg Bartlett stated that a Conditional Use Permit can be revoked if applicants do not comply.

Chuck Bateson stated that a Conditional Use Permit can contain additional conditions, the Board can say no penal or correctional facility.

Bob Smith made a motion to approve the Conditional Use Permit on the testimony of the residents of Cold Spring and Holly Hill not being injurious to the area and to include the exhibits.

Dave Schaber seconded three (3) in favor two (2) opposed.

Bob Smith made a motion to adjourn seconded by Dave Schaber, all in favor.

Respectfully submitted,

A handwritten signature in cursive script that reads "Bonnie P. Geisler". The signature is written in dark ink and is positioned below the typed name.

Bonnie P. Geisler
Secretary

THE CAMPBELL COUNTY AND MUNICIPAL BOARD OF ADJUSTMENTS

JUNE 20, 1989

A G E N D A

1. Roll call and determination of quorum.
2. Approval of minutes of previous meeting (May 16, 1989)e
3. BA-02-89; Holly Hill, Conditional Use Permit Continued.
4. BA-03-89; Plum Creek Christian Church, extension of time.
5. Other matters that may come before the Board.
6. Adjournment.

IF YOU CANNOT ATTEND THE MEETING PLEASE CALL BONNIE AT 292-3880.

THANK YOU.

THE CAMPBELL COUNTY AND MUNICIPAL BOARD OF ADJUSTMENTS

JUNE 20, 1989

The meeting of the Campbell County and Municipal Board of Adjustments was called to order at 7:00 P.M. at the Campbell County Courthouse in Alexandria, Kentucky by Chairman Dan Burns.

The following members were present:

Dan Burns	Dave Schaber
Cletus Reinert	Bob Smith
John Nueslein	Sue Hodges
Bettie Lyons (Late)	

Staff Present:

Linda M. Dehne, Economic Development Director/Zoning Administrator
Chuck Bateson, Planning Consultant
Terry Vance, Building Inspector/Codes Administrator
Greg Bartlett, Attorney
Bonnie Geisler, Secretary

Following roll call and determination of quorum as per KRS 100.171, the following business was conducted.

John Nueslein made a motion to approve the minutes of the May 16^a 1989 meeting and seconded by Cletus Reinert, six (6) in favor none (0) opposed.

BA-03-88 PLUM CREEK CHRISTIAN CHURCH: EXTENSION OF TIME.

Terry Vance stated that he had suggested the Plum Creek write a letter asking for an extension. They have put fill dirt in and it has rained so much that they would like the extension so the fill dirt can settle before they pave it. Terry Also stated that they have done a great job and have met all requirements.

Chuck Bateson stated that the letter from Plum Creek should read May 10^a 1988 not 1989^a

Cletus Reinert made a motion to approve the extension of time (one (1) year)^a to October 1990. Bettie Lyons seconded, seven (7) in favor.

BA-02-89 HOLLY HILL:

Greg Bartlett explained public hearing notice, the vote was 3-2 and as it need 4 to pass (majority of Commission) the result was a denial for the Conditional Use Permit.

Jim Odgen Attorney for Holly Hill stated that he could not find any case in regards to the voting in point and we could find no case in Kentucky Status to relate to. also there is not need to prolong this hearing as far as we are concerned.

Frank Benton attorney for the residents stated that he thought the vote at the May 16, 1989 meeting was valid and nothing authorizes a new hearing.

Bob Smith: asked the members who had voted at the meeting if when the vote was taken had they felt the motion to approve had been denied, he said we all through when we left here that nigh the motion had passed And I think this is an injustice.

Jim Ogden stated that since both parties had appealed to the Courts that shows confusion but that should not stop the Board of Adjustments from making a decision.

Greg Bartlett stated that it was not important to say whether the vote was valid because it would probably go to go one way or the other.

Bob Smith made a motion to have another hearing it was seconded by Dave Schaber.

Bettie Lyons asked if they could reapply with changes?
Greg Bartlett stated that there was not prohibition against it.

Mike Wilson president of Holly Hill asked that the Board consider time factors and costs, and delays,

The Vote was taken four (4) in favor of a hearing and three (3) against
Bob Smith made a motion for the new hearing to be July 6, 1989, John Nueslein seconded seven (7) in favor.

Bettie Lyons motioned that the Planning and Zoning Commission consider a Text Amendment for Section 18.8 (B) of the Zoning Ordinance to read "simple majority of quorum present" and any other wording necessary.
Dave Schaber seconded seven (7) in favor.

Bettie Lyons asked if a permit was gotten by Mr. Reis for the huge pillars that were installed by the side of the road by old Walt's Barns.

Terry Vance answered no they were put there by Mr. Reis to keep cars from driving on to his land.

Bettie Lyons asked about J&K Market owned by Bernie Koerner, using another driveway?

Terry Vance stated that Bernie Koerner had been sent a letter and would be back for not complying with the Conditional Use Permit in July.

John Nueslein made a motion to adjourn, Cletus Reinert seconded, seven (7) in favor.

Respectfully submitted

A handwritten signature in cursive script that reads "Bonnie Geisler". The signature is written in dark ink and is positioned above the printed name and title.

Bonnie Geisler
Secretary

CAMPBELL COUNTY AND MUNICIPAL BOARD OF ADJUSTMENTS

AUGUST 15, 1989

A G E N D A

1. Roll call and determination of quorum.
2. Approval of minutes of previous meeting (July 18, 1989)a
3. BA-05-89; Holly Hill; Conditional Use Permit.
4. BA-16088; Bernie Koerner Conditional Use Permit.
5. Other matters that may come before the Board.
6. Adjournment.

IF YOU CANNOT ATTEND THE MEETING PLEASE CALL BONNIE AT 292-3880.

THANK YOU.

THE CAMPBELL COUNTY AND MUNICIPAL BOARD OF ADJUSTMENTS

AUGUST 15, 1989

The meeting of the Campbell County and Municipal Board of Adjustments was called to order at 7:00 P.M. at the Campbell County Courthouse in Alexandria, Kentucky by Chairman Dan Burns.

MEMBERS PRESENT:

Dan Burns	Cletus Reinert
Sue Hodges	John Nueslein
Dave Schaber	Bob Smith

STAFF PRESENT:

Linda Buhr, Economic Development Director
Terry Vance, Planning and Zoning Director
Chuck Bateson, Planning Consultant
Greg Bartlett, Attorney
Bonnie Geisler, Secretary

John Nueslein made a motion to approve the minutes of July 18, 1989 meeting, seconded by Dave Schaber, six (6) in favor.

BA-05-89 Holly Hill Children's Home, Conditional Use Permit.
Dan Burns stated that there has been a new site plan submitted, At the last meeting of Holly Hill, Conditional Use Permit hearing a vote was taken and the vote was 3 in favor and 2 opposed and Dan Burns stated that the Conditional Use Permit was passed. In accordance with the KRS the 3-2 vote was not a majority of the membership and therefore not allowed, - a vote of four (4) or more is required because that is a simple majority of the membership.

Frank Benton attorney for the neighbors of Washington Trace stated that he had a couple of motions for the record.:

1. Move that Board dismiss or deny present application because there has been no substantial difference from the application made in May.
2. Move to exclude John Nueslein from participating because he has made an independent investigation and he may have colored his decision and that judgement be should be made on what is presented to the entire Board.

Dan Burns motion that the hearing be heard tonight, Cletus Reinert seconded, six (6) in favor, none (0) opposed.

Dan Burns made a motion that John Nueslein be included in on the decision for Holly Hill, Cletus Reinert seconded, six (6) in favor.

Chuck Bateson read from the Zoning Ordinance (A1) Conditional Use Permit 10.1C(8) on page 10-3. and Section 9.14.

Gene Weber, Architect state the following changes:

1. That the activity building (5,900 S.F.) reduces the fire load.
2. That there will be a 38,000 gallon cistern for fire purpose.
3. That there will be 20 Foot frontage on Route 8.

4. That there will be an ingress from Washington Trace and an Easement of 30 feet. Also site will be 2200 feet off Washington Trace.
5. There will be a 22 feet wide street for adequate access and for safe access for emergency vehicles.
6. There will be a lighted entrance.
7. There will be a new 6" water main off Washington Trace installed, waiting for approval from Division of Water.
8. Will Meet Fire Chief's rebutments:
 - a. fire alarm for early notification
 - b. new fire hydrants
 - c. provide dry hydrants from lake
 - d. 38,000 gallon cistern
 - e. will install limited area sprinklers
9. There will be 2 cottages (4700 S.F) to house maximum of 12 residents
2 future cottages for expansion
1 administration buildings (11,700 S.F.)
1 maintenance building (1,900 S.F.)

Mike Wilson president of Holly Hill; gave a history of Holly Hill starting with 1844 up until the present.

Frank Benton attorney asked are more cottages to be built?

Mike Wilson stated that room would be left for additional cottages but that the expansion is not in the 5 year plan.

Frank Benton, how many children in the past year has been referred to H.H. by CHR ?

Mike Wilson answered probably about 99%.

Frank Benton asked there have been 102 runaways, where do they go?

Carolyn Ortega, Director of H.H. stated they go home, or to families, or just for a walk to cool off.

Mike Wilson stated that Holly Hill must report runaways within 1 to 2 hours if the child has left the grounds.

Gary Taylor CHR worker stated that CHR makes 99% of the referrals to H.H. These children are dependent, neglected, abused, incorrigible, delinquent, H.H. then has the option to whether except them or not.

Tom Bridges Campbell County Chief of Police, stated that there are three officers for 149 sq. miles of County, it will take about 20 minutes to respond to the new location if called, the County police do not respond to H.H. at this time they are in the Cold Spring Area.

Chuck Bateson read section 9.14 of the Zoning Ordinance.

Neighbors-Paul Wilson, Becky Martin, Howard Wendling stated that there is a water problem in the area.

Roger Francis, Holly Hill Board stated that it would be wise for the people in the area to join with H.H. to have improvements put in out there.

After further discussion:

Bob Smith made a motion to approve the Conditional Use Permit for Holly Hill with the condition that future buildings not be added as a matter of fact and H.H. will need to bring in additional data at that time.

Dave Schaber seconded, five (5) in favor and one (1) abstention.

BA-06-88 Bernie Koerner; Conditional Use Permit.

After much discussion with the Board, Jim Morgan, and Terry Vance the following was decided:

1. Garage doors be put on
2. Has 10 days to stripe parking lot
3. has 10 days to get parking stops so traffic does not drive through closed entrance and Al lots.
4. Full time attendant that supervises car wash only
5. fence along Mr. Combs property
6. if car wash is open after 12:00 midnight the conditional use permit is to be revoked immediately

Also that the garage door situation be addressed through the Fiscal Court and to Terry Vancesé satisfaction by August 22, 1989.

Dave Schaber made an amendment to Dan Burns motion and added that Mr. Terry Vance is to attend the Fiscal Court meeting August 16, 1989 and bring this question of garage doors up at the meeting and find out fiscal Court opinion and if they do not want any other remedy other than garage doors then have the conditional use permit immediately revoked if he does not meet standards.

John Nueslein seconded six (6) in favor.

Bob Smith made a motion to adjourn and Dave Schaber seconded all in favor.

Respectfully submitted,



Bonnie P. Geisler
Secretary

Attachment B

- 2026 Application with SHP cover letter 5-12-2026
- 2026 Amended Application with SHP and Adams Law cover letters
- PRTF and QRTB Clarification from CABINET FOR HEALTH AND FAMILY SERVICES, DEPARTMENT FOR MEDICAID SERVICES



Zoning Review, Conditional Use Permit, Request for Variance or Waiver

Campbell County Planning, Zoning and Building Inspection
1098 Monmouth Street, Suite 343
Newport, Kentucky 41071

Phone: (859) 292-3880

Fax: (859) 547-1868

Email: pzadmin@campbellcountky.gov

www.campbellcountky.gov

1. Project Located In:
☒ Unincorporated Campbell County:
☐ Alexandria
☐ Bellevue
☐ Cold Spring
☐ Crestview
☐ Dayton
☐ Highland Heights
☐ Melbourne
☐ Silver Grove
☐ Southgate
☐ Woodlawn
2. Project Address: 9959 Summer Hill Road
City: California State: Kentucky Zip: 41007
3. PIDN: 999-99- 35-282.01 Zone: A-1
4. Applicant: ☐ Property Owner ☒ Other: Architect
Applicant: SHP Contact: Steven Kenat AIA
Address: 223 Fairfield Avenue
City: Bellevue State: Kentucky Zip: 41073
Phone: 513.675.4796 Email: skenat@shp.com

Property Owner: Holly Hill Child & Family Services - James Sherry, CEO
Address: 9959 Summer Hill Road
City: California State: Kentucky Zip: 41007
Phone: 859.635.0500 Email: jsherry@hollyhill-ky.org
5. Did you complete a pre-application meeting with Staff? ☒ Yes ☐ No
6. Request for Review:
Describe Request: Holly Hill is requesting a modification to the approved Conditional Use of the property established in 1989, for the expansion discussed at that time. Specifically, we have proposed a new 9,000 SF PRTF cottage on the property that maintains the current capacity of the campus and uses existing infrastructure.
☒ Conditional Use Permit: (Per KRS, uses not listed for the zone cannot be granted)
Use Requested: Modification to approved Conditional Use

- ☐ Change from one Non-Conforming use to another lesser Non-Conforming use
Current use: _____ Is this use conforming: ☐ Yes ☐ No
Proposed use: _____ Is this use conforming: ☐ Yes ☐ No

☒ Zoning Variance (*Per KRS, density variances cannot be granted*)

☐ Waiver of Subdivision Regulations

7. Supporting Information for Conditional Uses, Changes for Non-Conforming Uses, Variances or Waivers. Each applicant shall submit a statement in their own words to reflecting the following: (*attach additional sheets if needed*)

- A. That the proposed use at this location is necessary or desirable to provide a service or facility that will contribute to the general well-being of the neighborhood or community.
- B. That the proposed use will NOT be detrimental to the health, safety or overall welfare of persons residing or working in the vicinity, or injurious to property or improvements in the vicinity.
- C. That such use will comply with any regulations in the Zoning Ordinance and Subdivision Regulations for such use.

Variance and Waiver request must also submit a statement in their own words to reflecting the following: **We are requesting a Variance for security metal mesh fence at 10'-0"**

- D. That the requested variance/waiver arises from special existing circumstance, which does not generally apply to land in the general vicinity.
- E. That the manner in which the application of the provisions of the Zoning Ordinance would deprive the applicant of a reasonable use of the land, or would create unnecessary hardship for the applicant,

- or -

That the circumstance is the result of actions taken following the adoption of the zoning regulation from which relief is sought.

- F. That the variance will not allow unreasonable conditions of the requirements of zoning regulations and will not alter the essential character of the neighborhood.
- G. That granting the waiver/variance will not confer on the applicant any special privilege that is not conferred by this ordinance to other land, structures or buildings in the same zone.

8. Acknowledgement:

I hereby certify that I am requesting this review on behalf of all owners of this property. All fees are due at the time of application and are not refundable, regardless of the decision of the Planning Commission, Board of Adjustment and/or their authorized agent.


Applicant Signature

5.12.2026
Date

Attachments: *Digital submittals accepted at pzadmin@campbellcountyky.gov*

- ☒ Two copies of the draft plans and all supporting plans
- ☐ Two copies of the revised plans upon approval
- ☒ Fees

-----INFORMATION BELOW TO BE COMPLETED BY STAFF-----

PZ -

Fees Recd.

\$_____ Waiver
\$_____ Variance
\$_____ Conditional Use
\$_____ Non-Conforming
\$_____ Appeal
\$_____ Other
\$_____ Total

Date Recd. _____

☐ Credit Card
☐ Cash
☐ Check (#) _____



223 FAIRFIELD AVENUE, SUITE 100 | BELLEVUE, KY 41073 | 859.360.1234

12 May 2026

Ms. Cindy Minter, Director
Campbell County Planning, Zoning & Building Inspection
Campbell County Fiscal Court
1098 Monmouth Street, Suite 343
Newport, KY 41071

Re: Holly Hill Child & Family Solutions
California KY Campus
Requested Modification to Conditional Use & Fence Variance Request

Dear Ms. Minter:

Holly Hill is an organization dedicated to the care and treatment of children, providing behavioral and mental health services. With a legacy of serving Northern Kentucky since 1884, they constructed a new residential campus in 1989, maintaining a license for up to 24 residents. They are currently serving 12 children, residing in two residential cottages on the campus.

We are hereby applying for a Modification to the Conditional Use established for the property in 1989, for an additional residential cottage contemplated at the time of the original approval. Holly Hill will consider replacement of recreational amenities for the residents which will require less use of space than currently occupied by the softball field, such as basketball hoops, volleyball net, etc. and would request this Conditional Use modification provide them with flexibility to do so.

Holly Hill is pleased to have the support and full funding from the Commonwealth of Kentucky for this proposed infrastructure & campus modernization project. This work will allow Holly Hill to provide superior care to children of Kentucky and our region. While the new cottage is designed for 12 residents, its construction does not increase our campus capacity or number of residents beyond the stated 24 bed license.

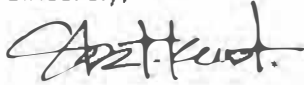
As indicated on the attached documents, Holly Hill is proposing the new cottage to be built on a portion of the current softball field in the southern area of their existing property. The structure will be approximately 9,000 SF. It will be a fully-sprinklered Type V-B construction and I-1 Occupancy, meeting all regulatory requirements of a PRTF Level II facility as described by Kentucky's 902 KAR 20: 330.

In addition to the building, and as shown on the documents, the project will include a 10' high fenced area adjacent to the building for a portion of the current ball field. We are requesting a Variance for the height of that fence, which is designed with 'anti-climb' painted mesh. Inside the fence, a basketball court and play area for residents' respite and outdoor time takes advantage of this remarkable natural setting. Two handicap-accessible parking spaces for visitors to the building and a service drive enhance vehicular access. Given the current flat nature of the ballfield, minimal site work is necessary, disturbing

less than 40,000 SF of surface on the entire property, and utilizing existing infrastructure, site and utility services to the property..

We look forward to working with Campbell County on this project.

Sincerely,

A handwritten signature in black ink, appearing to read "S. Kenat", with a stylized flourish at the end.

Steven Kenat, AIA, LEED AP, Principal

Kentucky Architect License #6202

Phone: 513.675.4796

Email: skenat@shp.com

Encl: Conditional Use Permit & Variance Application Form w Attachment
Site Plan



223 FAIRFIELD AVENUE, SUITE 100 | BELLEVUE, KY 41073 | 859.360.1234

May 11, 2026

Attn: Campbell County Department of Planning, Zoning & Building Inspection

Re: Holly Hill Child & Family Solutions
California KY Campus

Requested Modification to Conditional Use & Fence Variance Request
Application Attachment

See below for Supporting Documentation of the following:

Item A: That the proposed use at this location is necessary or desirable to provide a service or facility that will contribute to the general well-being of the community:

Holly Hill has been serving children of Northern Kentucky since 1884. While their services have evolved since the days of health epidemics, their commitment to children's well-being has never wavered. This purpose-built campus has been delivering behavioral and mental health services for children since 1990, in a setting that offers respite, safety and security for those most vulnerable, many from Northern Kentucky. Recognition of the good work and impact of Holly Hill's staff is demonstrated by the Commonwealth of Kentucky fully funding the proposed improvements to this campus in a unique partnership, and in support of the girls they serve who are court-recognized victims of abuse and trafficking.

Item B: That the proposed use will NOT be detrimental to the health, safety, or overall welfare of persons residing or working in the vicinity, or injurious to property or improvements in the vicinity:

Since the construction of the California, Kentucky campus in 1989, Holly Hill's operation has never resulted in harm to adjacent property or residents. The proposed improvements include security and safety fencing around the new cottage to further minimize risk of elopement by residents.

Item C: That such use will comply with any regulations in the Zoning Ordinance and Subdivision Regulations for such use:

The Conditional Use of this property is in an Unincorporated area of the County, zoned A-1 for Agricultural use.

Item D: That the requested variance/waiver arises from special existing circumstance, which does not generally apply to land in the general vicinity:

At the time of the approved Conditional Use, a stipulation was added that required the property owner to return to the BOA for additional buildings on the campus, which is the reason for this application.

The requested variance for the fence is for the proposed height of 10'-0" – varying from a normally allowed 6' height; an industry standard for similar facilities with a risk of elopement, and for the safety & security of residents. The fence will be a closely-spaced metal mesh noted as 'anti-climb' but maintains visual transparency. SHP will provide a sample of the mesh. The fenced courtyard area is designed to serve the dual purpose of amenity outdoor space and a 'safe-dispersal zone' so that, even in an evacuation of the building, residents can safely congregate within the fenced area greater than 50' away from the structure, and under the supervision of staff.

Item E: That the manner in which the application of the provisions of the Zoning Ordinance would deprive the applicant of a reasonable use of the land, or would create unnecessary hardship for the applicant.

-or-

circumstance is the result of actions taken following the adoption of the zoning regulation from which relief is sought:

A fence limited to 6'-0" is easily scalable and, if climbed, affords residents access to wooded areas and adjacent hillsides.

Item F: That the variance will not allow unreasonable conditions of the requirements of zoning regulations and will not alter the essential character of the neighborhood:

The proposed fenced area is limited to space nearest the building, rather than near the property lines or the wooded areas of the site. In most cases, the proposed fence and structure will not even be visible from adjunct properties.

Item G: That granting the waiver/variance will not confer on the applicant and special privilege that is not conferred by this ordinance to other land, structures, or buildings in the same zone.

Holly Hill's property of 33.7 acres still generally conforms to the Agricultural nature of the zoning, one of the best attributes of the property. The proposed new structure is approximately 400' away from the closest property line, yet conveniently close to the primary private entry drive for enhanced accessibility. The requested fence on the property is for the purpose of keeping the children in the care of this organization safe and secure.



Amended Zoning Review, Conditional Use Permit, Request for Variance or Waiver

Campbell County Planning, Zoning and Building Inspection
1098 Monmouth Street, Suite 343
Newport, Kentucky 41071

Phone: (859) 292-3880
Fax: (859) 547-1868
Email: pzadmin@campbellcountky.gov

www.campbellcountky.gov

1. Project Located In:
☒ Unincorporated Campbell County:

☐ Bellevue	☐ Dayton	☐ Southgate
☐ Cold Spring	☐ Melbourne	☐ Woodlawn
☐ Crestview	☐ Silver Grove	
2. Project Address: 9959 Summer Hill Road
City: California State: Kentucky Zip: 41007
3. PIDN: 999-99-3 5 - 2 n 8 2. 0 1 Zone: A-1
4. Applicant: ☐ Property Owner ☒ Other: Architect
Applicant: SHP Contact: Steve Kenat AIA
Address: 223 Fairfield Avenue
City: Bellevue State: Kentucky Zip: 41073
Phone: (513) 675-4796 Email: skenat@shp.com

Property Owner: Holly Hill Children's Home, Inc./James Sherry (CEO)
Address: 9959 Summer Hill Road
City: California State: Kentucky Zip: 41007
Phone: (859) 635-0500 Email: jsherry@hollyhill-ky.org
5. Did you complete a pre-application meeting with Staff? ☒ Yes ☐ No
6. Request for Review:
Describe Request: Holly Hill is requesting an enlargement to the approved
Conditional Use of the property that was approved in 1989 by the Board of Adjustments.
The enlargement requested is to construct a new 9,000 SF building on the property to
house and treat displaced juvenile females pursuant to an agreement with the Cabinet for
Health and Family Services.
☐ Zoning review of a specific property. (Attach information requested.)
☒ Conditional Use Permit: (Per KRS, uses not listed for the zone cannot be granted)
Use Requested: Enlargement of approved Conditional Use

- ☐ Change from one Non-Conforming use to another lesser Non-Conforming use
Current use:n_____ Is this use conforming: ☐ Yes ☐ No
Proposed use:n_____ Is this use conforming: ☐ Yes ☐ No

☒ Zoning Variance (*Per KRS, density variances cannot be granted*)

☐ Waiver of Subdivision Regulations

7. Supporting Information for Conditional Uses, Changes for Non-Conforming Uses, Variances or Waivers. Each applicant shall submit a statement in their own words to reflecting the following: (*attach additional sheets if needed*)

- A. That the proposed use at this location is necessary or desirable to provide a service or facility that will contribute to the general well-being of the neighborhood or community.
- B. That the proposed use will NOT be detrimental to the health, safety or overall welfare of persons residing or working in the vicinity, or injurious to property or improvements in the vicinity.
- C. That such use will comply with any regulations in the Zoning Ordinance and Subdivision Regulations for such use.

Variance and Waiver request must also submit a statement in their own words to reflecting the following:

- D. That the requested variance/waiver arises from special existing circumstance, which does not generally apply to land in the general vicinity.
- E. That the manner in which the application of the provisions of the Zoning Ordinance would deprive the applicant of a reasonable use of the land, or would create unnecessary hardship for the applicant,

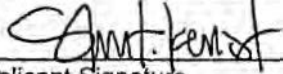
- or -

That the circumstance is the result of actions taken following the adoption of the zoning regulation from which relief is sought.

- F. That the variance will not allow unreasonable conditions of the requirements of zoning regulations and will not alter the essential character of the neighborhood.
- G. That granting the waiver/variance will not confer on the applicant any special privilege that is not conferred by this ordinance to other land, structures or buildings in the same zone.

8. Acknowledgement:

I hereby certify that I am requesting this review on behalf of all owners of this property. All fees are due at the time of application and are not refundable, regardless of the decision of the Planning Commission, Board of Adjustment and/or their authorized agent.


Applicant Signature

7.29.26
Date

Attachments: *Digital submittals accepted at pzadmin@campbellcountyky.gov*

- ☐ Two copies of the draft plans and all supporting plans
- ☐ Two copies of the revised plans upon approval
- ☐ Fees

-----INFORMATION BELOW TO BE COMPLETED BY STAFF-----

PZ

Fees Recd.

\$ 0 Waiver
\$ Variance
\$ Conditional Use
\$ Non-Conforming
\$ Appeal
\$ Other
\$ Total

Date Recd.

- ☐ Credit Card
- ☐ Cash
- ☐ Check(#)

July 30, 2026

Email: cminter@campbellcountyky.gov; skenat@shp.com; khunter@campbellcountyky.gov

Cindy Minter
Director of Planning & Zoning

And

Steve Kenat
Principal Director of Community Development

Re: Holly Hill, Conditional Use Permit Request

Dear Ms. Minter; Mr. Hunter; Mr. Kenat:

I am writing this letter on behalf of Holly Hill Child & Family Solutions which has served the Northern Kentucky region, particularly Campbell County, since 1884. In 1989, Holly Hill constructed a residential campus in California, KY.

The needs of the community and this state have changed over the past thirty-seven (37) years. Unfortunately, there are juvenile females in great need of a place to live and receive treatment primarily as a result of their life experiences. Many of the juvenile females have been sex trafficked. The Cabinet for Health and Family Services created a program in which it sought the services of facilities like Holly Hill to provide a safe environment in which these juvenile females can be re-integrated into society. Some of the juvenile females attend school at the facilities in the Campbell County School District while others receive their educational instruction at Holly Hill itself.

Holly Hill has applied for a Certificate of Need to be approved as a psychiatric treatment facility. However, it is not a lockdown facility in the sense that Holly Hill is housing juvenile females that do not interact with their peers. Rather, it is a controlled access, staff supervised therapeutic facility.

Holly Hill is currently providing the service referenced above in its current building. The proposed building will be similarly managed. There will be 12 girls in each building. There are four front line staff present during the day and two or three staff present in the evening when the female juveniles are sleeping. A psychiatric nurse from New Path comes in every couple of weeks to visit with the juvenile females. A nurse comes in every few weeks in the event that there are any medical issues that need to be addressed with regard to the juvenile females who are going through various biological phases that all biological females go through. In addition,

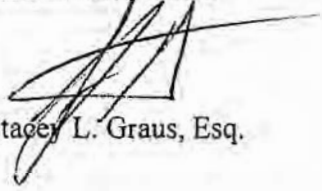
Nightlight Christian Adoptions
July 30, 2026
Page 2

Holly Hill has licensed clinical social workers staff and onsite to assist the girls through the program they are working at Holly Hill.

I have attached a Report from Lisa Dennis with the Cabinet for Health and Family Services. The Report provides a good explanation of the services being provided at Holly Hill and the need for those services across the Commonwealth of Kentucky. The letters provided by Steve Kenat and others are helpful in describing the construction of the building and use of the property itself. Holly Hill and its representatives will be glad to discuss or answer any questions as it pertains to the request to enlarge the conditional use to allow for a new building to provide the services it is already providing in its existing building.

Sincerely,

Adams Law, PLLC


Stacey L. Graus, Esq.

SLG/MS
Attachment





Andy Beshear
GOVERNOR

**CABINET FOR HEALTH AND FAMILY SERVICES
DEPARTMENT FOR COMMUNITY BASED SERVICES**

275 East Main Street, 3W-A
Frankfort, Kentucky 406 21
Phone: (502) 564-3703
Fax: (502) 564-6907

Steven Stack, MD
SECRETARY

Lesia Dennis
COMMISSIONER

July 24, 2026

Campbell County
Municipal Board of Adjustment
1098 Monmouth St
Newport, KY 41071

Re: Holly Hill Child & Family Solutions – Proposed new Residential Treatment Facility building

Members of the Board:

I am writing on behalf of the Kentucky Department for Community Based Services (DCBS) regarding Holly Hill Child & Family Solutions and its proposal to develop a Psychiatric Residential Treatment Facility (PRTF) on its California, Kentucky campus.

DCBS has maintained a long-standing, trusted, and collaborative partnership with Holly Hill in serving some of Kentucky's most vulnerable children and adolescents. For many years, Holly Hill has provided specialized residential treatment services for youth with significant behavioral health needs, complex trauma histories, and multiple adverse childhood experiences. The organization has consistently served an important role within Kentucky's child welfare and behavioral health systems and remains an integral provider within the Commonwealth's continuum of care.

The youth currently served by Holly Hill's Primary Child Caring (PCC) therapeutic residential treatment program present with significant behavioral health challenges requiring intensive clinical intervention. In our experience, the clinical acuity of these youth is comparable to that of most youth who are appropriate for Psychiatric Residential Treatment Facility services. While PCC residential programs and PRTFs operate under different regulatory and funding structures, both are designed to provide intensive, trauma-informed residential treatment delivered by multidisciplinary clinical teams for youth whose needs cannot be safely or effectively met in lower levels of care.

The proposed PRTF represents an evolution of services already being provided on the Holly Hill campus, rather than the introduction of an entirely new population. Importantly, the proposed PRTF will complement Holly Hill's existing Primary Child Caring residential program, creating a comprehensive continuum of care on a single campus. Youth will be able to enter treatment at the level of care appropriate to their clinical needs and, as they stabilize and achieve treatment goals, progress through less intensive stages of care without unnecessary disruption. Upon completion of residential treatment, youth will transition to the least restrictive and most appropriate setting for their ongoing needs, which may include foster care, reunification with family, another community-based placement, or independent living supports, depending on the individualized treatment and permanency plan developed by the child's treatment team and DCBS.

This continuum of care promotes greater treatment stability, minimizes unnecessary transfers between providers, supports stronger therapeutic relationships, and improves continuity of care for children with significant behavioral health needs.

The Department also understands that the proposed facility has been intentionally designed to enhance safety for both residents and staff. The new PRTF building is planned as a secure facility with controlled access. Residents receiving treatment in the PRTF will have structured supervision and significantly less freedom to move throughout the campus than is typical within Holly Hill's existing residential programs. These design and operational features are intended to support treatment, reduce opportunities for elopement, improve supervision, and provide an environment that is appropriate for youth requiring this level of care.

From the Department's perspective, Holly Hill has demonstrated a sustained commitment to serving children with high-acuity behavioral health needs and has been a trusted partner in Kentucky's child welfare system. The proposed PRTF represents an important enhancement to the continuum of services available to children requiring intensive residential treatment and will strengthen the Commonwealth's capacity to care for youth with the most complex behavioral health needs, closer to their families and communities, whenever clinically appropriate.

Thank you for your consideration of this information.

Sincerely,

Lesa Dennis

Lesa Dennis
Commissioner
Kentucky Department for Community Based Services



PUBLIC PROTECTION CABINET
Department of Housing, Buildings and Construction
Building Codes Enforcement
500 Mero Street, First Floor
Frankfort, KY 40601
Phone: 502-573-0373

Andy Beshear
Governor

Jacqueline Coleman
Lieutenant Governor

DJ Wesson
Secretary

Anna Fuller
Commissioner

David Moore
Deputy Commissioner

July 28, 2026

Steven Kenat
311 Elm Street, Suite 600
CINCINNATI, OH 45202

RE: 2607-003246
Holly Hill Child & Family Solutions
New Cottage - Psychiatric Residential
Treatment
**Building New w/ Expedited Site &
Foundation**
9959 Summer Hill Road
California, KY 41007 / Campbell
Code Year: 2018 Kentucky Building Code
S&F Approval

Dear Steven Kenat,

The Division of Building Code Enforcement has reviewed the drawings for the above referenced project under the provisions of the 2018 Kentucky Building Code. This letter is authorization to proceed with site and foundation construction subject to any conditions that may be noted on the attached page.

This authorization does not release the owner from complying with local planning/zoning requirements or the requirement to obtain a local building permit. Before installation of the plumbing can begin, approval of the system shall be issued by the Division of Plumbing. Please note the electrical plans were not reviewed for compliance with the National Electrical Code. All electrical wiring and equipment will be subject to the approval of the certified electrical inspector required by Section 2701.2 of the 2018 Kentucky Building Code and a copy of that inspectors' certificate of compliance will be required at the completion of the project.

A final inspection shall be made and a "Certificate of Occupancy" issued by this office before this facility may be occupied in whole or part. The issuance of a final or partial "Certificate of Occupancy" by this office does not relieve the owner from complying with any local planning/zoning requirements prior to occupancy. If suppression or fire alarm systems are required, plans shall be submitted for approval prior to installation. Also, other inspection or test certificates, such as flame spread ratings of interior finishes, plumbing certificate, fire alarm and suppression systems tests shall be available at the time of final inspection.

The specialized systems that may be included with the original plan submission such as alarm sprinkler, range hood, boiler and underground tanks have not been reviewed. A complete review of these specialized systems is completed when the shop drawings are submitted unless prior arrangements have been made with the Department.

Any changes made during construction must be agreed to, in writing, by this office. This authorization to construct will become null and void if construction does not begin within six (6) months of the date of this letter.

All requested/corrected documents should be uploaded to the portal for re-submittal.

General Review Note: The plans for this project are being reviewed as a 9050 sq ft, Sprinkled, Type V (000) construction, I-1, Condition 1 occupancy, New Build, with a calculated occupant load of 33 persons (24 residents and 9 staff).



PUBLIC PROTECTION CABINET
Department of Housing, Buildings and Construction
Building Codes Enforcement
500 Mero Street, First Floor
Frankfort, KY 40601
Phone: 502-573-0373

Andy Beshear
Governor

Jacqueline Coleman
Lieutenant Governor

Bill Wieston
Secretary

Max Fuller
Commissioner

David Moore
Organic Commissioner

Advisory Notes:

- Be advised that the vapor barrier on the slab must be a minimum of 6mil. (Section 1907.1, 2018 KBC)
- Be advised that anchor bolts will be required in foundation plates or sills shall be bolted or anchored to the foundation with not less than 1/2-inch-diameter steel bolts and be embedded at least 7 inches. Bolts shall be spaced not more than 6 feet on center. (Section 2308.3.1, 2018 KBC)
- Be advised that this building will require separate fire alarm, sprinkler, and rangehood permits. (Section 121, 2018 KBC)
- Be advised that storage rooms between 50 sq ft and 100 sq ft must be constructed of fire partitions, and storage rooms over 100 sq ft are required to be 1hr rated. (Table 32.3.3.2.2, 2012 NFPA-101)
- Be advised that no approval past Site and Foundation can be given without KY engineer sealed truss shops. (Section 2303.4.1, 2018 KBC)

Sincerely,

Allie Skaggs, Building Code Plan Reviewer
III
allie.skaggs@ky.gov

CC: James Sherry, Owner
Keith Ransdell, Field Inspector I

September 3, 2026

Via email: cminter@campbellcountyky.gov

Ms. Cindy Minter
Director of Campbell Co. Planning & Zoning
1098 Monmouth Street
Newport, KY 41071

Re: Holly Hill Children's Home, Inc.

Dear Cindy:

I am responding to your earlier email as it pertains to unanswered questions relative to the request to enlarge the conditional use of Holly Hill's property. I am providing additional information which hopefully will answer the questions which you raised in your email.

Staff Question 1: Pilot Program

The Pilot began in February 2024. It was developed with the Kentucky Department for Community Based Services as a low-census form of Holly Hill's existing residential treatment program for adolescent girls, using single-occupancy bedrooms, enhanced staffing, and closer supervision.

The term "Pilot" remains in use in some Program materials, but the model now describes Holly Hill's current operation of the existing cottages (there are currently two). It did not change the fundamental use of the property as a 24-hour residential treatment facility for adolescent girls.

Staff Question 2: Nature of the Proposed PRTF

I will provide some additional information as it pertains to this question. The Holly Hill facility is not a "lockdown facility" in the sense that it is not a jail, juvenile detention center, or correctional facility. However, it is a staff-secure, controlled-access residential behavioral health program with a purpose of treatment, education, and residential care.

The residents live onsite and receive therapy, education, nursing, and medication services, meals, recreation, and daily living support in a cottage-style environment. The new building includes resident bedrooms, living and dining areas, treatment and education rooms, staff and nursing areas, and dedicated enclosed outdoor space. Its design also reduces routine movement elsewhere on the campus.

Staff Question 3: Current and Future Capacity

Holly Hill's current operating capacity is 12 residents: 6 in the hilltop cottage and 6 in the Riverview cottage. The current site has a licensed capacity for 24 residents under Private Childcaring Facility License 500027, issued by the Kentucky Cabinet for Health and Family Services, Office of Inspector General, Division of Regulated Childcare.

With 12 additional residents in the proposed PRTF Cottage, the future operating capacity could reach 24 residents with 6 in Hilltop, 6 in Riverview, and 12 in the new PRTF Cottage. Holly Hill is capped at 24 residents.

Staff Question 4: Outdoor Recreation

The underutilized ballfield will be replaced with recreation space better aligned with residents' current needs. The Plan includes a fenced multi-sport court and landscaped activity area serving the new building, while retaining the campus' existing basketball court. Specifically, the space will include a basketball court, a swing, a soft play surface, defined seating area, and a grassy area. (See aerial view attached hereto).

Staff Question 5: Staffing and Shared Operations

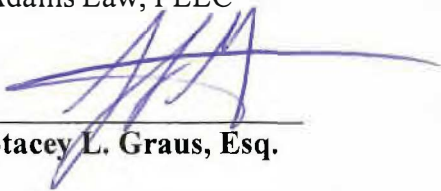
The PRTF will be a separately licensed program with its own required 24-hour staffing coverage. The staffing figures in the previously submitted July 30 letter describe the staffing resources planned for the new Program.

Some roles will be new and dedicated, while certain professional, administrative, dietary, maintenance, and other support functions may be shared across the campus where regulations permit. Required staffing for one program will not be double-counted as coverage for the other.

Please contact me if you have any additional questions or require additional supplementation to the responses provided. Holly Hill will share any information which is pertinent to its request for enlargement of the conditional use permit.

Sincerely,

Adams Law, PLLC


Stacey L. Graus, Esq.

SLG/sk



AERIAL VIEW FROM SOUTHWEST
NEW COTTAGE - HOLLY HILL CHILD & FAMILY SOLUTIONS





SITE AERIAL

NEW COTTAGE - HOLLY HILL CHILD & FAMILY SOLUTIONS

ESH





Andy Beshear
GOVERNOR

CABINET FOR HEALTH AND FAMILY SERVICES
DEPARTMENT FOR MEDICAID SERVICES

Steven Stack, MD
SECRETARY

Dr. Leslie Hoffmann
DEPUTY COMMISSIONER

Lisa Lee
COMMISSIONER

275 East Main Street, 6W-A
Frankfort, Kentucky 40621
Phone: (502) 564-4321
chfs.ky.gov

August 18, 2026

Campbell County & Municipal Board of Adjustment
Campbell County Fiscal Court
1098 Monmouth Street, Newport, KY 41071

Re: Psychiatric Residential Treatment Facilities (PRTFs) and Kentucky's Residential Continuum of Care

Dear Campbell County Board of Adjustments Members,

The Kentucky Department for Medicaid Services is providing this letter to clarify the role of Psychiatric Residential Treatment Facilities (PRTFs) within Kentucky's behavioral health continuum for children and adolescents and to explain how this level of care relates to existing Qualified Residential Treatment Programs (QRTPs).

A PRTF is a licensed residential behavioral health program that provides intensive psychiatric assessment, treatment, and rehabilitation for youth whose behavioral health conditions require a level of treatment that cannot be safely or effectively provided in a less restrictive setting. PRTFs are federally recognized, enrolled Medicaid providers and are subject to comprehensive federal and state requirements governing clinical services, medical oversight, quality, and safety. Additionally, a Certificate of Need must be obtained.

Operationally, a PRTF functions much like a QRTP. Both provide:

- Twenty-four-hour residential care in a safe, structured environment.
- Trauma-informed treatment.
- Individual, group, and family therapy.
- Nursing oversight and medication management.
- Educational services coordinated with the child's school district.
- Family engagement and discharge planning.
- Multidisciplinary treatment teams focused on helping youth stabilize and successfully transition to a less restrictive environment.

The principal difference is the level of clinical intensity. Youth admitted to a PRTF meet medical necessity criteria requiring enhanced psychiatric services, physician oversight, and more intensive behavioral health treatment than is typically provided within a QRTP. QRTPs are licensed as Private Child Caring (PCC) providers and service youth in custody of the Department for Community Based Services (DCBS) These facilities currently do not enroll with Kentucky Medicaid.

For providers that operate both levels of care, the treatment model is designed as a continuum rather than separate, unrelated programs. As a youth's psychiatric symptoms stabilize and treatment goals are achieved, the child may progress through less intensive stages of care while remaining in a familiar therapeutic environment with consistent caregivers, clinicians, educational supports, and treatment philosophy. This continuity helps reduce unnecessary disruption during treatment and supports long-term recovery.

Likewise, discharge from a PRTF is not intended to be the end of treatment. The goal is to prepare each youth for a successful transition to the least restrictive and most appropriate next setting based on individual clinical progress. Depending on the child's needs, this may include transition to a QRTP level of care, therapeutic foster care, family reunification, independent living supports, or community-based behavioral health services with ongoing outpatient treatment and case management.

Programs offering this continuum of care are designed to ensure that children do not have to "start over" with new providers simply because their level of care changes. Instead, treatment is intended to progress through clinically appropriate stages that support stabilization, skill development, permanency, and, whenever possible, successful reintegration into family and community.

Kentucky's behavioral health system relies upon this continuum of services to ensure that children receive the right care, at the right time, in the least restrictive setting consistent with their clinical needs. PRTFs serve youth with behavioral health needs in a residential treatment setting while maintaining the same overarching objective as QRTPs: helping children develop the skills and stability necessary to return successfully to family-and community-based living whenever appropriate.

We hope this information clarifies the role of PRTFs within Kentucky's residential treatment continuum.

Sincerely,

A handwritten signature in cursive script that reads "Leslie Hoffmann".

Leslie Hoffmann, PhD
Deputy Commissioner
Kentucky Department for Medicaid Services

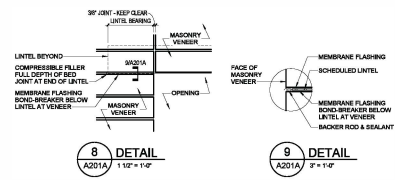
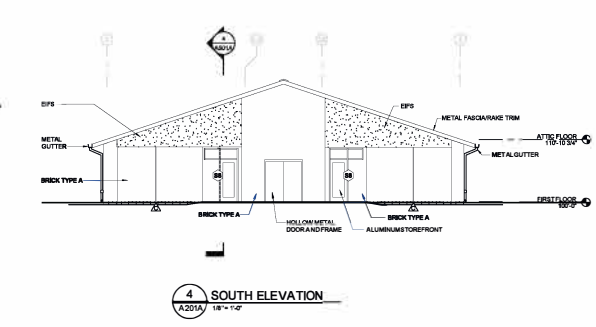
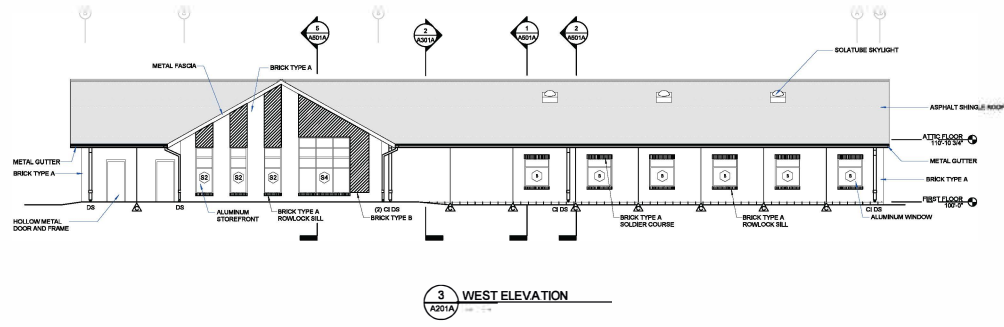
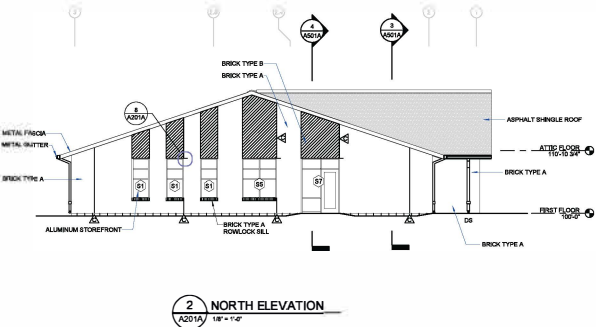
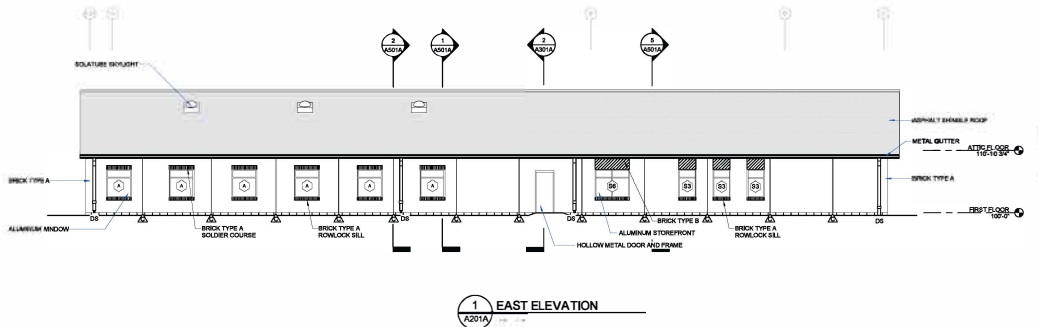
Attachment C

- Site Plan
 - Architectural Rendering
 - Utility Coordination
-
- Aerial



 **KEY PLAN**
NTS

A101A



PRELIMINARY NOT FOR CONSTRUCTION



Holly Hill Child & Family Solutions
NEW COTTAGE
5555 Summer Hill Rd., California, KY 41007

ISSUANCES	
NO. 01	CONCEPTUAL DESIGN
NO. 02	SCHEMATIC DEVELOPMENT
NO. 03	PRELIMINARY DESIGN
NO. 04	FINAL DESIGN
NO. 05	CONSTRUCTION DOCUMENTS
NO. 06	AS BUILT

EXTERIOR ELEVATIONS

DATE 05-11-25
COMM NO. 2025149.01

A201A



AERIAL VIEW FROM SOUTHWEST
NEW COTTAGE - HOLLY HILL CHILD & FAMILY SERVICES





1510 Bird Rd.
Independence, Ky. 41051
Ph. (859) 363-7100
Fax: (859) 363-0289

June 17, 2026

Mr. Steve Kenat, AIA
311 Elm Street #600
Cincinnati, OH 45202

Re: Holly Hill Child and Family Services
California, KY

Dear Mr. Kenat,

Per your request, I am outlining the capacity of the Holly Hill WWTP.

The wastewater treatment plant (WWTP) serving Holly Hill is Kentucky EPA, Division of Water, permitted for 6,000 gpd of daily flow. That KPDES permit number is KY0093254.

With this design flow, the WWTP can serve a total future flow of:

48 resident children @ 100 gpd = 4800 gpd
8 resident adults @ 100 gpd = 800 gpd
16 full time office @ 20 gpd = 320 gpd
2 maintenance @ 20 gpd - 40 gpd

Total future loading above = 5,960 gpd

If you have any questions, please call me at 859/363-7100.

Sincerely,

Greg Brown, P.E.
President, Vitech, Inc.
Cc: file,



KOHR'S LONNEMANN HEIL ENGINEERS, INC

FT. THOMAS, KENTUCKY
LEXINGTON, KENTUCKY
LOUISVILLE, KENTUCKY
COLUMBUS, OHIO

800.354.9783
WWW.KLHENGERS.COM

Date: 6/15/2026

Cindy Minter
Campbell County and Municipal
Planning and Zoning Commission
1098 Monmouth Street
Newport, KY 41072

Re: Holly Hill New Cottage
9599 Summer Hill Rd
California, KY 41007
KLH Job Number: 28127.00

Cindy,

This letter is written to address the electrical service to the proposed Holly Hill new cottage.

KLH has coordinated with LG&E, the local electric utility service, to confirm this building can be provided with a new service of adequate size. Per correspondence with Matthew Raymer with LG&E, it is possible to extend existing electric primary on the property to a new utility transformer located near the new cottage, which will provide service to the building. The characteristics (voltage, phase, etc.) of the electrical service as dictated by LG&E have been incorporated into the design of the building.

Garrick Nieberding
Associate / Designer
Kohrs Lonnemann Heil Engineers, Inc.

Northern Kentucky Water District

June 9, 2026

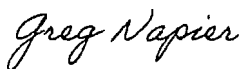
Cardinal Engineering
One Mooock Road
Wilder, Ky. 41071
Attn: Kevin Hanson, P.E., Vice President

Re: Water Availability for Holly Hill Home New Cottage, Summer Hill Road, California, Campbell County, KY

The Northern Kentucky Water District maintains a 6" water main that runs along Summer Hill Road, California, Ky. This water main may be tapped for domestic service and/or fire protection service per the Water District Rules and Regulations. Any needs in excess of the available water at the site is the responsibility of the developer to provide (e.g. additional domestic needs for processing or increased fire protection requirements).

If the District can be of any further assistance in this matter, please feel free to contact this office at 859-426-2720.

Cordially,



Greg Napier
Engineering Technician

cc: file



312 PLUM STREET, SUITE 700
CINCINNATI, OH 45202
513.381.2112

17 June 2026

Ms. Cindy Minter, Director
Campbell County Planning, Zoning & Building Inspection
Campbell County Fiscal Court
1098 Monmouth Street, Suite 343
Newport, KY 41071

Re: Holly Hill Child & Family Solutions
California KY Campus
Utility Services

Dear Ms. Minter:

SHP has been working with our engineering team to design and document the proposed new Residential Cottage at the California Campus of Holly Hill Child & Family Services.

The attached documents represent confirmation from our industry experts of sufficient domestic water, and electric utilities to the site. As additional safety measures, the project will include a supplemental electrical generator (diesel fueled) in case of electrical power outage, sized to support all electrical loads of the building, including a water pump for the fire suppression system in the fully-sprinklered cottage.

Because of the site design, and the capacity of the existing sanitary package treatment system, no additional measures are necessary for either stormwater collection or sanitary treatment. The number of (24) residential beds on campus, plus full-time adult supervisors, administrative and maintenance staff is well-below the certified capacity of the system.

Please let us know if you have additional questions.

Sincerely,

A handwritten signature in black ink, appearing to read "S. Kenat".

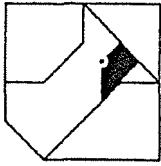
Steven Kenat, AIA, LEED AP, Principal
Kentucky Architect License #6202

Phone: 513.675.4796

Email: skenat@shp.com

Attachments:

- Stormwater capacity letter from Cardinal Engineering dated June 8, 2026
- Domestic water capacity statement from N.Kentucky Water District dated June 9, 2026
- Electrical service capacity statement from KLH Engineers dated June 15, 2026
- Sanitary Treatment capacity statement from Vitech dated June 17, 2026



CARDINAL

ENGINEERING
LAND SURVEYING

ONE MOOCK ROAD WILDER, KENTUCKY 41071
PHONE: (859) 581-9600 FAX: (859) 581-9636
www.cardinalengineering.net

June 8, 2026

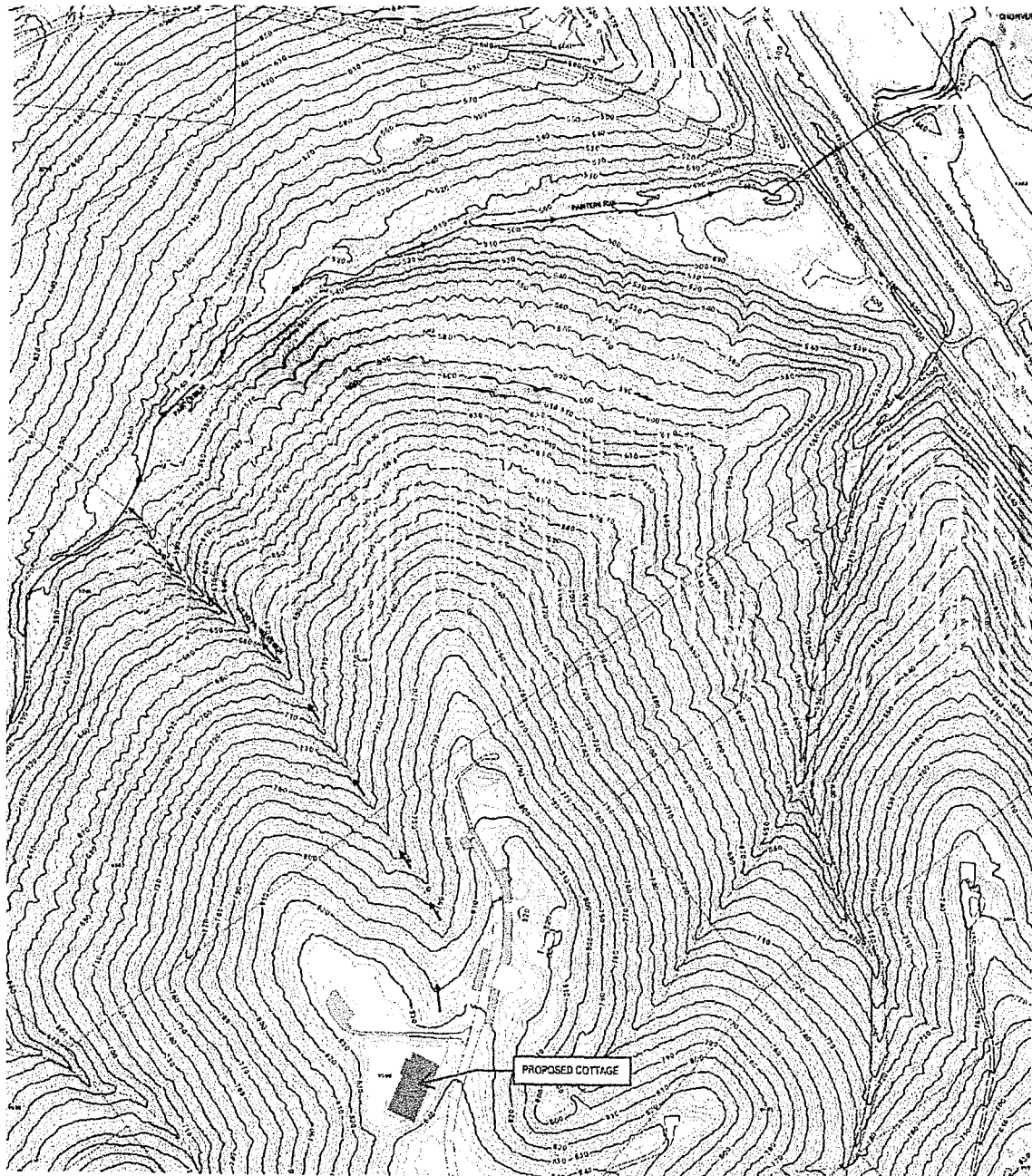
Cindy Minter
Campbell County and Municipal
Planning and Zoning Commission
1098 Monmouth Street
Newport, Kentucky 41072

RE: Storm Drainage

Cindy,

This letter concerns the storm water drainage as it relates to the Holly Hill new cottage and associated amenities and parking.

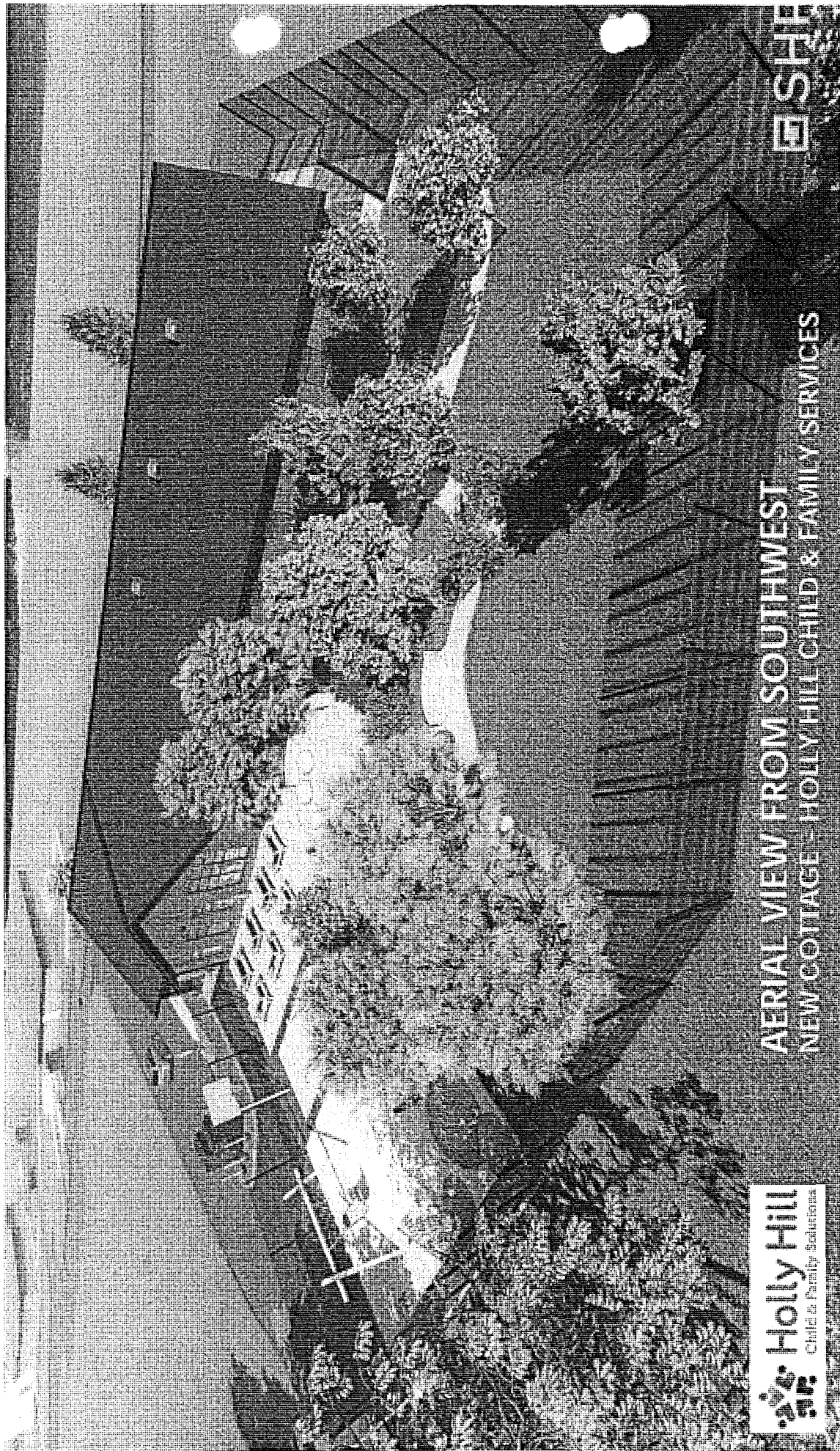
- The area being disturbed is less than 1-acre, so a Land Disturbance Permit from SD1 and an NOI from KPDES are not required.
- A storm sewer collection system is being proposed to collect the cottage and associated amenities with an outfall to a swale to the north, which leads to an unnamed tributary to Painter Run which empties into the Ohio River (see image below).
- No storm water detention is being proposed since the disturbed acreage is under 1-acre storm water runoff generated is minimal, and the runoff outfall path leads to the Ohio River downstream.



Any questions, please let me know.

Thanks,

Kevin Hanson, PE
Project Civil Engineer



AERIAL VIEW FROM SOUTHWEST
NEW COTTAGE - HOLLY HILL CHILD & FAMILY SERVICES





312 PLUM STREET, SUITE 700
CINCINNATI, OH 45202
513.381.2112

17 June 2026

Ms. Cindy Minter, Director
Campbell County Planning, Zoning & Building Inspection
Campbell County Fiscal Court
1098 Monmouth Street, Suite 343
Newport, KY 41071

Re: Holly Hill Child & Family Solutions
California KY Campus
Utility Services

Dear Ms. Minter:

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The attached documents represent confirmation from our industry experts of sufficient domestic water, and electric utilities to the site. As additional safety measures, the project will include a supplemental electrical generator (diesel fueled) in case of electrical power outage, sized to support all electrical loads of the building, including a water pump for the fire suppression system in the fully-sprinklered cottage.

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Please let us know if you have additional questions.

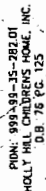
Sincerely,

A handwritten signature in black ink, appearing to read "Steven Kenat".

Steven Kenat, AIA, LEED AP, Principal
Kentucky Architect License #6202
Phone: 513.675.4796
Email: skenat@shp.com

Attachments:

- Stormwater capacity letter from Cardinal Engineering dated June 8, 2026
- Domestic water capacity statement from N.Kentucky Water District dated June 9, 2026
- Electrical service capacity statement from KLH Engineers dated June 15, 2026
- Sanitary Treatment capacity statement from Vitech dated June 17, 2026



DATE 11/25/2000

11. SUGGESTION: INCREASE SYSTEM DESIGN BY 50%.
12. I' BELIEVE WE ARE 90% BACKING INTO (30' MAX CRACK). TWO 3-1/2" STY 1/2" OF REINFORCING WOULD BE A GOOD IDEA. IT WOULD BE 1-1/2" MORE CRACK. AFTER 10-15 YEARS MORE FOR THE SAME CONNECTION.
13. WE WOULD SIMPLIFIED ALL PILING FROM THE 10' TO 12' MAX CONNECTION AND REDUCE THE SECTION TO 12" DIA. TO 10" DIA. TO 8" DIA.

KEY WORDS: 

[illegible]

Northern Kentucky Water District

June 9, 2026

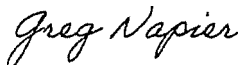
Cardinal Engineering
One Mooch Road
Wilder, Ky. 41071
Attn: Kevin Hanson, P.E., Vice President

Re: Water Availability for Holly Hill Home New Cottage, Summer Hill Road, California, Campbell County, KY

The Northern Kentucky Water District maintains a 6" water main that runs along Summer Hill Road, California, Ky. This water main may be tapped for domestic service and/or fire protection service per the Water District Rules and Regulations. Any needs in excess of the available water at the site is the responsibility of the developer to provide (e.g. additional domestic needs for processing or increased fire protection requirements).

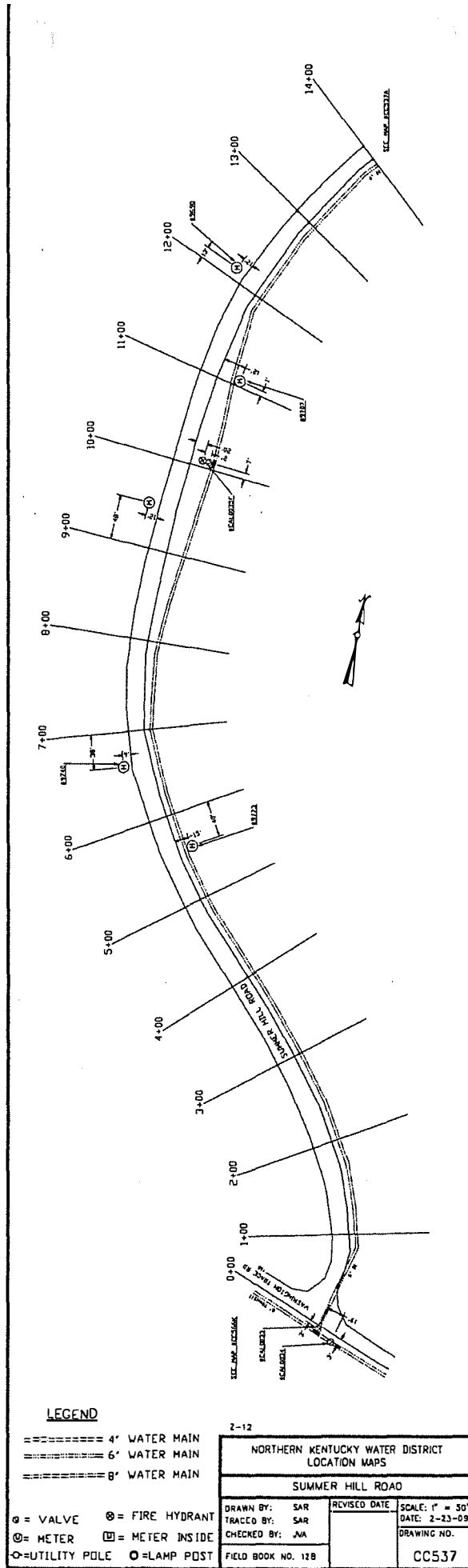
If the District can be of any further assistance in this matter, please feel free to contact this office at 859-426-2720.

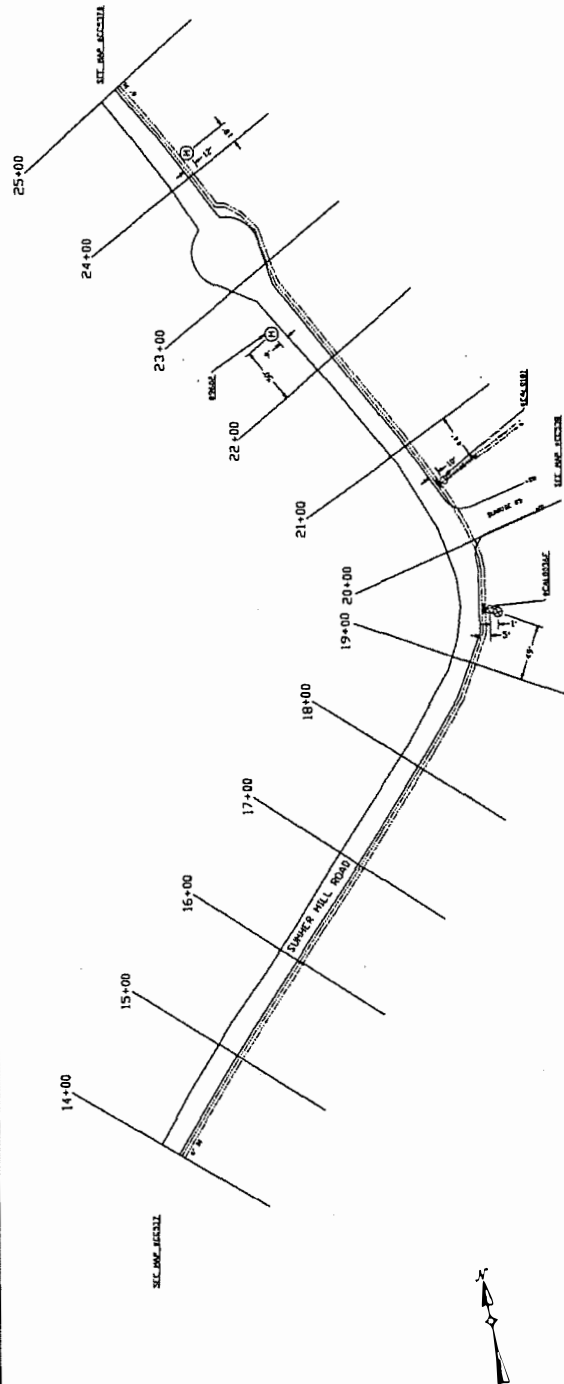
Cordially,



Greg Napier
Engineering Technician

cc: file



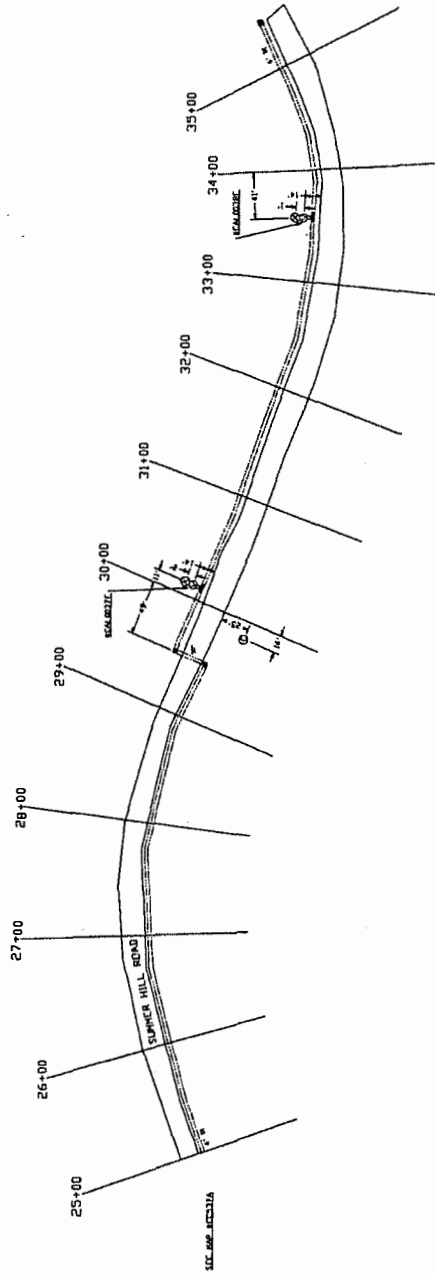


LEGEND

- ===== 4" WATER MAIN
- ===== 6" WATER MAIN
- ===== 8" WATER MAIN
- ⊙ = VALVE ⊙ = FIRE HYDRANT
- ⊙ = METER ⊕ = METER INSIDE
- = UTILITY POLE ○ = LAMP POST

Z-12

NORTHERN KENTUCKY WATER DISTRICT LOCATION MAPS		
SUMMER HILL ROAD		
DRAWN BY: SAR	REVISED DATE	SCALE: 1" = 50'
TRACED BY: SAR		DATE: 2-23-09
CHECKED BY: JVA		DRAWING NO.
FIELD BOOK NO. 128		CC537A



LEGEND

===== 4" WATER MAIN
===== 6" WATER MAIN
===== 8" WATER MAIN

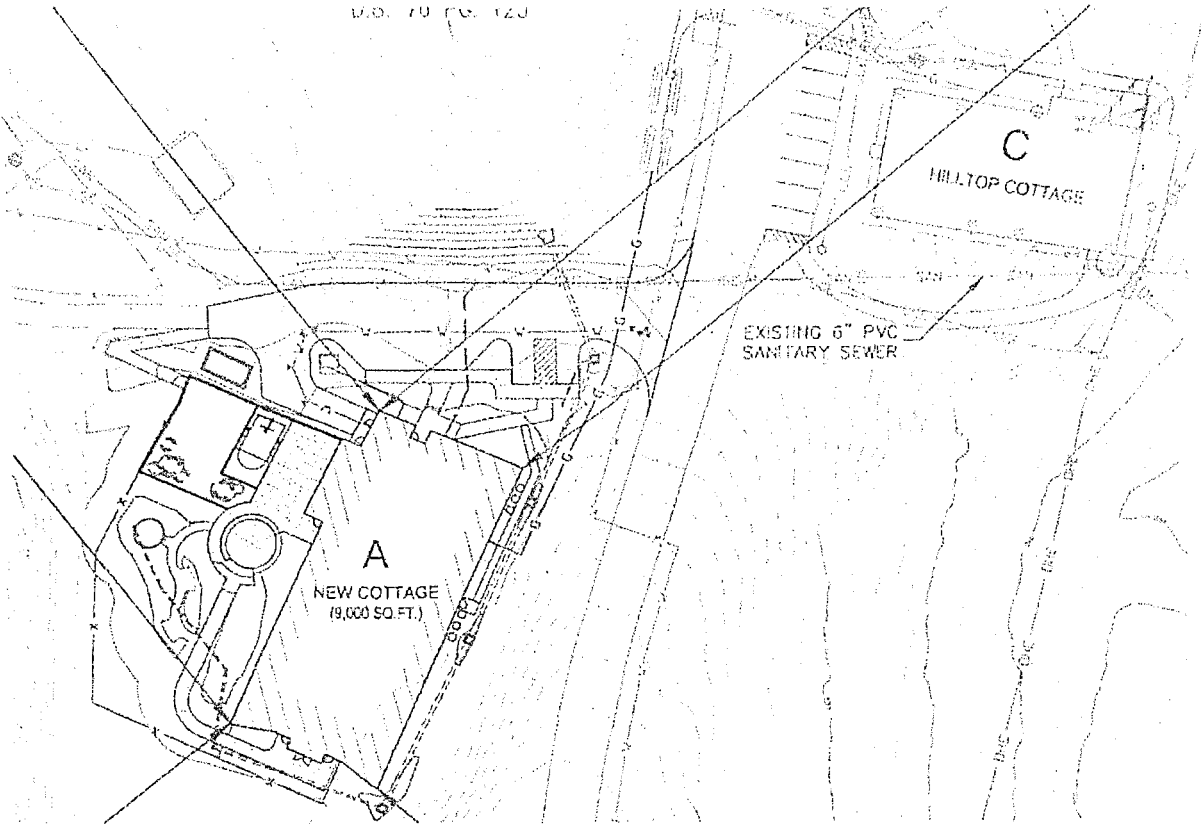
V = VALVE FH = FIRE HYDRANT
M = METER MI = METER INSIDE
UP = UTILITY POLE LP = LAMP POST

Z-12

NORTHERN KENTUCKY WATER DISTRICT LOCATION MAPS			
SUMMER HILL ROAD			
DRAWN BY: SAR	REVISED DATE	SCALE: 1" = 50'	
TRACED BY: SAR	DATE: 2-23-09	DRAWING NO.	
CHECKED BY: JVA		CC537B	
FIELD BOOK NO. 128			



U.D. 79 PG. 120





HOLLY HILL CHILDRENS HOME



Building

- Building
- Pool
- Tank
- Concrete Pad

Recreation

- Ball Fields
- Playground/General Rec
- Tee/Green

Roads

- Paved Road
- Unpaved Road
- Bridges
- Paved Parking
- Unpaved Parking
- Railroad

Boundaries

- Parcel
- Zoning

Utilities

- Sewer
- Sewer Structure
- Water Pipe
- Water Hydrant

Topography

- Index Contour
- Intermediate Contour
- Creek / Stream
- River / Lake

1:6,000

0 125 250 500 Feet



1840 Simon Kenton Way
Covington, KY 41011
859.331.8980
Office hours M-F 8-5
www.linkgis.org

Parcel data provided by CCPVA, KCPVA,
PCPVA and LINK-GIS.

Date: 5/13/2026

This map and map data are provided solely for informational purposes and should not be interpreted as legal, engineering, or survey-grade documents.

This map does not serve as a legal survey, floodplain determination, or zoning classification. It is not legal advice. No guarantees of accuracy are made.

Attachment D

- **Written Public Comments**

Minter, Cindy

From: Mariah Elrod [REDACTED]
Sent: Friday, July 17, 2026 3:27 PM
To: Minter, Cindy
Subject: Holly Hill

[Caution] This email originated from outside of the organization. Do not click links or open attachments unless you verify with the sender and know the content is safe.

Hi Cindy,

We are hearing a lot from neighbors regarding some concerning potential changes that could be coming to Holly Hill in California. We are at 9740 Summer Hill Road and have not received any correspondence in the mail and want to be sure we aren't missed as more information becomes available.

Thanks so much,

Mariah Cutter Elrod
[REDACTED]

Minter, Cindy

From: Rhonda Gardner [REDACTED]
Sent: Friday, July 17, 2026 2:36 PM
To: PZ Admin
Subject: BA-26-011 Holly Hill

[Caution] This email originated from outside of the organization. Do not click links or open attachments unless you verify with the sender and know the content is safe.

As a concerned citizen I strongly disagree with the plan to possibly add a psychiatric unit to the facility. Initially, when the facility was built years ago, there were many problems with the residents leaving and running away. Police were often involved and could be seen frequently in the rural area. MOST of those runaways were harmless but often were found partying and smoking in our barns on Washington Trace. I do know that there were many problems when they had both male and female residents and that resulted in serving only females.
Please leave well enough alone and do not bring this new unit to our area!

Megan and David Gautraud

3574 Sunrise Road
California, KY 41007



19 July 2026

Dear Campbell County Planning and Zoning Committee,

I am writing to express my opposition to the proposed expansion of Holly Hill to include a psychiatric residential facility.

My family lives adjacent to Holly Hill, and we experience the effects of the existing facility every day. While I recognize the importance of providing treatment for those in need, I do not believe expanding this type of facility is appropriate in the middle of a rural residential neighborhood.

Over the years, we have witnessed residents leave the facility and walk through neighboring properties. We have also experienced speeding vehicles entering and leaving the campus, creating safety concerns for pedestrians and children. In addition, litter discarded from vehicles traveling to and from the facility has become a recurring problem that nearby residents are left to clean up.

Another significant concern is the location of this facility. If someone receiving treatment leaves the property, whether with or without permission, there are no nearby businesses or public places for them to go. The only surrounding properties are private homes. As neighbors, our yards, driveways, and homes become the immediate area where staff or law enforcement may need to search for individuals who have left the facility. We have personally witnessed this occurring with the existing facility.

I also encourage the Committee to review the history of law enforcement responses to Holly Hill. Those records will provide an objective picture of the impact the current facility already has on county resources. Expanding the campus would likely increase those demands.

Our neighborhood is home to families who choose to live in a quiet rural community. The existing facility has already changed the character of our neighborhood, and this proposal would further intensify those impacts. I respectfully ask the Committee to deny this request and preserve the safety and residential character of our community.

Sincerely,

Megan and David Gautraud

Minter, Cindy

From: Amanda Haubner [REDACTED]
Sent: Thursday, July 16, 2026 5:20 PM
To: PZ Admin
Cc: Rob Haubner
Subject: CASE BA-26-011 Request to Receive Future Notifications Regarding Holly Hill Proposal

[Caution] This email originated from outside of the organization. Do not click links or open attachments unless you verify with the sender and know the content is safe.

Hello,

I am contacting you regarding a letter that my neighbor received concerning Holly Hill's request to build a "cottage" for a Level 2 PRTF, along with a fence to surround it. I have attached a copy of the letter for reference.

My family and I live on Summer Hill Road, and we did not receive this notification. Several of our neighbors have also told me they did not receive it. I would like to request that we be included in any future mailings, notifications, or information regarding this proposal.

I also want to share our concerns based on our experiences living nearby. On multiple occasions, girls from Holly Hill have come onto our property. I believe I have called 911 twice in response to Holly Hill runaways. During one incident, I called because one of the girls was unconscious in our front yard, while another had bleeding cuts on her arm. We were told they had broken a window at Holly Hill before running away.

Given these experiences, we would appreciate being kept informed of any future developments regarding this matter.

Thank you for your time and consideration.

Sincerely,

Mandy and Rob Haubner

Minter, Cindy

From: jdljll [REDACTED]
Sent: Wednesday, July 15, 2026 7:02 PM
To: PZ Admin
Subject: Holly Hill

[Caution] This email originated from outside of the organization. Do not click links or open attachments unless you verify with the sender and know the content is safe.

I got a copy of the notice yesterday requesting additions to the Holly Hill facility. I am confused as to what is going to be done. Is this an additional building and a fence? Please explain. We have had numerous times when people have run away and come through our property, so we need to know what's going on. Our backyard is very close to them. John Lachenman 9791 Washington Trace. 41007.

Thanks
John

Minter, Cindy

From: Jim and Sally Rowe [REDACTED]
Sent: Friday, July 17, 2026 12:10 PM
To: PZ Admin
Subject: Holly Hill RTF

[Caution] This email originated from outside of the organization. Do not click links or open attachments unless you verify with the sender and know the content is safe.

Dear Ms. Minter,

My husband and I only recently found out that Holly Hill Children's Home is hoping to add a cottage (at 8,000 square feet, it would hardly be considered a cottage) on its grounds. If it weren't for our neighbor informing us of these plans, we would have had no idea what was in the works at Holly Hill. We have lived on Summer Hill Road for 35 years and have seen countless police cars, ambulances, and EMT vehicles called to Holly Hill on a weekly and sometimes daily basis. We understand that the female residents there are troubled and need help, but the Campbell County Planning and Zoning Board must also consider that we are a residential neighborhood first and foremost, with several families who have young, impressionable children.

We have had a few instances where the female residents have tried to run away from Holly Hill. One attempted to hang herself from the rope swing we had attached to our walnut tree. Another ran away during a snowy winter while wearing a hoodie and flip-flops. If my husband hadn't been outside shoveling the driveway in the early evening and noticed her, she could have died from hypothermia.

We know that the July 28 hearing scheduled for this additional "cottage" has been canceled. Again, we found this out from our neighbor, not from a mailing we should have received but did not — even though we live on the same street as Holly Hill. Other neighbors on this street have not received any letters or notices regarding the proposed plans for a residential treatment facility. We would appreciate being officially informed by the CC Planning and Zoning Board of any changes occurring that will directly impact this neighborhood.

Thank you for letting us vent our concerns.

Sincerely,

Jim and Sally Rowe
9773 Summer Hill Road
California, KY 41007

[REDACTED]

[REDACTED]

From: [Elrod, Jon](#)
To: [PZ Admin](#)
Cc: [REDACTED]; [Mariah Elrod](#)
Subject: Public Comment / Concerns Regarding Holly Hill Proposed Expansion — Case BA-26-011 (9599 Summer Hill Road)
Date: Monday, August 31, 2026 8:45:10 PM

[Caution] This email originated from outside of the organization. Do not click links or open attachments unless you verify with the sender and know the content is safe.

Dear Director Minter,

My name is Jon Elrod. My wife (Mariah) and I are residents and property owners on Summer Hill Road (9740 Summer Hill Road). I am writing to submit comments regarding Case BA-26-011 (the proposed 9,000-sq-ft Psychiatric Residential Treatment Facility and security fence height variance at 9599 Summer Hill Road).

At the outset, I want to state that I appreciate the service that Holly Hill provides. From my understanding, the girls they serve have intense, specific psychiatric and therapeutic needs, and providing them with high-quality, specialized care is important work. My concerns are strictly focused on the land-use, safety, and infrastructure impacts of placing this new, higher-acuity facility at this specific location.

For the Board of Adjustments to ensure that this expansion is harmonious with our quiet, rural-residential neighborhood street, we believe the following operational and physical impacts must be addressed before a permit is considered:

- 1. Traffic and Speeding:** Summer Hill Road already experiences reckless driving and speeding from staff and visitors, which endangers local children playing outside. We have four kids currently, ages 9, 8, 6, and 4. There are several other kids along our street. These children, along with parents, routinely walk, run, or ride bikes on the street. For this expansion to be considered, a formal Traffic Impact Study must be conducted. The installation of traffic-calming measures (such as speed humps) on our residential street should also be considered as a condition of approval. Traffic will undoubtedly increase during construction of the new site, and if the expansion is built, a higher volume of employees, visitors, emergency personnel, etc. will permanently contribute to these road hazards.
- 2. Perimeter Security and Safety:** Community safety is a primary concern for local families. Considering past incidents of Holly Hill residents leaving the property unsupervised and given the high-acuity psychiatric nature of this expansion, there must be a clear physical perimeter security plan (detailing fence location, setbacks, continuous monitoring, etc.). Details of this plan should be made available to the public to provide surrounding families with confidence and peace of mind.
- 3. Proactive Community Communication ("Good Neighbor" Policy):** To date, communication from Holly Hill leadership and/or the county has been inconsistent, including the original notice of this potential development. Even without the expansion, there should be a mandatory neighborhood emergency alert protocol (such as an automated opt-in text/phone system) to immediately notify Summer Hill Road residents if a resident is unaccounted for or could cause a safety concern. Furthermore, to prevent reoccurrence, Holly Hill must be

required to conduct thorough, root-cause investigations following any security breach, resulting in timely corrective actions- whether through physical installations (subject to appropriate approvals) or mandatory staff training. The results of these investigations and corrective measures must be formally communicated, in writing, to the county as well as to the nearby residents to ensure ongoing transparency.

4. **Emergency Service Strain:** Our street regularly witnesses a high volume of police, fire, and EMS vehicles rushing to the current campus, reflecting existing operational challenges at the Holly Hill site. An expansion of this scale will undoubtedly multiply this strain. The county should assess if our local emergency infrastructure can support this without disrupting residential peace, and the frequency of historical emergency calls to the facility should be thoroughly reviewed by the county.

Thank you for your dedication to balancing important community services with the safety and well-being of Campbell County's residential neighborhoods. If you should have any questions, please feel free to reach out to me directly. Note that I've copied other Summer Hill Road residents on this email for their visibility.

Thanks so much,

Jon Elrod
Vice President of Environmental Affairs, North America
Environmental Affairs Department
O: 859.344.2201 [REDACTED]



www.darlingii.com

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Megan Gautraud
3574 Sunrise Road
California, KY 41007
[REDACTED]

31 August, 2026

Dear Campbell County Planning and Zoning Committee,

On Wednesday, August 26th, the CEO of Holly Hill, James Sherry, made a visit to our home. He said he wanted to introduce himself to us and communicated verbal regret for having waited so long for having made the introduction. There are a couple specific things about my discussion with him that have given me further pause concerning the addition to the property at the Holly Hill location.

First, Mr. Sherry shared that quantity of in-patient beds at Holly Hill will double, going from 12 to 24. I shared my concern of the increase in patients increasing the traffic and speeding cars, the litter, the police calls and presence in the neighborhood. Mr. Sherry affirmed that the traffic would *indeed* increase, although he hoped the litter and police presence would not. The speeding is already a problem with only 12 patients on the Holly Hill property; with 24 it will be an even bigger problem. We have kids riding bikes and pedestrians on our streets. It is unsafe. I have tried to ignore the fact that a residential facility is in our neighborhood, but between the traffic, speeding, police, and litter, Holly Hill seems intent on reminding me of their presence.

Second, to my understanding, Mr. Sherry discussed how the current residents of Holly Hill are considered “wards” of the state, those who do not have resources outside of what Holly Hill is investing in them. The new facility will be for girls who *do* have resources, like parents and family, but those people have essentially met their limit and don’t know what else to do with the girls. This leads me to believe that the girls who will be enrolled in the new facility have such extreme behavior, that even those closest to them can’t handle them. Why then would those girls be placed in the middle of a residential neighborhood? This is unsafe.

I am deeply bothered about the prospect of this new facility being built. Please consider the above issues and take them into consideration as if you were the one who lived in my home, raising your own family.

Thank you. Sincerely,

Megan Gautraud

From: [Koeppe, Samantha \(koeppec\)](#)
To: [PZ Admin](#)
Cc: [REDACTED]
Subject: Strong Opposition to Proposed Holly Hill Expansion on Summer Hill Road
Date: Monday, August 31, 2026 10:59:52 AM

[Caution] This email originated from outside of the organization. Do not click links or open attachments unless you verify with the sender and know the content is safe.

Dear Members of the Campbell County Planning and Zoning Board,

I am writing to express my strong and unequivocal opposition to the proposed expansion of Holly Hill, which is located in my neighborhood on Summer Hill Road.

I understand that Holly Hill is seeking to significantly expand its facility. Before allowing an expansion of this magnitude, I strongly urge the Planning and Zoning Board to carefully consider the impact the existing facility already has on the surrounding neighborhood, particularly with respect to traffic, safety, emergency services, and the welfare of nearby families and children.

I live in the neighborhood and have personally witnessed numerous instances of unsafe driving associated with traffic entering and leaving Holly Hill. I have seen vehicles traveling at what appears to be 40 mph or more on Summer Hill Road, including while my daughter and I are standing outside waiting for her school bus. The speed and manner in which some vehicles travel through our neighborhood are extremely concerning.

As a parent, I have reached the point where I do not feel comfortable allowing my children to ride their bikes or roller skates on our own road because of the traffic. That is a significant loss of safety and quality of life for families who live here. Summer Hill Road is a residential neighborhood—not a high-traffic roadway—and an expansion that brings substantially more people and vehicles into the area would only compound an existing problem.

I have also regularly observed litter and beer cans along Summer Hill Road. While I cannot definitively establish who left each item, the frequency and location of this litter are concerning and raise additional questions about whether the existing operation is being adequately managed.

There are also concerns within the neighborhood regarding the frequency with which emergency services are reportedly called to Holly Hill. I understand that this is something the Board may be able to verify through emergency response records, and I

strongly encourage you to do so before considering an expansion. If emergency services are already being called frequently, I believe the Board should understand the reasons for those calls and whether the facility has sufficient staffing, supervision, and resources to safely accommodate its current population before permitting it to become substantially larger.

I also want to share an incident that I personally witnessed because it illustrates the type of situation that can create serious concern for residents. On one occasion, I saw a young woman on Dead Timber Road who appeared extremely distressed and was being followed by a white van. I was concerned enough about her safety that I turned around to check on the situation. When I located them again, the woman was walking along Double A Highway and the van was still following her. I called 911 because, based on what I was seeing, I was genuinely concerned that a kidnapping or other dangerous situation might be occurring. I later learned that the woman was a Holly Hill patient and that the van was associated with Holly Hill staff. While I understand that the circumstances were not what I initially feared, the fact that a situation involving a Holly Hill patient caused a neighborhood resident to reasonably believe an abduction could be taking place is deeply concerning.

I have also heard concerns from others regarding the level of staffing, training, and supervision at the facility and the behavioral needs of some of its residents. I recognize that information I have received from others should be independently verified, which is precisely why I believe the Board should thoroughly investigate these issues before approving any expansion. At a minimum, I believe the Board should have a clear understanding of Holly Hill's current staffing levels, employee qualifications and training, patient-to-staff ratios, security and supervision procedures, transportation practices, incident history, and emergency-service utilization.

My concern is not about preventing Holly Hill from providing services. My concern is whether the facility, as it currently operates, is an appropriate fit for an expansion in a residential neighborhood when there are already significant concerns about traffic safety, supervision, emergency response, and the impact on surrounding residents.

Expanding a facility that is already creating these concerns without first addressing the underlying issues would, in my opinion, be irresponsible and potentially put both residents and Holly Hill's own patients at greater risk.

I respectfully ask the Planning and Zoning Board to take these concerns seriously and to conduct a thorough review of the existing operation and its impact on the surrounding

community before considering approval of any expansion. I would also appreciate knowing how residents can participate in the public hearing or approval process and ensure that our concerns are formally considered.

Our neighborhood should be a place where children can safely wait for the school bus, ride their bikes, and play outside without families having to worry about excessive traffic or unsafe behavior associated with a nearby facility. I strongly oppose an expansion that could further compromise that safety.

Thank you for your time and consideration. I would appreciate confirmation that this letter will be included as part of the public record regarding the proposed Holly Hill expansion.

Sincerely,

Samantha Duncan

From: [Lisa Lapre](#)
To: [PZ Admin](#)
Subject: Holly Hill inpatient Psychiatric Addition
Date: Wednesday, September 2, 2026 10:54:14 AM

[Caution] This email originated from outside of the organization. Do not click links or open attachments unless you verify with the sender and know the content is safe.

Dear Cindy Minter,

I have concerns about Holly Hill inpatient Psychiatric Addition.

- 1 Will we get alerts if there is a runaway from Holly Hill. Many neighbors have found girls hiding in their barns or Garages?
- 2 How dangerous will the girls be in the Psychiatric unit? What is the criteria ?
- 3 Will there be enough staff to handle the children?
- 4 In this area there is not EMT, paramedic, medical or hospital. How would an emergency be address?

I do NOT want this addition to happen at Holly Hill

Thanks

Lisa Lapre

To: The Campbell County and Municipal Board of Adjustment

Regarding: Case No. BA-26-011 – Enlargement of Conditional Use Permit Request for PRTF in Zone A-1

To the Members of the Board:

This correspondence is submitted on behalf of James and Sally Rowe, who have resided at 9773 Summer Hill Road in California, Kentucky, for 35 years, to formally ask the Board of Adjustment to **deny** the requested enlargement of the Conditional Use Permit sought by Holly Hill Child and Family Solutions to develop a 9,000-square-foot psychiatric residential treatment facility (PRTF) on Parcel 999-99-35-282.01 (9959 Summer Hill Road, California, Kentucky).

Under the Campbell County Zoning Ordinance and Kentucky Revised Statutes (KRS), Chapter 100, a conditional use must not impair the integrity and character of the zone. We submit that this institutional medical development fails the statutory requirements on the following grounds:

- **Incompatibility with zone character:** A 24-hour clinical care institution completely conflicts with the rural, agricultural preservation, and low-density detached residential mandates governing the A-1 zone, which is legally reserved to protect open green space. The proposed 9,000-square-foot PRTF will not contribute to the neighborhood's or community's general well-being. It does not align with either the character or, particularly, the safety of the immediate neighborhood.
- **Violation of access requirements:** The Campbell County Zoning Ordinance dictates that human medical institutions must be situated adjacent to an arterial street to ensure seamless access for emergency vehicles. The proposed addition of the PRTF is located on 9599 Summer Hill Road, a minor rural road entirely unsuited for the increased commercial, employee, and emergency-vehicle traffic this facility requires, and poses a safety hazard to neighborhood residents. We request the results of a traffic impact analysis. We also request to see the emergency-response plan and the Campbell County Fire Department's review of the proposed building and security configuration.
- **Infrastructure deficiencies:** The localized rural utility and emergency infrastructure lacks the structural capacity to support a 24/7 commercial institutional layout without placing an undue burden on neighboring properties and their residents, and it will be detrimental to the health, safety, and general welfare of the neighborhood and community.

For these safety and land-use configurations, we respectfully request that the Board of Adjustment **deny** the application.

Respectfully submitted,

James (Jim) Rowe and Sally Rowe

9773 Summer Hill Road

California, KY 41007

From: [Leah Fries](#)
To: [PZ Admin](#)
Subject: Holly Hill girls home
Date: Monday, August 24, 2026 11:41:05 AM

[Caution] This email originated from outside of the organization. Do not click links or open attachments unless you verify with the sender and know the content is safe.

Hello,

I am writing in concern to the Holly Hill girls home in California, Ky. I live very close to this facility and I am writing because I DO NOT SUPPORT the psych unit that they are wanting to facilitate.

This girls home struggles to keep their residents contained already. Why would they be allowed to add to this issue? Can we please leave this type of treatment to Children's hospital please?!

Adding the psych unit would not be fair to the local community to deal with escaped girls who are dealing with psychological issues. It poses as a danger to our community and also the girl there seeking treatment. This facility already doesn't have enough staff that can watch everyone. Why add even more girls with more instability. It simply doesn't make sense. I strongly feel this facility should only be able to house displaced young ladies due to situations beyond their control. The troubled girls should honestly be sent to a secure facility where they can't be a harm to themselves or others and that has more security.

Please keep in mind a troubled teen ran away from there several years ago and was hit by a car on the AA highway and killed. The 911 dispatchers center stated to someone in our community group that there was 400+ calls to Holly Hill in the past 3 years.

While I would like to see the entire facility closed for the safety of everyone I STRONGLY encourage this new psych facility to NOT be granted the green light to move forward. Please listen to the surrounding community members. Our voices should be heard! I know others are also against this proposal.

Sincerely,

Leah Fries

From: [Karen Granger](#)
To: [PZ Admin](#)
Subject: Holly Hill proposed In-patient psychiatric addiction
Date: Wednesday, September 2, 2026 10:16:53 AM

[Caution] This email originated from outside of the organization. Do not click links or open attachments unless you verify with the sender and know the content is safe.

Attention: Cindy Minter

9/2/26

It is very upsetting that the Campbell county planning & zoning board is proposing 9,000sqft psychiatric addition to holly hill in our neighborhood.

I am not sure of the exact Impact this will have on my home. However, it doesn't matter. It is too close to be located in a residential Area.

This feels more like a prison is being added. Stating tall fences which I believe is because it is a psychiatric care facility.

I do not approve this action as a Washington Trace resident over 20 years.

There must be land in Campbell County that would be more appropriate for this type of living.

Thank you for your consideration not to build this facility near our homes.

Karen Granger
9697 Washington Trace Road

Sent from my iPhone

From: [Janet Miller](#)
To: [PZ Admin](#)
Subject: Holly Hill Proposed Psychiatric Addition
Date: Thursday, September 3, 2026 7:17:28 PM

[Caution] This email originated from outside of the organization. Do not click links or open attachments unless you verify with the sender and know the content is safe.

Hello,

I am writing about my concerns regarding the Holly Hill addition. I am a recent retired school employee and a retired LPN of 30 plus years. Over the years I have had contact with many of the young girls from Holly Hill.

I believe the area on Summer Hill is too far out and not secure enough to protect young girls in an In-Patient Psychiatric Unit. Remember the young lady several years ago who left Holly Hill and walked out to AA highway and although we will never know if she purposely stepped in front of a truck or it was an accident, she was in an unsafe area. This area is heavily wooded, near the river and near a major dark road with numerous safety issues! NOT the place to protect these girls. I think it is the place to offer a home and quiet surroundings for the girls but not a place for severe Mental Health Issues. The girls at Holly Hill are usually school age children and more than anything need a home and love and this area is perfect for that.

Please remember these girls have been through enough, and they need a Psychiatric Facility in a safe area, not down a dark dangerous highway and surrounded by heavy woods!

There has to be better options. I will always remember that young lady and often wonder what could have been done differently.

Thank you,

Janet Miller

Attachment E

Regulatory References

- Campbell County Zoning Ordinance Article IX, Section 9.14 Conditional Uses
- Campbell County Zoning Ordinance Article XVIII, Sections
- KRS 100.237 Conditional use permits.
- KRS 100.243 Findings necessary for granting variances.
- KRS 100.982 Definitions for KRS 100.982 to 100.984.
- KRS 100.984 Residential care facility for persons with disabilities.
- KRS 200.503 Definitions for KRS 200.501 to 200.509.
- KRS 216B.450 Definitions for KRS 216B.450, 216B.455, and 216B.457.
- KRS 65.879 Prohibition against local ordinances specifically applicable to residential care facilities for persons with a disability -- Information to be provided by Cabinet for Health and Family Services -- Facilities not exempted from general application ordinances.
- 902 KAR 20:320. Level I and Level II psychiatric residential treatment facility operation and services.
- 902 KAR 20:330. Psychiatric residential treatment facilities.
- 907 KAR 9:005. Non-outpatient level I and II psychiatric residential treatment facility service and coverage policies.
- 42 CFR Ch. IV483—REQUIREMENTS FOR STATES AND LONG TERM CARE FACILITIES

ARTICLE IX

GENERAL REGULATIONS

SECTION 9.14 CONDITIONAL USES:

A. DETERMINATION: Subject to the requirements of Section 18.7, the Board of Adjustments may authorize a conditional use to be located within any zone in which such conditional use is permitted, if the evidence presented by the applicant is such as to establish beyond any reasonable doubt:

1. That the proposed use at the particular location is necessary or desirable to provide a service or facility which will contribute to the general well being of the neighborhood or the community;
2. That such use will not be detrimental to the health, safety, or general welfare of persons residing or working in the vicinity, or injurious to property or improvements in the vicinity.
3. That such use will comply with any regulations and conditions in this Ordinance for such use.

B. CONDITIONAL USE PERMITS: In accordance with KRS. 100.237, the Board of Adjustment shall have the power to hear and decide applications for conditional use permits to allow the proper integration into the community of uses which are specifically named herein which may be suitable only in specific locations in the zone only if certain conditions are met:

1. The Board of Adjustments may approve, modify, or deny any application for a conditional use permit. If it approves such permit, it may attach necessary conditions such as time limitations; requirements that one or more things be done before the request can be initiated, or conditions of a continuing nature. Any such conditions shall be recorded in the Board's minutes and on the conditional use permit, along with a reference to the specific section in the zoning regulation listing the conditional use under consideration. In addition, said conditional use permit shall be recorded in the office of the County clerk and one copy of said permit attached to the deed for the property for which it is issued. The Board shall have power to revoke conditional use permits, or variance for noncompliance with the condition thereof. Furthermore, the Board shall have a right of action to compel offending structures or uses removed at the cost of the violator and may have judgment in personam for such cost.

2. Granting of a conditional use permit does not exempt the applicant from complying with all of the requirements of this ordinance, the building code, housing code, and other regulations of the County.
3. In any case where a conditional use permit has not been exercised within the time limit set by the board or within twelve (12) consecutive calendar months from date of issuance, such conditional use permit shall not revert to its original designation unless there has been a public hearing. Exercised as set forth in this section, shall mean that binding contracts for the construction of the main building or other improvement has been let; or in the absence of contracts that the main building or other improvement is under construction to a substantial degree, or that prerequisite conditions involving substantial investment shall be under contract, in development, or completed. When construction is not a part of the use, exercised shall mean that the use in operation is in compliance with the conditions as set forth in the permit.
4. The Zoning Administrator shall review all conditional use permits, except those for which all conditions have been permanently satisfied, at least once annually and shall have the power to inspect the land or structure where the conditional use is located in order to ascertain that the landowner is complying with all of the conditions which are listed on the conditional use permits.

If the landowner is not complying with all of the conditions listed on the conditional use permit, the Zoning Administrator shall report the fact in writing to the Chairman of the Board of Adjustments. The report shall state specifically the manner in which the landowner is not complying with the conditions on the conditional use permit, and a copy of the report shall be furnished to the landowner at the same time it is furnished to the chairman of the Board of Adjustments.

The Board shall hold a hearing on the report within thirty (30) days and notice of the time and place of the hearing shall be furnished to the landowner at least one week prior to the hearing. If the Board of Adjustments finds that the facts alleged in the report of the Zoning Administrator are true and that the landowner has taken no steps to comply within the time between the date of the report and the date of the hearing, the Board of Adjustments may authorize the Zoning Administrator, to revoke the conditional use permit and take the necessary legal action to cause the termination of the activity on the land which the conditional use permit authorizes.

5. Once the Board of Adjustments has completed a conditional use permit and all the conditions required are of such type that they can be completely and permanently satisfied, the Zoning Administrator, upon request of the

applicant, may, if the facts warrant, make a determination that the conditions have been satisfied, and enter the facts which indicate that the conditions have been satisfied and the conclusion in the margin of the copy of the conditional use permit which is on file with the County clerk, as required in KRS 100.344. Thereafter said use, if it continues to meet the other requirements of this ordinance, will be treated as a permitted use in a nonconforming status.

ARTICLE XVIII

BOARD OF ADJUSTMENT

SECTION 18.5 POWERS OF BOARD OF ADJUSTMENT: Upon appeals, the Board of Adjustment shall have the following powers:

- A. To hear and decide on applications for variances where, by reason of the exceptional narrowness, shallowness, or unusual shape of a site on the effective date of this Ordinance, or by reason of exceptional topographic conditions, or some other extraordinary situation or condition of that site, the literal enforcement of the requirements (height or width of building or size of yards, but not population density) of the zoning ordinance would deprive the applicant of reasonable capacity to make use of the land.
- B. To hear and decide appeals where it is alleged, by the appellant, that there is an error in any order, requirement, decision, grant or refusal made by the Zoning Administrator in the enforcement of this ordinance. Such appeal shall be taken within sixty (60) consecutive calendar days.
- C. To hear and decide applications for conditional use permits to allow the proper integration into the community of uses, which are specifically, named herein which may be suitable only in specific locations in the zone only if certain conditions are met as specified in Section 9.14 of this Ordinance.
- D. To hear and decide, in accordance with the provisions of this ordinance and the Adopted Comprehensive Plan for the County requests for the change from one nonconforming use to another.

SECTION 18.6 VARIANCES: CHANGE FROM ONE NONCONFORMING USE TO ANOTHER, CONDITIONS GOVERNING APPLICATIONS: PROCEDURES.

- A. **VARIANCES:** Before any variance is granted, the Board of Adjustment must that the granting of the variance will not adversely affect the public health, safety, or welfare, will not alter the essential character of the general vicinity, will not cause a hazard or nuisance to the public. These findings shall be recorded in the minutes and records and issued in written form to the applicant to constitute proof of the variance. Such variance shall not be granted by the Board of Adjustment unless and until:
 - 1. A written application for a variance (including the required fee as per Section 19.0 of this ordinance) and a site plan, subject to the applicable requirements of Section 9.19, are submitted demonstrating:

- a. That the requested variance arises from special circumstances exist which do not generally apply to land in the general vicinity, or in the same zone.
 - b. That the manner in which the strict application of the provisions of this Ordinance would deprive the applicant of a reasonable use of the land or would create an unnecessary hardship on the applicant.
 - c. That the circumstances are the result of actions of the applicant taken subsequent to the adoption of the zoning regulation from which relief is sought.
 - d. Reasons that the variance will not allow unreasonable circumstance of the requirements of the zoning regulations and will not alter the essential character of the neighborhood; and
 - e. That granting the variance requested will not confer on the applicant any special, privilege that is not conferred by this ordinance to other lands, structures or buildings in the same zone. No nonconforming use of neighboring lands and structures in the same zone shall be considered grounds for the issuance of a variance.
2. Notice of public hearing shall be given in accordance with Section 18.2 of this ordinance.
 3. The public hearing shall be held. Any person may appear in person, or by attorney.
 4. Prior to granting a variance:
 - a. The Board of Adjustment shall make findings that the requirements of this section have been met by the applicant for a variance.
 - b. The Board of Adjustment shall further make a finding that reasons set forth in the application justify the granting of variance and that the variance is the minimum variance that will make possible the reasonable use of the land, building, or structure, and under no circumstances shall the Board of Adjustment:
 - c. The Board of Adjustment shall further make a finding that the granting of the variance will be in harmony with the general purpose and intent of this Ordinance as well as the Adopted Comprehensive Plan for the County and will not be injurious to the neighborhood, or otherwise, detrimental to the public welfare.

5. In granting any variance, the Board of Adjustment may prescribe appropriate conditions and safeguards in conformity with this Ordinance. Violation of such conditions and safeguards, when made part of the terms under which the variance is granted, shall be deemed a violation of this Ordinance and punishable under Section 16.9 of this Ordinance.
 6. The Board shall deny any request for a variance arising from circumstances that are the result of willful violations of the zoning regulations by the applicant subsequent to the adoption of the zoning regulation from which relief is sought.
- B. **VARIANCE CANNOT CONTRADICT ZONING REGULATION:** The Board of Adjustment shall not possess the power to grant a variance or permit a use of any land, building, or structure which is not permitted by this Ordinance in the zone in question, or to alter the density of dwelling unit requirements in the zone in question.
 - C. **VARIANCE RUNS WITH LAND:** A variance applies to the property for which it is granted and not to the individual who applied for it. A variance also runs with the land and is transferable to any future owner of land, but the applicant cannot transfer it to a different site.
 - D. **CHANGE FROM ONE NONCONFORMING USE TO ANOTHER:** A nonconforming use shall not be changed to another nonconforming use without the specific approval of the Board of Adjustment, as provided herein.
 1. The Board of Adjustment shall have the power to hear and decide on applications to convert or change an existing nonconforming use to another nonconforming use, subject to the following:
 - a. A written application for a change from one nonconforming use to another (including the required fee as per Section 19.0, c, of this Ordinance) and a site plan, if applicable, subject to the applicable requirements of Section 9.19, shall be submitted to the Board;
 - b. Notice of public hearing shall be given in accordance with Section 18.2 of this Ordinance;
 - c. The public hearing shall be held. Any person may appear in person, or by attorney;
 - d. Prior to granting a change from one nonconforming use to another the Board of Adjustment shall find that the new nonconforming use is in the same or more restrictive classification of use as the prior nonconforming use. In the determination of the same or more

restrictive classification of use, the applicant shall establish and the Board of Adjustment shall find:

- (1) That the new nonconforming use shall generate less vehicular traffic (automobile and truck) than the prior nonconforming use;
 - (2) That the new nonconforming use is of a nature which will emit less noise and air pollution than the prior nonconforming use;
 - (3) That the new nonconforming use will be more in character with the existing neighborhood than the prior nonconforming use, in that it is more in conformance with the adopted comprehensive plan of the County and also, more in conformance with the uses permitted in the zone in which the use is located, than the prior nonconforming use.
- e. Any change of nonconforming use granted by the Board of Adjustment shall conform to the requirements of this Ordinance, including, but not limited to: parking requirements, sign, regulations and yard requirements, and all other pertinent ordinance of the County.
- f. The Board of Adjustment shall not allow the enlargement or extension of a nonconforming use beyond the scope and area of its operation at which time its use became nonconforming.
- g. The Board of Adjustment, in granting a change of nonconforming uses, may attach such conditions thereto as it may deem necessary and proper; and the action, limitations and conditions imposes, if any, shall be in writing, directed to the applicant, with a copy to be furnished to the Zoning Administrator's office.
- h. The change of nonconforming use as may be granted by the Board of Adjustment applies to the property for which it is granted and not to the individual who applied and, therefore, cannot be transferred by the applicant to a different property.
- i. In the case where the change of nonconforming use has not occurred within one year after the date of granting thereof; then, without further action, the change of nonconforming use Adjustment shall have to be made.

SECTION 18.7 CONDITIONAL USE PERMITS: Conditional use permits shall not be issued without the specific approval of the Board of Adjustment, as provided herein.

A. The Board of Adjustment shall have the power to hear and decide on applications for conditional use permits, subject to the following:

1. A written application for a conditional use permit (including the required fee, as per Section 19.0, C, of this Ordinance) and a site plan subject to the applicable requirements of Section 9.19, shall be submitted to the Board;
2. Notice of public hearing shall be given in accordance with Section 18.2 of this Ordinance;
3. The public hearing shall be held. Any person may appear in person, or by agent or by attorney;
4. Prior to granting a conditional use permit, the Board of Adjustment shall find that the application for a conditional use permit meets the requirements of this Ordinance, Section 9.14.

65.879 Prohibition against local ordinances specifically applicable to residential care facilities for persons with a disability -- Information to be provided by Cabinet for Health and Family Services -- Facilities not exempted from general application ordinances.

- (1) As used in this section:
 - (a) "Cabinet" means the Cabinet for Health and Family Services;
 - (b) "Local government" means a city, county, charter county, urban-county government, consolidated local government, or unified local government;
 - (c) "Persons with a disability" has the same meaning as in KRS 100.982; and
 - (d) "Residential care facility" means a residence, including a group home or staffed residence, operated and maintained by:
 1. A private agency receiving state or federal funds; or
 2. A government agency;that provides services in a homelike setting for persons with a disability.
- (2) A local government shall not adopt or enforce any licensing or other requirements specifically applicable to residential care facilities providing services for persons with a disability beyond those required by statutes or administrative regulations of the Commonwealth of Kentucky or the federal government.
- (3)
 - (a) A local government may adopt a resolution by its legislative body requesting the cabinet to provide information on each residential care facility within the requesting local government's boundaries. The cabinet shall provide information to the local government within thirty (30) days of the receipt of the resolution requesting this information. The information provided by the cabinet shall be limited to:
 1. The physical location of the residential care facility or facilities; and
 2. The name and contact information for the individual or organization primarily responsible for the oversight of the facility or facilities.
 - (b) Once a resolution has been filed by a local government, the cabinet shall:
 1. Provide that local government updated information if:
 - a. The number of residential care facilities within the jurisdiction changes;
 - b. The physical location changes; or
 - c. The name and contact information for the individual or organization primarily responsible for the oversight changes; or
 2. Provide an annual update of the information provided in this subsection, in the event that the provisions of subparagraph 1. of this paragraph do not occur.
 - (c) The information provided in this subsection shall only be for the use of the local government's law enforcement agencies, fire protection services, or emergency service providers. The information provided by the cabinet shall not be subject to the provisions of KRS 61.872 to 61.884. This exemption

applies solely to the local government receiving the information.

- (4) This section shall not be construed to exempt residential care facilities from compliance with local government ordinances that apply generally within the jurisdiction, including but not limited to business licensing requirements, occupational license taxes, nuisance and property maintenance codes, public and fire safety ordinances, health and sanitation ordinances, zoning requirements as provided under KRS 100.984, or any other type of local ordinance of general application.

Effective: July 12, 2012

History: Created 2012 Ky. Acts ch. 55, sec. 1, effective July 12, 2012.

100.237 Conditional use permits.

The board shall have the power to hear and decide applications for conditional use permits to allow the proper integration into the community of uses which are specifically named in the zoning regulations which may be suitable only in specific locations in the zone only if certain conditions are met:

- (1) The board may approve, modify, or deny any application for a conditional use permit. If it approves such permit it may attach necessary conditions such as time limitations, requirements that one (1) or more things be done before the request can be initiated, or conditions of a continuing nature. Any such conditions shall be recorded in the board's minutes and on the conditional use permit, along with a reference to the specific section in the zoning regulation listing the conditional use under consideration. The board shall have power to revoke conditional use permits, or variances for noncompliance with the condition thereof. Furthermore, the board shall have a right of action to compel offending structures or uses removed at the cost of the violator and may have judgment in personam for such cost.
- (2)
 - (a) Granting of a conditional use permit does not exempt the applicant from complying with all of the requirements of building, housing, and other regulations.
 - (b) If the applicant submits a modified plan to the relevant regulatory authorities in order to comply with all of the requirements of building, housing, and other regulations that expands the applicant's conditional use beyond the previously established geographic boundaries of the original conditional use permit, then the expanded conditional use shall be reviewed by the board. This review shall be limited to an examination solely of the expanded geographic boundaries of the modified plan. The board may deny the applicant's conditional use permit for the expanded geographic area.
 - (c) The applicant shall have the duty of informing the board of modifications made in accordance with paragraph (b) of this subsection, within fourteen (14) days of their submission. The applicant's failure to provide the board with notification shall be grounds for the board to revoke the conditional use permit, after a hearing before the board.
- (3) In any case where a conditional use permit has not been exercised within the time limit set by the board, or within one (1) year if no specific time limit has been set, such conditional use permit shall not revert to its original designation unless there has been a public hearing. "Exercised," as set forth in this section, shall mean that binding contracts for the construction of the main building or other improvement have been let; or in the absence of contracts that the main building or other improvement is under construction to a substantial degree, or that prerequisite conditions involving substantial investment under contract, in development, are completed. When construction is not a part of the use, "exercised" shall mean that the use is in operation in compliance with the conditions as set forth in the permit.
- (4) The administrative official shall review all conditional use permits, except those for which all conditions have been permanently satisfied, at least once annually and shall have the power to inspect the land or structure where the conditional use is

located in order to ascertain that the landowner is complying with all of the conditions which are listed on the conditional use permit. If the landowner is not complying with all of the conditions listed on the conditional use permit, the administrative official shall report the fact in writing to the chairman of the board of adjustment. The report shall state specifically the manner in which the landowner is not complying with the conditions on the conditional use permit, and a copy of the report shall be furnished to the landowner at the same time that it is furnished to the chairman of the board of adjustment. The board shall hold a hearing on the report within a reasonable time, and notice of the time and place of the hearing shall be furnished to the landowner at least one (1) week prior to the hearing. If the board of adjustment finds that the facts alleged in the report of the administrative official are true and that the landowner has taken no steps to comply with them between the date of the report and the date of the hearing, the board of adjustment may authorize the administrative official to revoke the conditional use permit and take the necessary legal action to cause the termination of the activity on the land which the conditional use permit authorizes.

- (5) Once the board of adjustment has completed a conditional use permit and all the conditions required are of such type that they can be completely and permanently satisfied, the administrative official, upon request of the applicant, may, if the facts warrant, make a determination that the conditions have been satisfied, and enter the facts which indicate that the conditions have been satisfied and the conclusion in the margin of the copy of the conditional use permit which is on file. Thereafter said use, if it continues to meet the other requirements of the regulations, will be treated as a permitted use.
- (6) When an application is made for a conditional use permit for land located within or abutting any residential zoning district, written notice shall be given at least fourteen (14) days in advance of the public hearing on the application to the applicant, administrative official, the mayor and city clerk of any city with a population of less than three thousand (3,000) based upon the most recent federal decennial census so affected within any county containing a consolidated local government, an owner of every parcel of property adjoining the property to which the application applies, and such other persons as the local zoning ordinance, regulations, or board of adjustment bylaws shall direct. Written notice shall be by first-class mail with certification by the board's secretary or other officer that the notice was mailed. It shall be the duty of the applicant to furnish to the board the name and address of an owner of each parcel of property as described in this subsection. Records maintained by the property valuation administrator may be relied upon conclusively to determine the identity and address of said owner. In the event such property is in condominium or cooperative forms of ownership, then the person notified by mail shall be the president or chairperson of the owner group which administers property commonly owned by the condominium or cooperative owners. A joint notice may be mailed to two (2) or more co-owners of an adjoining property who are listed in the property valuation administrator's records as having the same address.
- (7) When any property within the required notification area for a public hearing upon a

conditional use permit application is located within an adjoining city, county, or planning unit, notice of the hearing shall be given at least fourteen (14) days in advance of the hearing, by first-class mail to certain public officials, as follows:

- (a) If the adjoining property is part of a planning unit, notice shall be given to that unit's planning commission; or
- (b) If the adjoining property is not part of a planning unit, notice shall be given to the mayor of the city in which the property is located or, if the property is in an unincorporated area, notice shall be given to the judge/executive of the county in which the property is located.

Effective: January 1, 2015

History: Amended 2014 Ky. Acts ch. 92, sec. 195, effective January 1, 2015; and ch. 113, sec. 2, effective July 15, 2014. -- Amended 2002 Ky. Acts ch. 346, sec. 148, effective July 15, 2002. -- Amended 1990 Ky. Acts ch. 362, sec. 10, effective July 13, 1990. -- Amended 1988 Ky. Acts ch. 30, sec. 6, effective July 15, 1988; and ch. 144, sec. 1, effective July 15, 1988. -- Amended 1986 Ky. Acts ch. 134, sec. 1, effective July 15, 1986. -- Amended 1978 Ky. Acts ch. 384, sec. 23, effective June 17, 1978. -- Created 1966 Ky. Acts ch. 172, sec. 51.

Legislative Research Commission Note (1/1/2015). This statute was amended by 2014 Ky. Acts chs. 92 and 113, which do not appear to be in conflict and have been codified together.

100.243 Findings necessary for granting variances.

- (1) Before any variance is granted, the board must find that the granting of the variance will not adversely affect the public health, safety or welfare, will not alter the essential character of the general vicinity, will not cause a hazard or a nuisance to the public, and will not allow an unreasonable circumvention of the requirements of the zoning regulations. In making these findings, the board shall consider whether:
 - (a) The requested variance arises from special circumstances which do not generally apply to land in the general vicinity, or in the same zone;
 - (b) The strict application of the provisions of the regulation would deprive the applicant of the reasonable use of the land or would create an unnecessary hardship on the applicant; and
 - (c) The circumstances are the result of actions of the applicant taken subsequent to the adoption of the zoning regulation from which relief is sought.
- (2) The board shall deny any request for a variance arising from circumstances that are the result of willful violations of the zoning regulation by the applicant subsequent to the adoption of the zoning regulation from which relief is sought.

Effective: July 15, 1988

History: Amended 1988 Ky. Acts ch. 144, sec. 4, effective July 15, 1988. -- Amended 1986 Ky. Acts ch. 141, sec. 27, effective July 15, 1986. -- Created 1966 Ky. Acts ch. 172, sec. 53.

100.982 Definitions for KRS 100.982 to 100.984.

As used in KRS 100.982 to 100.984, unless the context otherwise requires:

- (1) "Person with a disability" means a person with a physical, emotional, or mental disability, including, but not limited to, an intellectual disability, cerebral palsy, epilepsy, autism, deafness or hard of hearing, sight impairments, and orthopedic impairments, but not including convicted felons or misdemeanants on probation or parole or receiving supervision or rehabilitation services as a result of their prior conviction, or mentally ill persons who have pled guilty but mentally ill to a crime or not guilty by reason of insanity to a crime. "Person with a disability" does not include persons with current, illegal use of alcohol or any controlled substance as regulated under KRS Chapter 218A.
- (2) "Residential care facility" means a residence operated and maintained by a sponsoring private or governmental agency to provide services in a homelike setting for persons with disabilities.
- (3) "Services" means, but is not limited to, supervision, shelter, protection, rehabilitation, personal development, and attendant care.

Effective: March 25, 2015

History: Amended 2015 Ky. Acts ch. 66, sec. 2, effective March 25, 2015. -- Amended 2012 Ky. Acts ch. 146, sec. 10, effective July 12, 2012. -- Amended 1994 Ky. Acts ch. 405, sec. 12, effective July 15, 1994. -- Amended 1992 Ky. Acts ch. 144, sec. 8, effective July 14, 1992. -- Created 1990 Ky. Acts ch. 91, sec. 1, effective July 13, 1990.

100.984 Residential care facility for persons with disabilities.

Any sponsoring private or governmental agency shall be permitted to operate a residential care facility in any residential district, zone, or subdivision subject only to compliance with the same limitations upon area, height, yard, screening, parking, number of dwelling units, and number of occupants per dwelling unit as apply to other residences in the district, zone, or subdivision. For purposes of determining the number of occupants in a residential care facility, or in any of the dwelling units which comprise the facility, employees of the sponsoring agency providing services to persons with disabilities shall be counted only if their permanent residence is maintained at the facility. No conditional use permit not otherwise required for other residences within a zone or land use category shall be required for the operation of a residential care facility.

Effective: July 15, 1994

History: Amended 1994 Ky. Acts ch. 405, sec. 13, effective July 15, 1994. -- Created 1990 Ky. Acts ch. 91, sec. 2, effective July 13, 1990.

200.503 Definitions for KRS 200.501 to 200.509.

As used in KRS 200.501 to 200.509, unless the context otherwise requires:

- (1) "Child with a behavioral health need" means a child or transition-age youth with, or at risk of developing, an emotional disability, substance use disorder, or mental, emotional, or behavioral needs;
- (2) "Child with an emotional disability" means a child or transition-age youth with a clinically significant disorder of thought, mood, perception, orientation, memory, or behavior that is listed in the current edition of the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders and seriously limits a child's capacity to function in the home, school, or community;
- (3) "Child with a serious emotional disability" means a child or transition-age youth with a clinically significant disorder of thought, mood, perception, orientation, memory, or behavior that is listed in the current edition of the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders and that:
 - (a) Presents substantial limitations that have persisted for at least one (1) year or are judged by a mental health professional to be at high risk of continuing for one (1) year without professional intervention in at least two (2) of the following five (5) areas: "Self-care," defined as the ability to provide, sustain, and protect his or herself at a level appropriate to his or her age; "Interpersonal relationships," defined as the ability to build and maintain satisfactory relationships with peers and adults; "Family life," defined as the capacity to live in a family or family type environment; "Self-direction," defined as the child's ability to control his or her behavior and to make decisions in a manner appropriate to his or her age; and "Education," defined as the ability to learn social and intellectual skills from teachers in available educational settings;
 - (b) Is a Kentucky resident and is receiving residential treatment for emotional disability through the interstate compact;
 - (c) The Department for Community Based Services has removed the child from the child's home and has been unable to maintain the child in a stable setting due to behavioral health needs; or
 - (d) Is a person under twenty-one (21) years of age meeting the criteria of paragraph (a) of this subsection and who was receiving services prior to age eighteen (18) that must be continued for therapeutic benefit;
- (4) "Least restrictive alternative mode of treatment" means treatment given in the least confining setting which will provide a child or transition-age youth with an emotional disability or serious emotional disability appropriate treatment or care consistent with accepted professional practice. For purposes of this section, least restrictive alternative mode of treatment may include an institutional placement;
- (5) "System of care" means a spectrum of effective, community-based services and supports for children and transition-age youth with or at risk of developing behavioral health needs and their families, that is organized into a coordinated network, builds meaningful partnerships with families and youth, and addresses their cultural and linguistic needs, in order to help them to function better at home,

in school, in the community, and throughout life; and

- (6) "Transition-age youth" means individuals between the ages of sixteen (16) and twenty-five (25).

Effective: July 14, 2018

History: Amended 2018 Ky. Acts ch. 120, sec. 2, effective July 14, 2018. -- Amended 2014 Ky. Acts ch. 132, sec. 17, effective July 15, 2014. -- Amended 2000 Ky. Acts ch. 14, sec. 26, effective July 14, 2000. -- Amended 1996 Ky. Acts ch. 303, sec. 1, effective July 15, 1996 -- Amended 1992 Ky. Acts ch. 24, sec. 2, effective July 14, 1992. --Created 1990 Ky. Acts ch. 266, sec. 2, effective July 13, 1990.

216B.450 Definitions for KRS 216B.450, 216B.455, and 216B.457.

As used in this section and KRS 216B.455 and 216B.457:

- (1) "Cabinet" means the Cabinet for Health and Family Services;
- (2) "Community-based" means a facility that is located in an existing residential neighborhood or community;
- (3) "Freestanding" means a completely detached building or two (2) residences under one (1) roof that are clearly separate and can serve youth independently;
- (4) "Home-like" means a residence with living space designed to accommodate the daily living needs and tasks of a family unit, with opportunity for adult-child communication, shared tasks, adult-child learning, congregate meals, and family-type routines appropriate to the ages and levels of functioning of the residents;
- (5) "Psychiatric residential treatment facility" means either a licensed:
 - (a) Level I community-based, and home-like facility with a maximum of nine (9) beds which provides inpatient psychiatric residential treatment to residents age six (6) to twenty-one (21) years who have an emotional disability or severe emotional disability as defined in KRS 200.503, with an age range of no greater than five (5) years at the time of admission in a living unit; or
 - (b) Level II home-like facility that provides twenty-four (24) hour inpatient psychiatric residential treatment and habitation to persons who:
 1. Are ages four (4) to twenty-one (21) years, with an age range of no greater than five (5) years at the time of admission to the facility;
 2. Have a severe emotional disability as defined by KRS 200.503 in addition to severe and persistent aggressive behaviors, intellectual disability, sexually acting out behaviors, or developmental disability; and
 3. Do not meet the medical necessity criteria for an acute care hospital or a psychiatric hospital and whose treatment needs cannot be met in an ambulatory care setting, Level I psychiatric residential treatment facility, or other less restrictive environment;
- (6) "Qualified mental health personnel" means a staff member who operates under the supervision of a qualified mental health professional; and
- (7) "Qualified mental health professional" has the same meaning as in KRS 202A.011.

Effective: July 15, 2010

History: Amended 2010 Ky. Acts ch. 7, sec. 1, effective July 15, 2010. -- Amended 2005 Ky. Acts ch. 99, sec. 510, effective June 20, 2005. -- Amended 2004 Ky. Acts ch. 132, sec. 1, effective July 13, 2004. -- Amended 1998 Ky. Acts ch. 426, sec. 455, effective July 15, 1998. -- Created 1992 Ky. Acts ch. 332, sec. 1, effective April 9, 1992.

902 KAR 20:320. Level I and Level II psychiatric residential treatment facility operation and services.

RELATES TO: KRS 17.165, 17.500, 200.503, 216B.105, 216B.450-216B.457, 309.080, 309.130, 311.571, 311.840 -- 311.862, 311.858, 314.011, 314.042, 319.050, 319.056, 319.064, 319C.010, 320.240, 335.100, 335.300, 335.080, 335.500, 439.3401, 645.020, 42 C.F.R. 441.156, 42 C.F.R. 483.350-483.376

STATUTORY AUTHORITY: KRS 216B.042, 216B.455, 216B.457

NECESSITY, FUNCTION, AND CONFORMITY: KRS 216B.042 requires the Kentucky Cabinet for Health and Family Services to promulgate administrative regulations to govern health facilities and services. KRS 216B.455 and 216B.457 require the cabinet to promulgate administrative regulations establishing requirements for psychiatric residential treatment facilities. This administrative regulation provides minimum licensure requirements regarding the operation of and services provided in Level I or Level II psychiatric residential treatment facilities, including those facilities which elect to provide outpatient behavioral health services.

Section 1. Definitions.

- (1) "BAMT" or "Blood Assay for Mycobacterium tuberculosis" means a diagnostic blood test that:
 - (a) Assesses for the presence of infection with *M. tuberculosis*; and
 - (b) Reports results as positive, negative, indeterminate, or borderline.
- (2) "BAMT conversion" means a change in test result, on serial testing, from negative to positive.
- (3) "Behavioral health professional" means:
 - (a) A psychiatrist licensed under the laws of Kentucky to practice medicine or osteopathy, or a medical officer of the government of the United States while engaged in the performance of official duties, who is certified or eligible to apply for certification by the American Board of Psychiatry and Neurology, Inc;
 - (b) A physician licensed in Kentucky to practice medicine or osteopathy in accordance with KRS 311.571;
 - (c) A psychologist licensed and practicing in accordance with KRS 319.050;
 - (d) A certified psychologist with autonomous functioning or licensed psychological practitioner practicing in accordance with KRS 319.056;
 - (e) A clinical social worker licensed and practicing in accordance with KRS 335.100;
 - (f) An advanced practice registered nurse licensed and practicing in accordance with KRS 314.042;
 - (g) A physician assistant licensed under KRS 311.840 to 311.862;
 - (h) A marriage and family therapist licensed and practicing in accordance with KRS 335.300;
 - (i) A professional clinical counselor licensed and practicing in accordance with KRS 335.500; or
 - (j) A licensed professional art therapist as defined by KRS 309.130(2).
- (4) "Behavioral health professional under clinical supervision" means a:
 - (a) Psychologist certified and practicing in accordance with KRS 319.056;
 - (b) Licensed psychological associate licensed and practicing in accordance with KRS 319.064;
 - (c) Marriage and family therapist associate as defined by KRS 335.300(3);
 - (d) Social worker certified and practicing in accordance with KRS 335.080;
 - (e) Licensed professional counselor associate as defined by KRS 335.500(4); or
 - (f) Licensed professional art therapist associate as defined by KRS 309.130(3).
- (5) "Certified alcohol and drug counselor" is defined by KRS 309.080(2).

- (6) "Chemical restraint" means the use of a drug that:
- (a) Is administered to manage a resident's behavior in a way that reduces the safety risk to the resident or others;
 - (b) Has the temporary effect of restricting the resident's freedom of movement; and
 - (c) Is not a standard treatment for the resident's medical or psychiatric condition.
- (7) "Child with a severe emotional disability" is defined by KRS 200.503(3).
- (8) "Community support associate" means a paraprofessional who meets the application, training, and supervision requirements of 908 KAR 2:250.
- (9) "Direct-care staff" means residential or child-care workers who directly supervise residents.
- (10) "Directly observed therapy" or "DOT" means an adherence-enhancing strategy:
- (a) In which a healthcare worker or other trained person watches a patient swallow each dose of medication; and
 - (b) Which is the standard care for all patients with TB disease and is a preferred option for patients treated for latent TB infection (LTBI).
- (11) "DOPT" means Directly Observed Preventive Therapy, which is the DOT for treatment of LTBI.
- (12) "Emergency safety intervention" is defined by 42 C.F.R. 483.352 and is the use of restraint or seclusion as an immediate response to an emergency safety situation.
- (13) "Emergency safety situation" is defined by 42 C.F.R. 483.352 and is an unanticipated resident behavior that places the resident or others at serious threat of violence or injury if no intervention occurs and that calls for an emergency safety intervention.
- (14) "Freestanding" is defined by KRS 216B.450(3).
- (15) "Governing body" means the individual, agency, partnership, or corporation in which the ultimate responsibility and authority for the conduct of the facility is vested.
- (16) "Home-like" is defined by KRS 216B.450(4).
- (17) "Induration" means a firm area in the skin which develops as a reaction to injected tuberculin antigen if a person has tuberculosis infection and which is measured in accordance with Section 18(1) of this administrative regulation.
- (18) "Latent TB infection" or "LTBI" means infection with M. tuberculosis without symptoms or signs of disease manifested.
- (19) "Licensed assistant behavior analyst" is defined by KRS 319C.010(7).
- (20) "Licensed behavior analyst" is defined by KRS 319C.010(6).
- (21) "Licensed clinical alcohol and drug counselor" is defined by KRS 309.080(4).
- (22) "Licensed clinical alcohol and drug counselor associate" is defined by KRS 309.080(5).
- (23) "Licensure agency" means the Cabinet for Health and Family Services, Office of Inspector General.
- (24) "Living unit" means:
- (a) The area within a single building that is supplied by a Level I facility for daily living and therapeutic interaction of no more than nine (9) residents; or
 - (b) The area within a Level II facility that is designated for daily living and therapeutic interaction of no more than twelve (12) residents.
- (25) "Mechanical restraint" means any device attached or adjacent to a resident's body that he or she cannot easily remove that restricts freedom of movement or normal access to his or her body.
- (26) "Mental health associate" means:
- (a)
 - 1. An individual with a minimum of a bachelor's degree in a mental health related field;
 - 2. A registered nurse; or

- 3. A licensed practical nurse with at least one (1) year's experience in a psychiatric inpatient or residential treatment setting for children; or
 - (b) An individual with:
 - 1. A high school diploma or an equivalence certificate; and
 - 2. At least two (2) years work experience in a psychiatric inpatient or residential treatment setting for children.
- (27) "Mental health professional" is defined by KRS 645.020(7).
- (28) "Peer support specialist" means a paraprofessional who meets the application, training, examination, and supervision requirements of 908 KAR 2:220, 908 KAR 2:230, or 908 KAR 2:240.
- (29) "Personal restraint" means the application of physical force without the use of any device for the purpose of restraining the free movement of a resident's body and does not include briefly holding without undue force a resident in order to calm or comfort him or her or holding a resident's hand to safely escort him or her from one (1) area to another.
- (30) "Psychiatric residential treatment facility" or "PRTF" is defined in KRS 216B.450(5) as a Level I facility or a Level II facility.
- (31) "Qualified mental health personnel" is defined by KRS 215B.450(6).
- (32) "Qualified mental health professional" is defined by KRS 216B.450(7).
- (33) "Seclusion" means the involuntary confinement of a resident alone in a room or in an area from which the resident is physically prevented from leaving.
- (34) "Serious injury" means any significant impairment of the physical condition of the resident as determined by qualified medical personnel and that may:
- (a) Include:
 - 1. Burns;
 - 2. Lacerations;
 - 3. Bone fractures;
 - 4. Substantial hematoma; or
 - 5. Injuries to internal organs; and
 - (b) Be self-inflicted or inflicted by someone else.
- (35) "Serious occurrence" means a resident's death, a serious injury to the resident, or a resident's suicide attempt.
- (36) "Time out" means the restriction of a resident for a period of time to a designated area from which the resident is not physically prevented from leaving, for the purpose of providing the resident an opportunity to regain self-control.
- (37) "Tuberculin skin test" or "TST" means a diagnostic aid for finding M. tuberculosis infection that:
- (a) Is performed by using the intradermal (Mantoux) technique using five (5) tuberculin units of purified protein derivative (PPD); and
 - (b) Has its results read forty-eight (48) to seventy-two (72) hours after injection and recorded in millimeters of induration.
- (38) "Tuberculosis (TB) disease" means a condition caused by infection with a member of the M. tuberculosis complex that meets the descriptions established in Section 18(2) of this administrative regulation.
- (39) "TST conversion" means a change in the result of a test for M. tuberculosis infection in which the condition is interpreted as having progressed from uninfected to infected in accordance with Section 18(3) of this administrative regulation.
- (40) "Two-step TST" or "two-step testing" means a series of two (2) TSTs administered seven (7) to twenty-one (21) days apart and used for the baseline skin testing of persons who will receive serial TSTs, including healthcare workers and residents of psychiatric residential treatment facilities to reduce the likelihood of mistaking a boosted reaction for a new infection.

(41) "Unusual treatment" means any procedure not readily accepted as a standard method of treatment by the relevant profession.

Section 2. Licensure Application and Fee.

(1) An applicant for licensure as a Level I or Level II PRTF shall complete and submit to the Office of Inspector General an Application for License to Operate a Health Facility or Service, as required by 902 KAR 20:008, Section 2(1)(f).

(2) If an entity seeks to operate both a Level I and a Level II PRTF and is granted licensure to operate both levels, a separate license shall be issued for each level.

(3) The initial and annual fee for licensure as a Level I PRTF shall be \$270.

(4)

(a) The initial and annual fee for licensure as a Level II PRTF that has nine (9) beds or less shall be \$270.

(b)

1. The initial and annual fee for licensure as a Level II PRTF that has nine (9) beds to fifty (50) beds shall be \$270; and

2. A fee of ten (10) dollars shall be added to the minimum fee of \$270 for each bed beyond the ninth bed.

(5) If a Level I or Level II PRTF provides outpatient behavioral health services as described in Section 14(1) of this administrative regulation:

(a) The outpatient behavioral health services shall be provided:

1. On a separate floor, in a separate wing, or in a separate building from the PRTF; or

2. At an extension off the campus of the PRTF;

(b) The PRTF shall pay a fee in the amount of \$250 per outpatient behavioral health services extension, submitted to the Office of Inspector General at the time of:

1. Initial licensure, if applicable;

2. The addition of a new outpatient behavioral health services extension to the PRTF's license; and

3. Renewal;

(c) Each off-campus extension or on-campus program of outpatient behavioral health services provided shall:

1. Be listed on the PRTF's license;

2. Have a program director who may serve as the same program director described in Section 6(2) of this administrative regulation; and

3. Employ directly or by contract a sufficient number of personnel to provide outpatient behavioral health services; and

(d) An off-campus extension or a separate building on the campus of the PRTF where outpatient behavioral health services are provided shall comply with the physical environment requirements of Section 14(6) of this administrative regulation and be approved by the State Fire Marshal's office prior to:

1. Initial licensure;

2. The addition of the extension or on-campus program of outpatient behavioral health services in a separate building; or

3. A change of location.

Section 3. Location.

(1)

(a) A Level I psychiatric residential treatment facility shall be located in a freestanding structure.

(b) A Level II PRTF may be located:

1. In a separate part of a psychiatric hospital;

2. In a separate part of an acute care hospital;

3. In a completely detached building; or

4. On the campus of a Level I PRTF if the Level II beds are located on a separate floor, in a separate wing, or in a separate building from the Level I PRTF.

(c) A licensed Level II PRTF shall not be licensed for more than fifty (50) beds.

(2) In accordance with KRS 216B.455(5), multiple Level I PRTFs may be located on a common campus if each PRTF is freestanding.

(3)

(a)

1. If a Level I psychiatric residential treatment facility is located on grounds shared by another licensed facility other than a PRTF, the residents of the Level I or PRTF and the licensed facility with which it shares grounds shall not have any joint activities, except for organized education activities, organized recreational activities, or group therapy for children with similar treatment needs.

2. If a Level II PRTF is located on grounds shared by a Level I PRTF or a licensed private child-caring facility, the requirements in this subparagraph shall apply.

a. The residents of the Level II PRTF and the Level I PRTF or private child-caring facility with which it shares grounds shall not have any joint activities, except for organized education activities on campus, organized recreational activities, or group therapy for children with similar treatment needs in which dedicated Level II PRTF unit staff shall be present during the activity to ensure sufficient supervision.

b. Joint activities shall be documented in the resident's comprehensive treatment plan of care.

c. The maximum age range for joint activities shall be no more than five (5) years for residents age six (6) to twenty-one (21), and no more than three (3) years for residents in Level II facilities age four (4) to five (5).

(b) Direct-care staff of the licensed facility with which the Level I or Level II PRTF shares grounds may provide relief, replacement, or substitute staff coverage to the PRTF.

(c) For continuity of care, at least fifty (50) percent of direct care staff of the Level I or Level II PRTF shall be consistently and primarily assigned to the living unit.

Section 4. Licensure.

(1) A Level I or Level II psychiatric residential treatment facility shall comply with all the conditions for licensure established in 902 KAR 20:008.

(2) A Level I or Level II psychiatric residential treatment facility shall operate and provide services in compliance with all applicable federal, state, and local laws, regulations, and codes, and with accepted professional standards and principles that apply to professionals providing services in a facility.

(3) Pursuant to KRS 216B.455(3) and 216B.457(5) which require compliance with KRS 216B.105, a person shall not operate a PRTF without first obtaining a license issued by the Office of Inspector General.

(4) Pursuant to KRS 216B.455(4) and 216B.457(6), a PRTF shall be accredited by the Joint Commission, Council on Accreditation of Services for Families and Children, or any other accrediting body with comparable standards.

Section 5. Governing Body for a Level I or Level II PRTF. A PRTF shall have a governing body with overall authority and responsibility for the facility's operation.

(1)

(a) The governing body shall be a legally constituted entity in the Commonwealth of Kentucky by means of a charter, articles of incorporation, partnership agreement, franchise agreement, or legislative or executive act.

- (b) A Level I and a Level II PRTF that are part of the same multifacility system, or a Level II PRTF operated by a psychiatric hospital, may share the same governing body.
- (2) A facility that is part of a multifacility system or is operated by a government agency shall have a written description of the system's administrative structure and lines of authority.
- (3) The authority and responsibility of any person designated to function as the governing body shall be specified in writing.
- (4) If a business relationship exists between a governing body member and the organization, there shall be a conflict-of-interest policy that governs the member's participation in decisions influenced by the business interest.
- (5) The responsibilities of the governing body shall be stated in writing and shall describe the process for the following:
 - (a) Adopting policies and procedures;
 - (b) Providing sufficient funds, staff, equipment, supplies, and facilities to assure that the facility is capable of providing appropriate and adequate services to residents;
 - (c) Overseeing the system of financial management and accountability;
 - (d) Adopting a program to monitor and evaluate the quality of all care provided and to appropriately address identified problems in care; and
 - (e) Electing, appointing, or employing the clinical and administrative leadership personnel of the facility, and defining the qualifications, authority, responsibility, and function of those positions.
- (6) The governing body shall meet as a whole at least quarterly and keep records that demonstrate the ongoing discharge of its responsibilities.
- (7) If a facility is a component of a larger organization, the facility staff, subject to the overall authority of the governing body, shall be given the necessary authority to plan, organize, and operate the program.

Section 6. Level I or Level II PRTF Program Director.

- (1) A program director shall be responsible for the administrative management of the facility.
- (2) A program director:
 - (a) Shall be qualified by training and experience to direct a treatment program for children and adolescents with emotional problems;
 - (b) Shall have at least minimum qualifications of a master's degree or bachelor's degree in the human services field including:
 - 1. Social work;
 - 2. Sociology;
 - 3. Psychology;
 - 4. Guidance and counseling;
 - 5. Education;
 - 6. Religion;
 - 7. Business administration;
 - 8. Criminal justice;
 - 9. Public administration;
 - 10. Child care administration;
 - 11. Christian education;
 - 12. Divinity;
 - 13. Pastoral counseling;
 - 14. Nursing; or
 - 15. Another human service field related to working with families and children;
- (c)

- 1. With a master's degree shall have two (2) years of prior supervisory experience in a human services program; or
- 2. With a bachelor's degree shall have four (4) years of prior supervisory experience in a human services program; and

- (d)
 - 1. Shall have three (3) professional references, two (2) personal references, and a criminal record check performed every two (2) years through the Administrative Office of the Courts or the Kentucky State Police;
 - 2. Shall not have a criminal conviction, or plea of guilty, pursuant to KRS 17.165 or a Class A felony; and
 - 3. Shall be subject to the provisions of KRS 216B.457(12), which requires submission to a check of the central registry, and requires an employee to be removed from contact with a child under the conditions described in KRS 216B.457(12).
- (3) A program director shall be responsible to the governing body in accordance with the bylaws, rules or policies for the following, unless the PRTF is part of a health care system under common ownership and governance in which the duties are assigned to, or are the responsibility of, the program director's supervisor or other staff:
 - (a) Overseeing the overall operation of the facility, including the control, utilization, and conservation of its physical and financial assets and the recruitment and direction of staff;
 - (b) Assuring that sufficient, qualified, and appropriately supervised staff are on duty to meet the needs of the residents at all times;
 - (c) Approving purchases and payroll;
 - (d) Assuring that treatment planning, medical supervision, and quality assurance occur as specified in this administrative regulation;
 - (e) Advising the governing body of all significant matters bearing on the facility's licensure and operations;
 - (f) Preparing reports or items necessary to assist the governing body in formulating policies and procedures to assure that the facility is capable of providing appropriate and adequate services to residents;
 - (g) Maintaining a written manual that defines policies and procedures and is revised and updated at the time changes in policies and procedures occur; and
 - (h) Assuring that all written facility policies, plans, and procedures are followed.

Section 7. Administration and Operation of a Level I or Level II PRTF.

- (1) A Level I or Level II PRTF shall have written documentation of the following:
 - (a) An organizational chart that includes position titles and the name of the person occupying the position, and that shows the chain of command;
 - (b) A service philosophy with clearly defined assumptions and values;
 - (c) Estimates of the clinical needs of the children and adolescents served by the facility;
 - (d) The services provided by the facility in response to needs;
 - (e) The population served, including age groups and other relevant characteristics of the resident population;
 - (f) The intake or admission process, including how the initial contact is made with the resident and the family or significant others;
 - (g) The assessment and evaluation procedures provided by the facility;
 - (h) The methods used to deliver services to meet the identified clinical needs of the residents served;
 - (i) The methods used to deliver services to meet the basic needs of residents in a manner as consistent with normal daily living as possible;

(j) The methods used to create a home-like environment for all residents, including opportunities for family-style meals in which:

1. Residents dine together;
2. Residents may assist with preparation of certain dishes or help set the table; and
3. Food may be placed in serving dishes on the table;

(k) The methods, means and linkages by which the facility involves residents in community activities, organizations, and events;

(l) The treatment planning process and the periodic review of therapy;

(m) The discharge and aftercare planning processes;

(n) The facility's therapeutic programs;

(o) How professional services are provided by qualified, experienced personnel;

(p) How mental health professionals in Level I facilities and qualified mental health professionals in Level II facilities and direct-care staff in Level I or Level II facilities who have been assigned specific treatment responsibilities are qualified by training or experience and have demonstrated competence and; or are supervised by a mental health professional or qualified mental health professional who is qualified by experience to supervise the treatment;

(q) How the facility is linked to regional interagency councils, psychiatric hospitals, community mental health centers, Department for Community Based Services offices and facilities, and school systems in the facility's service area;

(r) The means by which the facility provides, or makes arrangements for the provision of:

1. Emergency services and crisis stabilization;
2. Discharge and aftercare planning that promotes continuity of care; and
3. Education and vocational services;

(s) Services the facility provides to improve stability of care and reduce re-hospitalization including:

1. How psychiatric and nursing coverage is provided to assure the continuous ability to manage and administer medications in crisis situations except for those that may only be administered by a physician; and
2. How direct-care staffing with supervision is provided to manage behavior problems in accordance with the residents' treatment plans, including an array of interventions that are alternatives to seclusion and restraint, and the staff training necessary to implement them; and

(t) If provided, a description of each outpatient behavioral health service provided pursuant to Section 14(1) of this administrative regulation.

(2) The documentation shall be:

(a) Made available to each mental health professional in a Level I PRTF or qualified mental health professional in a Level II PRTF and to the program director; and

(b) Reviewed and revised as necessary, in accordance with the changing needs of the residents and the community and with the overall objectives and goals of the facility. Revisions in the documentation shall incorporate, as appropriate, relevant findings from the facility's quality assurance and utilization review programs.

(3) Professional staff for a Level I or Level II PRTF.

(a) A Level I PRTF shall:

1. Employ a sufficient number of mental health professionals to meet the treatment needs of residents and the goals and objectives of the facility; and
2. Meet the requirements of this subparagraph with regard to professional staffing.

a.

(i) A board-eligible or board-certified child psychiatrist or board-certified adult psychiatrist shall be employed or contracted to meet the treatment needs of the

residents and the functions which shall be performed by a psychiatrist specified within this administrative regulation.

(ii) If a facility has residents ages twelve (12) and under, the licensed psychiatrist shall be board-eligible or board-certified in child psychiatry.

(iii) The psychiatrist shall be present in the facility to provide professional services to the facility's residents at least weekly. The services provided shall include a review of each resident's progress and a meeting with the resident if clinically indicated.

b. A Level I PRTF shall employ at least one (1) full-time mental health professional.

c. A mental health professional in a Level I PRTF shall be available to assist on-site in emergencies on at least an on-call basis at all times.

d. A psychiatrist shall be available on at least an on-call basis at all times.

(b) A Level II PRTF shall:

1. Employ or contract with a sufficient number of qualified mental health professionals to meet the treatment needs of residents and the goals and objectives of the facility;

2. Ensure that at least one (1) qualified mental health professional shall be available to assist on-site in emergencies on at least an on-call basis at all times; and

3. Meet the requirements established in KRS 216B.457(9) with regard to professional staff.

a. In accordance with KRS 216B.457(9)(c), the professional services provided by the licensed psychiatrist shall include meeting with each resident at least one (1) time each week unless the resident is not at the facility due to a field trip, medical appointment, or other circumstance in which the resident is not at the facility.

b. A licensed psychiatrist shall be available on at least an on-call basis at all times.

(c) Clinical director.

1. The administration of the facility shall designate one (1) full-time:

a. Mental health professional as the clinical director for a Level I PRTF; or

b. Qualified mental health professional as the clinical director for a Level II PRTF.

2. In addition to the requirements related to his or her profession, the clinical director shall have at least two (2) years of clinical experience in a mental health setting that serves children or adolescents with emotional problems.

3. The administration of the facility shall define the authority and duties of the clinical director.

4. An individual may serve as both the clinical director and the program director if the qualifications of both positions are met.

5. The clinical director shall be responsible for:

a. The maintenance of the facility's therapeutic milieu; and

b. Assuring that treatment plans developed in accordance with Section 12(3) of this administrative regulation are implemented.

6.

a. A full-time mental health professional may be designated as clinical director for more than one (1) Level I PRTF if the Level I PRTFs are located on a common campus or in the same county.

b. A full-time qualified mental health professional designated as the clinical director of a Level II PRTF may serve as the clinical director of more than one (1) PRTF if the PRTFs are located on a common campus or in the same county.

c. A full-time qualified mental health professional employed by a psychiatric hospital may serve as the clinical director of a Level II PRTF located on the same campus as the hospital or in the same county.

(4) Direct-care staff for a Level I PRTF.

(a) A Level I PRTF shall employ adequate direct-care staff to ensure the adequate provision of regular and emergency supervision of all residents twenty-four (24) hours a day.

(b) Level I Direct-care staff shall:

1. Have at least a high school diploma or equivalency; and
2. Complete a forty (40) hour training curriculum meeting the requirements of subsection (6)(c) of this section within one (1) month of employment.

(c) In order to assure that the residents are adequately supervised and are cared for in a safe and therapeutic manner, the direct-care staffing plan for a Level I PRTF shall meet the requirements established in this paragraph.

1. At least one (1) direct-care staff member who is a mental health associate shall be assigned direct-care responsibilities for a PRTF at all times during normal waking hours when residents are not in school.

2. At least one (1) direct-care staff member shall be assigned to direct-care responsibilities for each three (3) residents during normal waking hours when residents are not in school.

3.

a. At least one (1) direct-care staff member shall be assigned direct-care responsibilities, be awake, and be continuously available on each living unit during all hours the residents are asleep.

b. A minimum of one (1) additional direct-care staff member who is a mental health associate shall be immediately available on the grounds of the PRTF to assist with emergencies or problems which might arise.

4. If a mental health professional is directly involved in an activity with a group of residents, he or she may meet the requirement for a direct-care staff member.

5. The direct-care staff member who is supervising residents shall know the whereabouts of each resident at all times.

(d) Written policies and procedures approved by the Level I PRTF's governing body shall:

1. Provide for the supervision of the direct-care staff; and
2. Describe the responsibilities of direct-care staff in relation to professional staff.

(5) Direct-care staff for a Level II PRTF.

(a) A Level II PRTF shall employ adequate direct-care staff to ensure the adequate provision of regular and emergency supervision of all residents twenty-four (24) hours a day.

(b) Level II direct-care staff shall:

1. Have at least a high school diploma or equivalence certificate; and
2. Complete a forty (40) hour training curriculum meeting the requirements of subsection (6)(c) of this section within one (1) month of employment.

(c) In order to assure that the residents are adequately supervised and are cared for in a safe and therapeutic manner, a Level II PRTF shall prepare a written staffing plan pursuant to KRS 216B.457(10)(a) that is tailored to meet the needs of the specific population of children and youth that will be admitted to the facility based on the facility's admission criteria.

(d) A Level II facility shall submit, follow, and revise a written staffing plan as required by KRS 216B.457(10)(a).

(6) Staff development.

(a) Level I or Level II PRTF staff development programs shall be provided and documented for administrative, professional, direct-care, and support staff.

(b) Level I or Level II PRTF professional and direct-care staff shall meet the continuing education requirements of their profession or, if there is not a continuing

education requirement for that profession, be provided with forty (40) hours per year of in-service training

(c) Each Level I or Level II PRTF staff member working directly with residents shall receive annual training in the following areas:

1. Child and adolescent growth and development;
2. Emergency and safety procedures;
3. Behavior management, including de-escalation training;
4. Detection and reporting of child abuse or neglect;
5. Physical management procedures and techniques;
6. Infection control procedures; and
7. Training specific to the specialized nature of the facility.

(d) A Level I or Level II PRTF shall develop and implement a plan for staff to obtain training in first aid and cardiopulmonary resuscitation.

(7) Employment practices in a Level I or Level II PRTF.

(a) A Level I or Level II PRTF shall have employment and personnel policies and procedures designed, established, and maintained to promote the objectives of the facility, to ensure that an adequate number of qualified personnel under appropriate supervision is provided during all hours of operation, and to support quality of care and functions of the facility.

(b) The Level I or Level II PRTF's personnel policies and procedures shall be written, systematically reviewed, and approved on an annual basis by the governing body, and dated to indicate the time of last review.

(c) The Level I or Level II PRTF's personnel policies and procedures shall provide for the recruitment, selection, promotion, and termination of staff.

(d) The Level I or Level II PRTF shall maintain job descriptions that:

1. Specify the qualifications, duties, and supervisory relationship of the position;
2. Accurately reflect the actual job situation; and
3. Are revised if a change is made in the required qualifications, duties, supervision, or any other major job-related factor.

(e) The Level I or Level II PRTF shall provide a personnel orientation to all new employees.

(f)

1. The Level I or Level II PRTF's personnel policies and procedures shall be available and apply to all employees and shall be discussed with all new employees.

2. The Level I or Level II PRTF's facility administration shall establish a mechanism for notifying employees of changes in the personnel policies and procedures.

(g) The Level I or Level II PRTF's personnel policies and procedures shall describe methods and procedures for supervising all personnel, including volunteers.

(h)

1. The Level I or Level II PRTF's personnel policies and procedures shall require:

a.

(i) A criminal records check through the Administrative Office of the Courts or the Kentucky State Police for all new staff and volunteers to assure that only persons whose presence does not jeopardize the health, safety, and welfare of residents are employed and used;

(ii) A subsequent criminal records check on each employee or volunteer, in accordance with KRS 216B.457(11);

(iii) Removal from contact with a child within the residential treatment center if the employee or volunteer has committed or been charged with a crime listed in KRS 216B.457(12)(a), or is the subject of a cabinet investigation, pursuant to KRS 216B.457(12)(b); and

(iv) A prohibition against working with a child until the conditions of KRS 216B.457(12)(c) are met; and

b.

(i) A check of the central registry, established under 922 KAR 1:470; and

(ii) A prohibition on employment or volunteer activities for any person listed on the registry, in accordance with KRS 216B.457(12)(d).

2. If an employee or volunteer is removed from contact with a child, a PRTF may take other action, in accordance with KRS 216B.457(12)(e).

(i) The Level I or Level II PRTF's personnel policies and procedures shall provide for reporting and cooperating in the investigation of suspected cases of child abuse and neglect by facility personnel.

(j) A Level I or Level II PRTF's personnel record shall be kept on each staff member and shall contain the following items:

1. Name and address;

2. Verification of all training and experience and of licensure, certification, registration, or renewals;

3. Verification of submission to the background checks required by paragraph (h) of this subsection;

4. Performance appraisals;

5. Employee incident reports; and

6. Record of health exams related to employment, including compliance with the tuberculosis testing requirements of Section 25 of this administrative regulation.

(k) The Level I or Level II PRTF's personnel policies and procedures shall assure the confidentiality of personnel records and specify who has access to various types of personnel information.

(l) Performance appraisals shall relate job description and job performance and shall be written.

Section 8. Resident Rights.

(1) A Level I or Level II PRTF shall support and protect the basic human, civil, and constitutional rights of the individual resident.

(2) Written policy and procedure approved by the Level I or Level II PRTF's governing body shall provide a description of the resident's rights and the means by which these rights are protected and exercised.

(3) At the point of admission, a Level I or Level II PRTF shall provide the resident and parent, guardian, or custodian with a clearly written and readable statement of rights and responsibilities. The statement shall be read to the resident or parent, guardian, or custodian if either cannot read and shall cover, at a minimum:

(a) Each resident's right to access treatment, regardless of race, religion, or ethnicity;

(b) Each resident's right to recognition and respect of his or her personal dignity in the provision of all treatment and care;

(c) Each resident's right to be provided treatment and care in the least restrictive environment possible;

(d) Each resident's right to an individualized treatment plan;

(e) Each resident's and family's right to participate in planning for treatment;

(f) The nature of care, procedures, and treatment that the resident shall receive;

(g) The right to informed consent related to the risks, side effects, and benefits of all medications and treatment procedures used;

(h) The right, to the extent permitted by law, to refuse the specific medications or treatment procedures and the responsibility of the facility if the resident refuses treatment, to seek appropriate legal alternatives or orders of involuntary treatment, or,

in accordance with professional standards, to terminate the relationship with the resident upon reasonable notice; and

(i) The right to be free from restraint or seclusion, of any form, used as a means of coercion, discipline, convenience, or retaliation.

(4) The rights of residents in a Level I or Level II PRTF shall be written in language which is understandable to the resident, his or her parents, custodians, or guardians and shall be posted in appropriate areas of the facility.

(5) The policy and procedure concerning Level I or Level II PRTF resident rights shall assure and protect the resident's personal privacy within the constraints of his or her treatment plan. These rights to privacy shall at least include:

(a) Visitation by the resident's family or significant others in a suitable private area of the facility;

(b) Sending and receiving mail without hindrance or censorship; and

(c) Telephone communications with the resident's family or significant others at a reasonable frequency.

(6) If any rights to privacy are limited, the resident and his or her parent, guardian, or custodian shall receive a full explanation from the Level I or Level II PRTF. Limitations shall be documented in the resident's record and their therapeutic effectiveness shall be evaluated and documented by professional staff every seven (7) days.

(7) The right to initiate a complaint or grievance procedure and the means for requesting a hearing or review of a complaint shall be specified in a written policy approved by the Level I or Level II PRTF's governing body and made available to residents, parents, guardians, and custodians responsible for the resident. The procedure shall indicate:

(a) To whom the grievance is to be addressed; and

(b) Steps to be followed for filing a complaint, grievance, or appeal.

(8) The resident and his or her parent, guardian, or custodian shall be informed of the current and future use and disposition of products of special observation and audio-visual techniques such as one (1) way vision mirrors, tape recorders, videotapes, monitors, or photographs.

(9) The policy and procedure regarding resident's rights shall ensure the resident's right to confidentiality of all information recorded in his or her record maintained by the Level I or Level II facility. The facility shall ensure the initial and continuing training of all staff in the principles of confidentiality and privacy.

(10)

(a) A Level I or Level II resident shall be allowed to work for the facility only under the following conditions:

1. The work is part of the individual treatment plan;

2. The work is performed voluntarily;

3. The patient receives wages commensurate with the economic value of the work; and

4. The work project complies with applicable law and administrative regulation.

(b) The performance of tasks related to the responsibilities of family-like living, such as laundry and housekeeping, shall not be considered work for the facility and need not be compensated or voluntary.

(11) A Level I or Level II PRTF's written policy developed in consultation with professional and direct care staff and approved by the governing body shall provide for the measures utilized by the facility to discipline residents. These measures shall be fully explained to each resident and the resident's parent, guardian, or custodian.

(12) A Level I or Level II PRTF shall prohibit all cruel and unusual disciplinary measures including the following:

(a) Corporal punishment;

(b) Forced physical exercise;

- (c) Forced fixed body positions;
 - (d) Group punishment for individual actions;
 - (e) Verbal abuse, ridicule, or humiliation;
 - (f) Denial of three (3) balanced nutritional meals per day;
 - (g) Denial of clothing, shelter, bedding, or personal hygiene needs;
 - (h) Denial of access to educational services;
 - (i) Denial of visitation, mail, or phone privileges for punishment;
 - (j) Exclusion of the resident from entry to his or her assigned living unit; and
 - (k) Restraint or seclusion as a punishment or employed for the convenience of staff.
- (13) Written policy shall prohibit Level I or Level II PRTF residents from administering disciplinary measures upon one another and shall prohibit persons other than professional or direct-care staff from administering disciplinary measures to residents.
- (14)
- (a) Written rules of Level I or Level II PRTF resident conduct shall be developed in consultation with the professional and direct-care staff and be approved by the governing body.
 - (b) Residents shall participate in the development of the rules to a reasonable and appropriate extent.
 - (c) These rules shall be based on generally acceptable behavior for the resident population served.
- (15) The application of disciplinary measures in a Level I or Level II PRTF shall relate to the violation of established rules.

Section 9. Resident Records.

- (1) A Level I or Level II PRTF shall:
- (a) Have written policies concerning resident and, if provided, outpatient client records approved by the governing body; and
 - (b) Maintain a written record on each resident or, if applicable, outpatient client to be directly accessible to staff members caring for the resident or outpatient client.
- (2) The Level I or Level II PRTF resident record shall contain at a minimum:
- (a) Basic identifying information;
 - (b) Appropriate court orders or consent of appropriate family members or guardians for admission, evaluation, and treatment;
 - (c) A provisional or admitting diagnosis which includes a physical diagnosis, if applicable, as well as a psychiatric diagnosis;
 - (d) The report by the parent, guardian, or custodian of the patient's immunization status;
 - (e) A psychosocial assessment of the resident and his or her family, including:
 - 1. An evaluation of the effect of the family on the resident's condition and the effect of the resident's condition on the family; and
 - 2. A summary of the resident's psychosocial needs;
 - (f) An evaluation of the resident's growth and development, including physical, emotional, cognitive, educational, and social development; and needs for play and daily activities;
 - (g) The resident's legal custody status, if applicable;
 - (h) The family's, guardian's, or custodian's expectations for, and involvement in, the assessment, treatment, and continuing care of the resident;
 - (i) Physical health assessment, including evaluations of the following:
 - 1. Motor development and functioning;
 - 2. Sensorimotor functioning;
 - 3. Speech, hearing, and language functioning;
 - 4. Visual functioning;

- 5. Immunization status; and
 - 6. The results of the tuberculosis testing required by Sections 20 and 21 of this administrative regulation; and
- (j) In a Level II PRTF that opts to provide bedrooms with sleeping accommodations for two (2) residents, documentation of placement in a single occupancy bedroom if recommended by the multidisciplinary team. The basis for the team's recommendation for a single occupancy bedroom shall be maintained in the record.
- (3) The Level I or Level II PRTF resident record shall also include:
- (a) Physician's notes which shall include an entry made at least weekly by the staff psychiatrist regarding the condition of the resident;
 - (b) Professional progress notes, which shall:
 - 1. Be completed following each professional service:
 - a. Daily; or
 - b. If the service is provided daily to groups of residents, through a weekly summary;
 - 2. Be signed and dated by the:
 - a. Mental health professional who provided the service in a Level I PRTF; or
 - b. Qualified mental health professional who provided the service in a Level II PRTF;
 - (c) Direct-care progress notes which shall:
 - 1. Record implementation of all treatment and any unusual or significant events which occur for the resident;
 - 2. Be completed at least by the end of each direct-care shift and summarized weekly; and
 - 3. Be signed and dated by the direct-care staff making the entry;
 - (d) Special clinical justifications for the use of unusual treatment procedures, including emergency safety interventions, and reports;
 - (e) Discharge summary;
 - (f) If a patient dies, a summation statement in the form of a discharge summary, including events leading to the death, signed by the attending physician; and
 - (g) Documentation that any serious occurrence involving the resident was reported to the Department for Medicaid Services and to Kentucky Protection and Advocacy, and that any resident death was reported to the Centers for Medicare and Medicaid Services (CMS) regional office, as required by Sections 10(4) and 10(5) of this administrative regulation.
- (4) An outpatient client record shall be maintained for each client receiving outpatient behavioral health services under Section 14(1) of this administrative regulation.
- (a) Each entry shall be dated, signed, and indexed according to the outpatient service received.
 - (b) Each outpatient client record shall contain:
 - 1. An identification sheet, including the client's name, address, age, gender, marital status, expected source of payment, and referral source;
 - 2. Name, address, and telephone number of the client and client's parent or guardian;
 - 3. Intake interview;
 - 4. The signed and dated consent for treatment from the client's parent or guardian;
 - 5. The report of the behavioral health assessment and other assessments as appropriate, which may include psychological testing;
 - 6. The plan of care as described in Section 14(5) of this administrative regulation;
 - 7. Examination, diagnosis, and progress notes by the physician, nurse, or other behavioral health professionals or treatment staff that relate to the implementation of plan of care objectives;

- 8. A record of all contacts with other providers, family members, community partners, or other contacts;
- 9. A record of medical treatment and administration of medication, if administered;
- 10. An original or original copy of all physician medication and treatment orders, if applicable; and
- 11. Documentation of orientation to the program and program rules.

(5) A Level I or Level II PRTF shall maintain confidentiality of resident and, if applicable, outpatient client records. Resident or outpatient client information shall be released only on written consent of the resident, outpatient client, or his or her parent, guardian, or custodian or as otherwise authorized by law. The written consent shall contain the following information:

- (a) The name of the person, agency, or organization to which the information is to be disclosed;
- (b) The specific information to be disclosed;
- (c) The purpose of disclosure; and
- (d) The date the consent was signed and the signature of the individual witnessing the consent.

Section 10. Quality Assurance.

(1) A Level I or Level II PRTF shall have an organized quality assurance program designed to enhance resident treatment and care, including outpatient services if provided, through the ongoing objective assessment of important aspects of care and the correction of identified problems.

(2) A Level I or Level II PRTF shall prepare a written quality assurance plan designed to ensure that there is an ongoing quality assurance program that includes effective mechanisms for reviewing and evaluating resident care, including outpatient services if provided, and that provides for appropriate response to findings.

(3) A Level I or Level II PRTF shall record all incidents or accidents that present a direct or immediate threat to the health, safety or security of any resident or staff member. Examples of incidents to be recorded include the following: physical violence, fighting, absence without leave, use or possession of drugs or alcohol, or inappropriate sexual behavior. The record shall be kept on file and retained at the facility and shall be made available for inspection by the licensure agency.

(4)

(a) A Level I or Level II PRTF shall report any serious occurrence involving a resident to the Department for Medicaid Services and to Kentucky Protection and Advocacy by no later than close of business the next business day after the serious occurrence.

(b) The report shall include:

- 1. The name of the resident involved in the serious occurrence;
- 2. A description of the occurrence; and
- 3. The name, street address, and telephone number of the facility.

(5) A Level I or Level II PRTF shall report the death of any resident to the Centers for Medicare and Medicaid Services (CMS) regional office by no later than close of business the next business day after the resident's death.

Section 11. Admission Criteria.

(1) A Level I or Level II PRTF shall have written admission criteria that are:

- (a) Approved by the governing body; and
- (b) Consistent with the facility's goals and objectives.

(2) Admission criteria shall be made available to referral sources and to parents, guardians, or custodians and shall include:

- (a) Types of admission (crisis stabilization, long-term treatment);
- (b) Age and sex of accepted residents;

(c) Criteria that preclude admission in a Level I or Level II PRTF;

(d) Clinical needs and problems typically addressed by the facility's programs and services;

(e) Criteria for discharge;

(f) Any preplacement requirements of the resident, his or her parents, guardians, custodians, or the placing agency; and

(g) Residency requirements. In a Level II PRTF that opts to provide bedrooms with sleeping accommodations for two (2) residents, the facility shall:

1. Place each newly admitted resident in a single occupancy bedroom until completion of the comprehensive treatment plan of care, which shall be completed within ten (10) calendar days of admission pursuant to Section 12(4)(c) of this administrative regulation;

2. Maintain a resident in a single occupancy bedroom if recommended in the comprehensive treatment plan of care; and

3. Provide notification and general information to each Level II resident's parent, guardian, or custodian about the installation of the electronic surveillance system required by 902 KAR 20:330, Section 6(3)(d), if the resident is placed in a bedroom shared with another resident.

(3) Pursuant to 42 C.F.R. 483.356, at admission, a facility shall:

(a) Inform both the incoming resident and the resident's parent or legal guardian of the facility's policy regarding the use of restraint or seclusion during an emergency safety situation that may occur while the resident is in the program;

(b) Communicate its restraint and seclusion policy in a language that the resident or his or her parent or legal guardian understands (including American Sign Language, if appropriate) and if necessary, the facility shall provide interpreters or translators;

(c) Obtain an acknowledgment, in writing, from the resident's parent or legal guardian that he or she has been informed of the facility's policy on the use of restraint or seclusion during an emergency safety situation. Staff shall file this acknowledgment in the resident's record; and

(d) Provide a copy of the facility policy to the resident's parent or legal guardian. The facility's policy shall provide contact information, including the phone number and mailing address for Kentucky Protection and Advocacy.

(4) Age limits.

(a) Residents admitted to a Level I PRTF shall have obtained age six (6), but not attained age eighteen (18).

(b) Residents in a Level I PRTF may remain in care until age twenty-one (21) if admitted by their 18th birthday.

(c) Pursuant to KRS 216B.450(5)(b), a Level II PRTF may provide inpatient psychiatric residential treatment and habilitation to persons who are age four (4) to twenty-one (21) years.

(d)

1. Admission criteria related to age at admission shall be determined by the age grouping of children currently in residence and shall reflect a range no greater than five (5) years in a living unit for residents six (6) years of age and older.

2. If a Level II PRTF admits residents who are four (4) or five (5) years of age, the age range shall not be more than three (3) years in the living unit.

(5) Children and adolescents who are a danger to self or others for whom the facility is unable to develop a risk-management plan shall not be admitted to a Level I PRTF.

(6)

(a) Except for paragraph (b) of this subsection, a Level II PRTF shall not refuse to admit a patient who meets the medical necessity criteria and facility criteria for Level II facility services pursuant to KRS 216B.457(2).

(b) A Level II PRTF shall refuse to admit a patient if the admission exceeds the facility's licensed bed capacity.

Section 12. Resident Management.

(1) Intake.

(a) A Level I or Level II PRTF shall have written policies and procedures approved by the facility administration for the intake process which addresses at a minimum the following:

1. Referral, records, and statistical data to be kept regarding applicants for residence;
2. Criteria for determining the eligibility of individuals for admission;
3. Methods used in the intake process which shall be based on the services provided by the facility and the needs of residents; and
4. Procurement of appropriate consent forms. This may include the release of educational and medical records.

(b) The intake process shall be designed to provide at least the following information:

1. Identification of agencies who have been involved in the treatment of the resident in the community and the anticipated extent of involvement of those agencies during and after the resident's stay in the facility;
2. Legal, custody and visitation orders; and
3. Proposed discharge plan and anticipated length of stay.

(c) The intake process shall include an orientation for the parent, guardian, or custodian as appropriate and the resident which includes the following:

1. The rights and responsibilities of residents, including the rules governing resident conduct and the types of infractions that can result in disciplinary action or discharge from the facility;
2. Rights, responsibilities, and expectations of the parent, guardian, or custodian; and
3. Preparation of the staff and residents of the facility for the new resident.

(d) Upon admission each resident of school age shall have been certified or be referred for assessment as a child with a disability pursuant to 20 U.S.C. 1400.

(2) Assessment.

(a) A complete evaluation and assessment shall be performed for each resident which includes at least physical, emotional, behavioral, social, recreational, educational, legal, vocational, and nutritional needs.

(b) An initial health screening for illness, injury, and communicable disease or other immediate needs shall be conducted within twenty-four (24) hours after admission by a nurse.

(c) A physician, nurse practitioner, or physician's assistant shall conduct a physical examination of each resident within fourteen (14) days after admission. Communication to schedule the physical examination of each resident shall be initiated within twenty-four (24) hours after admission. The physical examination shall include at least evaluations of the following:

1. Motor development and functioning;
2. Sensorimotor functioning;
3. Speech, hearing, and language functioning;
4. Visual functioning; and
5. Immunization status. If a resident's immunization is not complete as required by 902 KAR 2:060, the facility shall be responsible for its completion and shall begin to complete any immunizations which are outside of the set periodicity schedule within thirty (30) days of admission or the physical examination, whichever is later.

(d) If the resident has had a complete physical examination by a qualified physician, nurse practitioner, or physician's assistant within the previous three (3) months which

includes the requirements of paragraph (c) of this subsection and if the facility obtains complete copies of the record, the physician, nurse practitioner, or physician's assistant may determine after reviewing the records and assessing the resident's physical health that a complete physical examination is not required. If that determination is made, the examination performed in the previous three (3) months shall be used to meet the requirement for a physical examination in paragraph (c) of this subsection.

(e) Facilities shall have all the necessary diagnostic tools and personnel available or have written agreements with another organization to provide physical health assessments, including electroencephalographic equipment, a qualified technician trained in dealing with children and adolescents, and a properly qualified physician to interpret electroencephalographic tracing of children and adolescents.

(f) An emotional and behavioral assessment of each resident that includes an examination by a psychiatrist shall be completed and entered in the resident's record. The emotional and behavioral assessment shall include the following:

1. A history of previous emotional, behavioral, and substance abuse problems and treatment;
2. The resident's current emotional and behavioral functioning, risk factors, protective factors and needs;
3. A direct psychiatric evaluation;
4. If indicated, psychological assessments, including intellectual, projective, and personality testing;
5. If indicated, other functional evaluations of language, self-care, and social-affective and visual-motor functioning; and
6. An evaluation of the developmental age factors of the resident.

(g) The facility shall have an assessment procedure for the early detection of mental health problems that are life threatening, are indicative of severe cognitive disorganization or deterioration, or may seriously affect the treatment or rehabilitation process.

(h) A social assessment of each resident shall be undertaken and include:

1. Environment and home;
2. Religion;
3. Childhood history;
4. Financial status;
5. The social, peer-group, and environmental setting from which the resident comes; and
6. The resident's family circumstances, including the constellation of the family group, the current living situation; and social, ethnic, cultural, emotional, and health factors, including drug and alcohol use.

(i) The social assessment shall include a determination of the need for participation of family members or significant others in the resident's treatment.

(j) An activities assessment of each resident shall include information relating to the individual's current skills, talents, aptitudes, and interest.

(k) An assessment shall be performed to evaluate the resident's potential for involvement in community activity, organizations, and events.

(l) For adolescents age fourteen (14) and older, a vocational assessment of the resident shall be done which includes the following:

1. Vocational history;
2. Education history, including academic and vocational training; and
3. A preliminary discussion, between the resident and the staff member doing the assessment, concerning the resident's past experiences with an attitude toward work, present motivations or areas of interest, and possibilities for future education, training, and employment.

(m) If appropriate, a legal assessment of the resident shall be undertaken and shall include the following:

1. A legal history; and
2. A preliminary discussion to determine the extent to which the legal situation will influence his or her progress in treatment and the urgency of the legal situation.

(3) Level I treatment plans.

(a)

1. Within seventy-two (72) hours following admission, a mental health professional shall develop an initial treatment plan that is based at least on an assessment of the resident's presenting problems, physical health, and emotional and behavioral status.
2. Appropriate therapeutic efforts shall begin before a master treatment plan is finalized.

(b)

1. A comprehensive treatment plan of care shall be developed by a multidisciplinary team conference in conformity with 42 C.F.R. 441.156 within ten (10) days of admission for any resident remaining in treatment. It shall:

- a. Be based on the comprehensive assessment of the resident's needs completed pursuant to subsection (2) of this section;
- b. Include a substantiated diagnosis and the short-term and long-range treatment needs; and
- c. Address the specific treatment modalities required to meet the resident's needs.

2. The comprehensive treatment plan of care shall:

- a. Contain specific and measurable goals for the resident to achieve;
- b. Describe the services, activities, and programs to be provided to the resident, and shall specify staff members assigned to work with the resident and the time or frequency for each treatment procedure; and
- c. Specify criteria to be met for termination of treatment; and
- d. Include any referrals necessary for services not provided directly by the facility.

3. The resident shall participate to the maximum extent feasible in the development of his or her comprehensive treatment plan of care, and the participation shall be documented in the resident's record.

4.

- a. A specific plan for involving the resident's family or significant others shall be included in the comprehensive treatment plan of care.
- b. The parent, guardian, or custodian shall be given the opportunity to participate in the multidisciplinary treatment plan conference if feasible and shall be given a copy of the resident's comprehensive treatment plan of care.
- c. The comprehensive treatment plan of care shall identify the mental health professional who is responsible for coordinating and facilitating the family's involvement throughout treatment.

5. The comprehensive treatment plan of care shall be reviewed and updated through multidisciplinary team conferences as clinically indicated and at least thirty (30) days following the first ten (10) days of treatment. The comprehensive treatment plan of care shall be reviewed every thirty (30) days thereafter and updated every sixty (60) days or earlier if clinically indicated.

6. Following one (1) year of continuous treatment, the review and update may be conducted at three (3) month intervals.

(c) The comprehensive treatment plan of care and each review and update shall be signed by the participants in the multidisciplinary team conference that developed it.

(4) Level II PRTF treatment plans.

(a) A Level II PRTF shall develop and implement an initial treatment plan of care for each resident as required by KRS 216B.457(13).

(b) Appropriate therapeutic efforts shall begin before a comprehensive treatment plan of care is finalized.

(c)

1. A comprehensive treatment plan of care shall be developed by a multidisciplinary team conference in conformity with 42 C.F.R. 441.156 and KRS 216B.457(14).

2. In a Level II PRTF that opts to provide bedrooms with sleeping accommodations for two (2) residents, the comprehensive treatment plan of care shall document whether the facility's multidisciplinary team recommends placement of the resident in a private bedroom or in a double occupancy bedroom with another resident.

3. The comprehensive treatment plan of care shall:

- a. Contain specific and measurable goals for the resident to achieve;
- b. Describe the services, activities, and programs to be provided to the resident; and
- c. Specify staff members assigned to work with the resident and the time or frequency for each treatment procedure.

4. The resident shall participate to the maximum extent feasible in the development of his or her comprehensive treatment plan of care, and the participation shall be documented in the resident's record.

5.

a. A specific plan for involving the resident's family or significant others shall be included in the comprehensive treatment plan of care.

b. The parent, guardian, or custodian shall be given the opportunity to participate in the multidisciplinary treatment plan conference if feasible and shall be given a copy of the resident's comprehensive treatment plan of care.

c. The comprehensive treatment plan of care shall identify the mental health professional who is responsible for coordinating and facilitating the family's involvement throughout treatment.

(d) The comprehensive treatment plan of care shall be reviewed and documented as required by KRS 216B.457(15).

(5) Level I and Level II PRTF progress notes.

(a) Progress notes shall be entered in the resident's records, be used as a basis for reviewing the treatment plan, signed and dated by the individual making the entry and shall include the following:

1. Documentation of implementation of the treatment plan;
2. Chronological documentation of all treatment provided to the resident and documentation of the resident's clinical course; and
3. Descriptions of each change in each of the resident's conditions.

(b) All entries involving subjective interpretation of the resident's progress shall be supplemented with a description of the actual behavior observed.

(c) Efforts shall be made to secure written progress reports for residents receiving services from outside sources and, if available, to include them in the resident record.

(d) The resident's progress and current status in meeting the goals and objectives of his or her treatment plan shall be regularly recorded in the resident record.

(6) Discharge planning. A Level I or Level II PRTF shall have written policies and procedures for discharge of residents.

(a)

1. Discharge planning shall begin at admission and be documented in the resident's record.

2. At least ninety (90) days prior to the planned discharge of a resident from the facility, or within ten (10) days after admission if the anticipated length of stay is under ninety (90) days, the multidisciplinary team shall formulate a discharge and aftercare plan.

3. This plan shall be maintained in the resident's record and reviewed and updated with the comprehensive treatment plan of care.

(b) All discharge recommendations shall be determined through a conference, including the appropriate facility staff, the resident, the resident's parents, guardian, or custodian and, if indicated, the representative of the agency to whom the resident may be referred for any aftercare service, and the affected local school districts. All aftercare plans shall delineate those parties responsible for the provision of aftercare services.

(c) If the aftercare plan involves placement of the resident in another licensed program following discharge, facility staff shall share resident information with representatives of the aftercare program provider if authorized by written consent of the parent, guardian, or custodian.

(d) A Level I facility deciding to release a resident on an unplanned basis shall:

1. Have reached the decision to release at a multidisciplinary team conference chaired by the clinical director that determined, in writing, that services available through the facility cannot meet the needs of the resident;
2. Provide at least ninety-six (96) hours notice to the resident's parent, guardian, or custodian and the agency which will be providing aftercare services. If authorized by written consent of the parent, guardian, or custodian, the facility shall provide to the receiving agency copies of the resident's records and discharge summary; and
3. Consult with the receiving agency in situations involving placement for the purpose of ensuring that the placement reasonably meets the needs of the resident.

(e) Within fourteen (14) days of a resident's discharge from the facility, the facility shall compile and complete a written discharge summary for inclusion in the resident's record. The discharge summary shall include:

1. Name, address, phone number, and relationship of the person to whom the resident was released;
2. Description of circumstances leading to admission of the resident to the facility;
3. Significant problems of the resident;
4. Clinical course of the resident's treatment;
5. Assessment of remaining needs of the resident and alternative services recommended to meet those needs;
6. Special clinical management requirements including psychotropic drugs;
7. Brief descriptive overview of the aftercare plan designed for the resident; and
8. Circumstances leading to the unplanned or emergency discharge of the resident, if applicable.

Section 13. Services. A Level I or Level II PRTF shall provide the following services in a manner which takes into account and addresses the social life, emotional, cognitive, and physical growth and development; and the educational needs of the resident. Services shall include the opportunity for the resident to participate in community activities, organizations and events and shall provide a normalized environment for the resident.

(1) Level I or Level II mental health services.

(a) Mental health assessments and evaluations shall be provided as required in Section 12 of this administrative regulation.

(b) The mental health services available through the Level I or Level II PRTF shall include the services listed in this paragraph provided by staff of the Level I or Level II PRTF:

1. Case coordination services to assure the full integration of all services provided to each resident. Case coordination activities shall include monitoring the resident's daily functioning to assure the continuity of service in accordance with the resident's treatment plan and ensuring that all staff responsible for the care and delivery of

services actively participate in the development and implementation of the resident's treatment plan;

2. Planned on-site therapies including individual, family, and group therapies as indicated by the comprehensive treatment plan of care.

a. These therapies shall include psychotherapy, interventions, or face-to-face contacts, which may be made verbally or using assistive communication, between staff and the resident to enhance the resident's psychological and social functioning as well as to facilitate the resident's integration into a family unit.

b. Contacts that are incidental to other activities shall be excluded from this service;

3. Task and skill training to enhance a resident's age appropriate skills necessary to facilitate the resident's ability to care for himself or herself, and to function effectively in community settings. Task and skill training activities shall include homemaking, housekeeping, personal hygiene, budgeting, shopping, and the use of community resources.

(2) Level I or Level II physical health services.

(a) The physical health services available through the Level I or Level II PRTF facility shall include the following services provided either directly by the facility or written agreement:

1. Assessments and evaluations as required in Section 12 of this administrative regulation;
2. Diagnosis, treatment, and consultation for acute or chronic illnesses occurring during the resident's stay at the facility or for problems identified during an evaluation;
3. Preventive health care services to include periodic assessments in accordance with the periodicity schedule established by the American Academy of Pediatrics;
4. A dental examination within six (6) months of admission, periodic assessments in accordance with the periodicity schedule established by the American Dental Association, and treatment as needed;
5. Health and sex education; and
6. An ongoing immunization program.

(b) If physical health services are provided by written agreement with a provider of services other than the facility, the written agreement shall, at a minimum, address:

1. Referral of residents;
2. Qualifications of staff providing services;
3. Exchange of clinical information; and
4. Financial arrangements.

(c) A Level I or Level II PRTF shall not admit a resident who has a communicable disease or acute illness requiring treatment in an acute care inpatient setting.

(3) Level I or Level II dietary services.

(a) A Level I or Level II PRTF shall have written policies and procedures approved by the governing body for the provision of dietetic services for staff and residents which may be provided directly by the facility staff or through written contractual agreement.

(b) Adequate staff, space, equipment, and supplies shall be provided for safe sanitary operation of the dietetic service, the safe and sanitary handling and distribution of food, the care and cleaning of equipment and kitchen area, and the washing of dishes.

(c) The nutritional aspects of resident's care shall be planned, reviewed, and periodically evaluated by a licensed dietician pursuant to KRS 310.021 and employed by the facility as a staff member or consultant.

(d) The food shall be served to residents and staff in a common eating place and:

1. Shall account for the special food needs and tastes of residents;
2. Shall not be withheld as punishment; and

3. Shall provide for special dietary need of residents such as those relating to problems, such as diabetes and allergies.
- (e) Residents shall participate in the preparation and serving of food as appropriate.
- (f) At least three (3) meals per day shall be served with not more than a fifteen (15) hour span between the substantial evening meal and breakfast. The facility shall arrange for and make provision for between-meal and unscheduled snacks.
- (g) Except for school lunches and meals at restaurants, all members of a living unit shall be provided their meals together as a therapeutic function of the living unit.
- (4) Level I or Level II emergency services.
 - (a) A Level I or Level II PRTF shall provide for the prompt notification of the resident's parents, guardian, or custodian in case of serious illness, injury, surgery, emergency safety intervention, elopement, or death.
 - (b)
 1. All staff shall be knowledgeable of a written plan and procedure for meeting potential disasters and emergencies such as fires or severe weather.
 2. The plan shall be posted.
 3. Staff shall be trained in properly reporting a fire, extinguishing a small fire, and in evacuation from the building.
 4. Fire drills shall be practiced monthly, with a written record kept of all practiced fire drills, detailing the date, time, and residents who participated.
 - (c) The facility shall have written procedures to be followed by staff if a psychiatric, medical, or dental emergency of a resident occurs that specifies:
 1. Notification of designated member of the facility's chain of command;
 2. Designation of staff person who shall decide to refer resident to outside treatment resources;
 3. Notification of resident's parent, guardian, or custodian;
 4. Transportation to be used;
 5. Staff member to accompany resident;
 6. Necessary consent and referral forms to accompany resident; and
 7. Name, location, and telephone of designated treatment resources.
 - (d) The facility shall have designated treatment resources who shall have agreed to accept a resident for emergency treatment. At a minimum the resources shall include:
 1. Licensed physician and an alternate designee;
 2. Licensed dentist and an alternate designee;
 3. Licensed hospital; and
 4. Licensed hospital with an accredited psychiatric unit.
- (5) Level I or Level II pharmacy services. A Level I or Level II PRTF shall have written policies and procedures approved by the governing body for proper management of pharmaceuticals that are consistent with the requirements established in this subsection.
 - (a)
 1. Medications shall be administered by a registered nurse, physician, or dentist, except if administered by a licensed practical nurse, certified medication aide, or direct care staff under the supervision of a registered nurse.
 2. Direct care staff who administer medications shall have successfully completed a medicine administration course approved by the Kentucky Board of Nursing.
 - (b)
 1. Medications shall not be given without a written order signed by a physician, dentist, advanced practice registered nurse as authorized in KRS 314.011(8) and 314.042(8), therapeutically-certified optometrist as authorized in KRS 320.240(14), or physician assistant as authorized by KRS 311.858.
 2. Telephone orders for medications shall be given only to licensed nurses or a pharmacist and signed by a physician, dentist, advanced practice registered nurse,

- therapeutically-certified optometrist, or physician assistant within seventy-two (72) hours from the time the order is given.
- (c) Medications shall be prescribed only if clinically indicated. The facility shall ensure that medication is not administered solely for the purpose of program management or control, and that medication is not prescribed for the purposes of experimentation or research.
- (d) All medications shall require "stop orders".
- (e) All prescriptions shall be reevaluated by the prescriber prior to its renewal.
- (f) There shall be a systematic method for prescribing, ordering, receipting, storing, dispensing, administering, distributing and accounting for all medications.
- (g) The facility shall provide maximum security storage of and accountability for all legend medications, syringes, and needles.
- (h) Self-administration of medication shall be permitted only if specifically ordered by the responsible prescriber and supervised by a member of the professional staff or a mental health associate. Drugs to be self-administered shall be stored in a secured area and be made available to the resident at the time of administration.
- (i) Residents permitted to self-administer drugs shall be counseled regarding the indications for which the drugs are to be used, the primary side effects, and the physical dosage forms which are to be administered.
- (j) Drugs brought into the facility by residents shall not be administered unless they have been identified and unless written orders to administer these specific drugs are given by the responsible physician. Otherwise these drugs shall be packaged, sealed, and stored, and, if approved by the responsible physician, returned to the resident, parent, guardian, or custodian at the time of discharge.
- (6) Level I or Level II education and vocational services.
 - (a) Educational and vocational services available through a PRTF shall include the minimum requirements of Kentucky Revised Statutes and federal laws and regulations regarding regular education, vocational education, and special education as appropriate to meet the needs of the residents.
 1. Educational services shall be provided by:
 - a. The facility;
 - b. The local school district in which the facility is located; or
 - c. A nonpublic school program which is specially accredited and approved by the Kentucky Department of Education to provide special education services to students with disabilities.
 2. If the educational services are provided by the facility, the school program shall be specially accredited and approved by the Kentucky Department of Education to provide special education services to students with disabilities.
 3. Educational services provided by a local school district shall be provided within the facility or within the local school district.
 4. The facility's multidisciplinary team shall make a recommendation concerning the delivery site of educational services provided by a local school district that is based on least restrictive environment determinations for individual residents.
 5. Education services approved by the Department of Education shall be available either on the same site or in close physical proximity to the PRTE.
 - (b) If the education services are not provided directly by the facility, there shall be a written plan for the provision of education services. The education provider shall be a state education department-approved program. The written plan shall, at a minimum, address:
 1. Qualifications of staff providing educational services;
 2. Participation of educational and vocational staff in the plan for the provision of educational services;

3. Access by staff of the facility to educational and vocational programs and records; and
 4. Financial and service arrangements.
- (c) The facility shall ensure that residents have opportunities to be educated in the least restrictive environment consistent with the treatment needs of the resident as determined by the multidisciplinary team and reflected in the resident's comprehensive treatment plan of care.
- (d) The facility shall ensure that education services are developed and implemented with input from the child's education staff in conjunction with the comprehensive treatment plan of care and meet the requirements established in this paragraph.
1. Each resident's comprehensive treatment plan of care shall include formal academic goals for remediation and continuing education.
 2.
 - a. Each resident who is eligible for special education services shall have treatment activities developed by the multidisciplinary team, which shall be incorporated, as applicable, into the individualized education plan developed by the local school district.
 - b. The multidisciplinary team shall develop treatment activities which extend into the classroom as appropriate.
 - c. The program director or designee shall request an invitation to attend all individualized education plan or Admissions and Release Committee meetings.
 - d. If allowed, the program director or designee shall attend all individualized education plan or Admissions and Release Committee meetings.
 3. To avoid unnecessary duplication and make maximum use of resources, the services provided by the education and treatment components for children with disabilities pursuant to 20 U.S.C. 1400 shall be developed with the opportunity for input from both school personnel and the PRTF.
- (e)
1. The facility shall provide or arrange for vocational services for residents, as is age appropriate and is in accordance with the comprehensive treatment plan of care.
 2. The services shall be planned, implemented and supervised by a vocational counselor or appropriate therapist who shall be a full- or part-time employee of the facility or a consultant.
- (f) Residents may be permitted to accumulate earnings in a bank account established with the resident by the facility.
- (7) Level I or Level II PRTF activity services.
- (a) A daily schedule of planned recreational activities shall be prepared for the approval of the clinical director prior to implementation of the schedule.
1. The schedule shall be for normal waking hours that residents are not in school, or in active treatment.
 2. The schedule shall include a full range of activities which may include physical recreation, team sports, art, and music; attendance at recreational and cultural events in the community if appropriate; and individualized, directed activities like reading and crafts.
 3. Nondirected leisure time shall be limited to two (2) one-half (1/2) hour periods on school days and three (3) one-half (1/2) hour periods on nonschool days.
 4. The activity schedule shall identify the professional or direct-care staff who will lead and support each activity.
 5. Changes made to the schedule as the schedule is implemented shall be indicated on a copy of each daily schedule maintained as a permanent record by the clinical director.

- (b) Appropriate time, space, and equipment shall be provided by the facility for leisure activity and free play.
 - (c) The facility shall provide the means of observing holidays and personal milestones in keeping with the cultural and religious background of the residents.
- (8) Speech, language, and hearing services. A Level I or Level II PRTF shall provide or arrange for speech, language, and hearing services to meet the identified needs of residents. These services shall be provided by the facility or through written agreement with a qualified speech-language and hearing clinician. The written agreement shall, at a minimum, address:
- (a) Referral of residents;
 - (b) Qualifications of staff providing services;
 - (c) Exchange of clinical information; and
 - (d) Financial arrangements.

Section 14. Provision of Outpatient Behavioral Health Services, Requirements for Case Managers, Plan of Care, and Physical Environment Requirements.

- (1) A Level I or Level II PRTF may provide one (1) or more of the following outpatient behavioral health services:
- (a) Screening which shall be provided to a client age twenty-one (21) or younger by a behavioral health professional, behavioral health professional under clinical supervision, certified alcohol and drug counselor, licensed clinical alcohol and drug counselor, or licensed clinical alcohol and drug counselor associate practicing within his or her scope of practice to determine the:
 1. Likelihood that an individual has a mental health, substance use, or co-occurring disorder; and
 2. Need for an assessment;
 - (b) Assessment which shall:
 1. Be provided to a client age twenty-one (21) or younger by a behavioral health professional, behavioral health professional under clinical supervision, licensed behavior analyst, licensed assistant behavior analyst working under the supervision of a licensed behavior analyst, a certified alcohol and drug counselor, licensed clinical alcohol and drug counselor, or licensed clinical alcohol and drug counselor associate practicing within his or her scope of practice who gathers information and engages in a process with the client, thereby enabling the professional to:
 - a. Establish the presence or absence of a mental health, substance use, or co-occurring disorder;
 - b. Determine the client's readiness for change;
 - c. Identify the client's strengths or problem areas which may affect the treatment and recovery processes; and
 - d. Engage the client in developing an appropriate treatment relationship;
 2. Establish or rule out the existence of a clinical disorder or service need;
 3. Include working with the client to develop a plan of care if a clinical disorder or service need is assessed; and
 4. Not include psychological or psychiatric evaluations or assessments;
 - (c) Psychological testing which shall:
 1. Be performed by a licensed psychologist, licensed psychological associate, or licensed psychological practitioner for a client age twenty-one (21) or younger; and
 2. Include a psychodiagnostic assessment of personality, psychopathology, emotionality, or intellectual disabilities, and interpretation and written report of testing results;
 - (d) Crisis intervention which:

1. Shall be a therapeutic intervention for the purpose of immediately reducing or eliminating the risk of physical or emotional harm to the client or another individual;
2. Shall consist of clinical intervention and support services necessary to provide integrated crisis response, crisis stabilization interventions, or crisis prevention activities;
3. Shall be provided to a client age twenty-one (21) or younger:
 - a. On-site in the facility where the licensee provides outpatient behavioral health services;
 - b. As an immediate relief to the presenting problem or threat; and
 - c. In a face-to-face, one (1) on one (1) encounter;
4. May include verbal de-escalation, risk assessment, or cognitive therapy;
5. Shall be provided by one (1) or more of the following practicing within his or her scope of practice:
 - a. Behavioral health professional;
 - b. Behavioral health professional under clinical supervision;
 - c. Certified alcohol and drug counselor;
 - d. Licensed clinical alcohol and drug counselor; or
 - e. Licensed clinical alcohol and drug counselor associate;
6. Shall be followed by a referral to noncrisis services, if applicable; and
7. May include:
 - a. Further service prevention planning, including:
 - (i) Lethal means reduction for suicide risk; or
 - (ii) Substance use disorder relapse prevention; or
 - b. Verbal de-escalation, risk assessment, or cognitive therapy;
- (e) Mobile crisis services which shall:
 1. Be provided to a client age twenty-one (21) or younger;
 2. Be available twenty-four (24) hours a day, seven (7) days a week, every day of the year;
 3. Be provided for a duration of less than twenty-four (24) hours;
 4. Not be an overnight service;
 5. Be a multi-disciplinary team based intervention that ensures access to acute mental health and substance use services and supports to:
 - a. Reduce symptoms or harm; or
 - b. Safely transition an individual in an acute crisis to the appropriate, least restrictive level of care;
 6. Involve all services and supports necessary to provide:
 - a. Integrated crisis prevention;
 - b. Assessment and disposition;
 - c. Intervention;
 - d. Continuity of care recommendations; and
 - e. Follow-up services;
 7. Be provided face-to-face in a home or community setting by one (1) or more of the following practicing within his or her scope of practice:
 - a. Behavioral health professional;
 - b. Behavioral health professional under clinical supervision;
 - c. Certified alcohol and drug counselor;
 - d. Licensed clinical alcohol and drug counselor; or
 - e. Licensed clinical alcohol and drug counselor associate; and
 8. Ensure access to a board certified or board-eligible psychiatrist for consultation twenty-four (24) hours a day, seven (7) days a week, every day of the year;
- (f) Day treatment which shall:
 1. Be a nonresidential, intensive treatment program designed for children who:

- a. Have a substance use disorder, mental health disorder, or co-occurring disorder;
 - b. Are under twenty-one (21) years of age; and
 - c. Are at high risk of out-of-home placement due to a behavioral health issue;
2. Consist of an organized, behavioral health program of treatment and rehabilitative services for substance use disorder, mental health disorder, or a co-occurring disorder;
3. Have unified policies and procedures that address the facility's philosophy, admission and discharge criteria, admission and discharge process, staff training, and integrated case planning;
4. Include the following:
 - a. Individual outpatient therapy, family outpatient therapy, or group outpatient therapy;
 - b. Behavior management and social skill training;
 - c. Independent living skills that correlate to the age and developmental stage of the client; and
 - d. Services designed to explore and link with community resources before discharge and to assist the client and family with transition to community services after discharge;
5. Be provided as follows:
 - a. In collaboration with the education services of the local education authority including those provided through 20 U.S.C. 1400 et seq. (Individuals with Disabilities Education Act) or 29 U.S.C. 701 et seq. (Section 504 of the Rehabilitation Act);
 - b. On school days and during scheduled breaks;
 - c. In coordination with the child's individual educational plan or Section 504 plan if the child has an individual educational plan or Section 504 plan;
 - d. By personnel that includes a behavioral health professional, a behavioral health professional under clinical supervision, a certified alcohol and drug counselor, a licensed clinical alcohol and drug counselor, a licensed clinical alcohol and drug counselor associate, or a peer support specialist practicing within his or her scope of practice; and
 - e. According to a linkage agreement with the local education authority that specifies the responsibilities of the local education authority and the day treatment provider; and
6. Not include a therapeutic clinical service that is included in a child's individualized education plan;
- (g) Peer support which:
 1. Shall be provided by a peer support specialist;
 2. Shall be structured and scheduled nonclinical therapeutic activity with a client or group of clients;
 3. Shall promote socialization, recovery, self-advocacy, preservation, and enhancement of community living skills;
 4. Shall be identified in the client's plan of care; and
 5. If provided by a family peer support specialist who meets the requirements of 008 KAR 2:230, may be provided to an individual over the age of twenty-one (21) as follows:
 - a. The individual shall be a family member of a client age twenty-one (21) or younger who receives outpatient behavioral health services from the Level I or Level II PRTE; and
 - b. The family peer support services shall focus on the needs and treatment of the client as identified in the client's plan of care;
- (h) Intensive outpatient program services which shall:

1. Offer a multi-modal, multi-disciplinary structured outpatient treatment program that is more intensive than individual outpatient therapy, group outpatient therapy, or family outpatient therapy;
 2. Be provided to a client age twenty-one (21) or younger and may continue without disruption after the client reaches age twenty-two (22) if the service is continued for therapeutic benefit as identified in the client's plan of care;
 3. Be provided at least three (3) hours per day at least three (3) days per week;
 4. Include the following:
 - a. Individual outpatient therapy;
 - b. Group outpatient therapy;
 - c. Family outpatient therapy unless contraindicated;
 - d. Crisis intervention; or
 - e. Psycho-education during which the client or client's family member shall be:
 - (i) Provided with knowledge regarding the client's diagnosis, the causes of the condition, and the reasons why a particular treatment might be effective for reducing symptoms; and
 - (ii) Taught how to cope with the client's diagnosis or condition in a successful manner;
 5. Include a treatment plan which shall:
 - a. Be individualized; and
 - b. Focus on stabilization and transition to a lesser level of care;
 6. Be provided by a behavioral health professional, behavioral health professional under clinical supervision, certified alcohol and drug counselor, licensed clinical alcohol and drug counselor, or licensed clinical alcohol and drug counselor associate practicing within his or her scope of practice;
 7. Include access to a board-certified or board-eligible psychiatrist for consultation;
 8. Include access to a psychiatrist, other physician, or advanced practice registered nurse for medication prescribing and monitoring; and
 9. Be provided in a setting with a minimum client-to-staff ratio of ten (10) clients to one (1) staff person;
- (i) Individual outpatient therapy which shall:
1. Be provided to promote the:
 - a. Health and wellbeing of the client; or
 - b. Recovery from a substance related disorder;
 2. Be provided to a client age twenty-one (21) or younger and may continue without disruption after the client reaches age twenty-two (22) if the service is continued for therapeutic benefit as identified in the client's plan of care;
 3. Consist of:
 - a. A face-to-face encounter with the client; and
 - b. A behavioral health therapeutic intervention provided in accordance with the client's plan of care;
 4. Be aimed at:
 - a. Reducing adverse symptoms;
 - b. Reducing or eliminating the presenting problem of the client; and
 - c. Improving functioning;
 5. Not exceed three (3) hours per day; and
 6. Be provided by a behavioral health professional, a behavioral health professional under clinical supervision, licensed behavior analyst, licensed assistant behavior analyst working under the supervision of a licensed behavior analyst, certified alcohol and drug counselor, licensed clinical alcohol and drug counselor, or licensed clinical alcohol and drug counselor associate practicing within his or her scope of practice;

- (j) Group outpatient therapy which shall:
1. Be provided to promote the:
 - a. Health and wellbeing of the client; or
 - b. Recovery from a substance related disorder;
 2. Be provided to a client age twenty-one (21) or younger and may continue without disruption after the client reaches age twenty-two (22) if the service is continued for therapeutic benefit as identified in the client's plan of care;
 3. Consist of a face-to-face behavioral health therapeutic intervention provided in accordance with the client's plan of care;
 4. Excluding multi-family group therapy, be provided in a group setting of nonrelated individuals, not to exceed twelve (12) individuals in size. For group outpatient therapy, a nonrelated individual means any individual who is not a spouse, significant other, parent or person with custodial control, child, sibling, stepparent, stepchild, step-brother, step-sister, father-in-law, mother-in-law, son-in-law, daughter-in-law, brother-in-law, sister-in-law, grandparent, or grandchild;
 5. Focus on the psychological needs of the client as evidenced in the client's plan of care;
 6. Center on goals including building and maintaining healthy relationships, personal goals setting, and the exercise of personal judgment;
 7. Not include physical exercise, a recreational activity, an educational activity, or a social activity;
 8. Not exceed three (3) hours per day per client unless additional time is medically necessary in accordance with 907 KAR 3:130;
 9. Ensure that the group has a deliberate focus and defined course of treatment;
 10. Ensure that the subject of group outpatient therapy shall be related to each client participating in the group; and
 11. Be provided by a behavioral health professional, behavioral health professional under clinical supervision, licensed behavior analyst, licensed assistant behavior analyst working under the supervision of a licensed behavior analyst, certified alcohol and drug counselor, licensed clinical alcohol and drug counselor, or licensed clinical alcohol and drug counselor associate practicing within his or her scope of practice who shall maintain individual notes regarding each client within the group in the client's record;
- (k) Family outpatient therapy which shall:
1. Consist of a face-to-face behavioral health therapeutic intervention provided through scheduled therapeutic visits between the therapist, at least one (1) member of the client's family, and the client unless the client's presence is not required in his or her plan of care;
 2. Focus on the needs and treatment of a client age twenty-one (21) or younger and may continue without disruption after the client reaches age twenty-two (22) if the service is continued for therapeutic benefit as identified in the client's plan of care;
 3. Address issues interfering with the relational functioning of the family;
 4. Seek to improve interpersonal relationships within the client's home environment;
 5. Be provided to promote the health and wellbeing of the client or recovery from a substance use disorder;
 6. Not exceed three (3) hours per day per client unless additional time is medically necessary in accordance with 907 KAR 3:130; and
 7. Be provided by a behavioral health professional, behavioral health professional under clinical supervision, certified alcohol and drug counselor, licensed clinical alcohol and drug counselor, or licensed clinical alcohol and drug counselor associate practicing within his or her scope of practice;

(l) Collateral outpatient therapy which shall consist of a face-to-face behavioral health consultation:

1. With a parent, caregiver, or person who has custodial control of a client under the age of twenty-one (21), household member, legal representative, school personnel, or treating professional;
2. Provided by a behavioral health professional, behavioral health professional under clinical supervision, licensed behavior analyst, licensed assistant behavior analyst working under the supervision of a licensed behavior analyst, certified alcohol and drug counselor, licensed clinical alcohol and drug counselor, or licensed clinical alcohol and drug counselor associate practicing within his or her scope of practice; and
3. Provided upon the written consent of a parent, caregiver, or person who has custodial control of a client under the age of twenty-one (21). Documentation of written consent shall be signed and maintained in the client's record;

(m) Service planning which shall be provided to a client age twenty-one (21) or younger by a behavioral health professional, behavioral health professional under clinical supervision, licensed behavior analyst, licensed assistant behavior analyst working under the supervision of a licensed behavior analyst to:

1. Assist a client in creating an individualized plan for services needed for maximum reduction of the effects of a mental health disorder;
2. Restore a client's functional level to the client's best possible functional level; and
3. Develop a service plan which:
 - a. Shall be directed by the client; and
 - b. May include:
 - (i) A mental health advance directive being filed with a local hospital;
 - (ii) A crisis plan; or
 - (iii) A relapse prevention strategy or plan;

(n) Screening, brief intervention, and referral to treatment for substance use disorders which shall:

1. Be an evidence-based early intervention approach for an individual with non-dependent substance use prior to the need for more extensive or specialized treatment;
2. Consist of:
 - a. Using a standardized screening tool to assess the individual for risky substance use behavior;
 - b. Engaging a client who demonstrates risky substance use behavior in a short conversation, providing feedback and advice;
 - c. Referring the client to therapy or other services that address substance use if the client is determined to need additional services; and
3. Be provided by a behavioral health professional, behavioral health professional under clinical supervision, certified alcohol and drug counselor, licensed clinical alcohol and drug counselor, or licensed clinical alcohol and drug counselor associate practicing within his or her scope of practice to a client age twenty-one (21) or younger;

(o) Assertive community treatment for mental health disorders which shall:

1. Be provided to a client age twenty-one (21) or younger and may continue without disruption after the client reaches age twenty-two (22) if the service is continued for therapeutic benefit as identified in the client's plan of care;
2. Include assessment, treatment planning, case management, psychiatric services, medication prescribing and monitoring, individual and group therapy, peer support, mobile crisis services, mental health consultation, family support, and basic living skills;

3. Be provided by a multidisciplinary team of at least four (4) professionals, including a psychiatrist, nurse, case manager, peer support specialist, and any other behavioral health professional or behavioral health professional under clinical supervision; and

4. Have adequate staffing to ensure that no caseload size exceeds ten (10) participants per team;

(p) Comprehensive community support services which shall:

1. Be provided to a client age twenty-one (21) or younger and may continue without disruption after the client reaches age twenty-two (22) if the service is continued for therapeutic benefit as identified in the client's plan of care;
2. Consist of activities needed to allow an individual with a mental health disorder to live with maximum independence in the community through the use of skills training as identified in the client's treatment plan;
3. Consist of using a variety of psychiatric rehabilitation techniques to:
 - a. Improve daily living skills;
 - b. Improve self-monitoring of symptoms and side effects;
 - c. Improve emotional regulation skills;
 - d. Improve crisis coping skills; and
 - e. Develop and enhance interpersonal skills; and
4. Be provided by a:
 - a. Behavioral health professional;
 - b. Behavioral health professional under clinical supervision;
 - c. Community support associate;
 - d. Licensed behavior analyst; or
 - e. Licensed assistant behavior analyst working under the supervision of a licensed behavior analyst;

(q) Therapeutic rehabilitation program for a child with a severe emotional disability which shall be provided to a client under twenty-one (21) years of age and shall:

1. Include services designed to maximize the reduction of the emotional disability and restoration of the client's functional level to the individual's best possible functioning;
2. Establish the client's own rehabilitative goals within the person-center plan of care;
3. Be delivered using a variety of psychiatric rehabilitation techniques focused on:
 - a. Improving daily living skills;
 - b. Self-monitoring of symptoms and side effects;
 - c. Emotional regulation skills;
 - d. Crisis coping skills; and
 - e. Interpersonal skills; and
4. Be provided individually or in a group by a:
 - a. Behavioral health professional;
 - b. Behavioral health professional under clinical supervision; or
 - c. Peer support specialist; or

(r) Targeted case management services which shall:

1. Include services to one (1) or more of the following target groups:
 - a. A client under age twenty-one (21) with substance use disorder;
 - b. A client under age twenty-one (21) with co-occurring mental health or substance use disorder and chronic or complex physical health issues; or
 - c. A child with a severe emotional disability as defined by KRS 200.503(3);
2. Be provided by a case manager as described in subsection (2), (3), or (4) of this section; and
3. Include the following assistance:

- a. Comprehensive assessment and reassessment of client needs to determine the need for medical, educational, social, or other services. The reassessment shall be conducted annually or more often if needed based on changes in the client's condition;
- b. Development of a specific care plan which shall be based on information collected during the assessment and revised if needed upon reassessment;
- c. Referral and related activities, which may include:
 - (i) Scheduling appointments for the client to help the individual obtain needed services; or
 - (ii) Activities that help link the client with medical, social, educational providers, or other programs and services which address identified needs and achieve goals specified in the care plan;
- d. Monitoring which shall be face-to-face and occur no less than once every three (3) months to determine that:
 - (i) Services are furnished according to the client's care plan;
 - (ii) Services in the care plan are adequate; and
 - (iii) Changes in the needs or status of the client are reflected in the care plan; and
- e. Contacts with the client, family members, service providers, or others are conducted as frequently as needed to help the client:
 - (i) Access services;
 - (ii) Identify needs and supports to assist the client in obtaining services; and
 - (iii) Identify changes in the client's needs.

(2) A case manager who provides targeted case management services to clients with a substance use disorder shall:

(a) Be a certified alcohol and drug counselor, meet the grandfather requirements of 907 KAR 15:040, Section 4(1)(a)3, or have a bachelor's degree in a human services field, including:

- 1. Psychology;
- 2. Sociology;
- 3. Social work;
- 4. Family studies;
- 5. Human services;
- 6. Counseling;
- 7. Nursing;
- 8. Behavioral analysis;
- 9. Public health;
- 10. Special education;
- 11. Gerontology;
- 12. Recreational therapy;
- 13. Education;
- 14. Occupational therapy;
- 15. Physical therapy;
- 16. Speech-language pathology;
- 17. Rehabilitation counseling; or
- 18. Faith-based education;

(b)

- 1. Have a minimum of one (1) year of full-time employment working directly with adolescents in a human service setting after completion of a bachelor's degree as described in paragraph (a) of this subsection; or
- 2. Have a master's degree in a human services field as described in paragraph (a) of this subsection;

- (c)
 - 1. Have successfully completed case management training in accordance with 908 KAR 2:260; and
 - 2. Successfully complete continuing education requirements in accordance with 908 KAR 2:260; and

(d) Be supervised by a behavioral health professional who:

- 1. Has completed case management training in accordance with 908 KAR 2:260; and
- 2. Has supervisory contact at least two (2) times per month with at least one (1) of the contacts on an individual, in person basis.

(3) A case manager who provides targeted case management services to clients with a mental health or substance use disorder and chronic or complex physical health issues shall:

(a) Meet the requirements of subsection (2)(a) of this section;

(b)

- 1. After completion of a bachelor's degree, have a minimum of five (5) years of experience providing service coordination or referring clients with complex behavioral health needs and co-occurring disorders or multi-agency involvement to community based services; or
- 2. After completion of a master's degree in a human services field as described in subsection (2)(a) of this section, have a minimum of two (2) years of experience providing service coordination or referring clients with complex behavioral health needs and co-occurring disorders or multi-agency involvement to community based services;

(c)

- 1. Have successfully completed case management training in accordance with 908 KAR 2:260; and
- 2. Successfully complete continuing education requirements in accordance with 908 KAR 2:260; and

(d) For a bachelor's level case manager, be supervised by a behavioral health professional who:

- 1. Has completed case management training in accordance with 908 KAR 2:260; and
- 2. Has supervisory contact at least three (3) times per month with at least two (2) of the contacts on an individual, in person basis.

(4) A case manager who provides targeted case management services to children with a severe emotional disability or clients with a severe mental illness shall:

(a) Meet the requirements of subsection (2)(a) of this section;

(b)

- 1. Have a minimum of one (1) year of full-time employment working directly with individuals with behavioral health needs after completion of a bachelor's degree in a behavioral science field as described in subsection (2)(a) of this section; or
- 2. Have a master's degree in a human services field as described in subsection (2)(a) of this section;

(c)

- 1. Have successfully completed case management training in accordance with 908 KAR 2:260; and
- 2. Successfully complete continuing education requirements in accordance with 908 KAR 2:260; and

(d) Be supervised by a behavioral health professional who:

- 1. Has completed case management training in accordance with 908 KAR 2:260; and

2. Has supervisory contact at least two (2) times per month with at least one (1) of the contacts on an individual in person basis.

(5) Plan of care.

(a) Each client receiving outpatient behavioral health services from a Level I or Level II PRTF shall have an individual plan of care signed by a behavioral health professional.

(b) A plan of care shall:

1. Describe the services to be provided to the client, including the frequency of services;
2. Contain measurable goals for the client to achieve, including the expected date of achievement for each goal;
3. Describe the client's functional abilities and limitations or diagnosis listed in the current edition of the American Psychiatric Association Diagnostic and Statistical Manual of Mental Disorders;
4. Specify each staff member assigned to work with the client;
5. Identify methods of involving the client's family or significant others if indicated;
6. Specify criteria to be met for termination of treatment;
7. Include any referrals necessary for services not provided directly by the chemical dependency treatment program; and
8. State the date scheduled for review of the plan.

(c) The client shall participate to the maximum extent feasible in the development of his or her plan of care, and the participation shall be documented in the client's record.

(d)

1. The initial plan of care shall be developed through multidisciplinary team conferences at least thirty (30) days following the first ten (10) days of treatment.
2. The plan of care for individuals receiving intensive outpatient program services shall be reviewed every thirty (30) days thereafter and updated every sixty (60) days or earlier if clinically indicated.
3. Except for intensive outpatient program services, the plan of care for individuals receiving any other outpatient behavioral health service described in subsection (1) of this section shall be reviewed and updated every six (6) months or earlier if clinically indicated.
4. The plan of care and each review and update shall be signed by the participants in the multidisciplinary team conference that developed it.

(6) Physical environment of an off-campus extension or separate building on the campus of the Level I or Level II PRTF where outpatient behavioral health services are provided.

(a) Accessibility. The off-campus extension or separate building on the campus of the PRTF shall meet requirements for making buildings and facilities accessible to and usable by individuals with physical disabilities pursuant to KRS 198B.260 and 815 KAR 7:120.

(b) Physical location and overall environment.

1. The program shall:

- a. Comply with building codes, ordinances, and administrative regulations which are enforced by city, county, or state jurisdictions;
- b. Display a sign that can be viewed by the public that contains the facility name, hours of operation, and a street address;
- c. Have a publicly listed telephone number and a dedicated phone number to send and receive faxes with a fax machine that shall be operational twenty-four (24) hours per day;
- d. Have a reception and waiting area;
- e. Provide a restroom; and
- f. Have an administrative area.

2. The condition of the physical location and the overall environment shall be maintained in such a manner that the safety and well-being of clients, personnel, and visitors are assured.

(c) Prior to occupancy, the facility shall have final approval from appropriate agencies.

Section 15. Use of Emergency Safety Interventions in a Level I or Level II PRTF.

(1) Pursuant to 42 C.F.R. 483.356(a)(3), restraint or seclusion shall not result in harm or injury to the resident and shall be used only:

(a) To ensure the safety of the resident or others during an emergency safety situation; and

(b) Until the emergency safety situation has ceased and the resident's safety and the safety of others can be ensured, even if the restraint or seclusion order has not expired.

(2)

(a) The use of mechanical restraint shall be prohibited in a Level I or Level II PRTF.

(b) Residents of a Level I or Level II PRTF shall not be held in a prone position during restraint. A Level I or Level II PRTF may use a supine hold:

1. As a last resort if other less restrictive interventions have proven to be ineffective; and

2. Only by staff who are trained to identify risks associated with positional, compression, or restraint asphyxiation, and who monitor to ensure that the resident's breathing is not impaired.

(3) Emergency safety interventions shall not be used as a means of coercion, punishment, convenience, or retaliation.

(4) Orders for restraint or seclusion shall be:

(a) By a physician or other licensed practitioner acting within his or her scope of practice who is trained in the use of emergency safety interventions;

(b) Carried out by trained staff;

(c) If the resident's treatment team physician is available, given only by that physician; and

(d) The least restrictive emergency safety intervention that is most likely to be effective in resolving the emergency safety situation based on consultation with staff.

(5) A Level I or Level II PRTF shall have a written plan approved by the governing body for the use of emergency safety interventions which at a minimum shall meet the following requirements:

(a) Any use of an emergency safety intervention shall require clinical justification;

(b) A rationale and the clinical indications for the use of an emergency safety intervention shall be clearly stated in the resident's record for each occurrence. The rationale shall address the inadequacy of less restrictive intervention techniques;

(c) The plan shall specify the length of time for which a specific approval remains effective;

(d) The plan shall specify the length of time the emergency safety intervention may be utilized; and

(e) The plan shall specify when continued or repeated emergency safety interventions shall trigger multidisciplinary team review.

(6) If an emergency safety situation requires restraint or seclusion and a practitioner authorized to order restraint or seclusion is not available in a Level I or Level II PRTF, a verbal order for restraint and seclusion may be obtained and carried out under the following conditions:

(a) The verbal order shall be given by a licensed practitioner, as authorized by the facility, who is acting within his or her scope of practice and is trained in the use of emergency safety interventions;

- (b) The verbal order shall be received by a licensed practitioner, as authorized by the facility, who is acting within his or her scope of practice;
 - (c) The physician or ordering practitioner shall be immediately available, at least by telephone, for consultation during the time that restraint or seclusion is being carried out; and
 - (d) The verbal order shall be countersigned by the physician or ordering practitioner within seven (7) days of the date that the order was given, and included in the resident's record.
- (7) An order for restraint or seclusion shall not exceed the shortest of:
- (a) The duration of the emergency safety situation;
 - (b) Four (4) hours for a resident eighteen (18) to twenty-one (21) years of age;
 - (c) Two (2) hours for a resident nine (9) to seventeen (17) years of age;
 - (d) One (1) hour for a resident seven (7) to eight (8) years of age; or
 - (e) Thirty (30) minutes for a child four (4) to six (6) years of age.
- (8) If an emergency safety situation exists beyond the time limit for the use of restraint or seclusion, a new order for restraint or seclusion shall be obtained.
- (9) A resident that is placed in restraint or seclusion shall receive a face-to-face evaluation to determine physical and psychological well being. The evaluation shall:
- (a) Be conducted by a licensed practitioner who is acting within his or her scope of practice and is trained in the use of emergency safety interventions;
 - (b) Include the resident's physical and psychological status, resident's behavior, appropriateness of the intervention measures, and any complications resulting from the intervention; and
 - (c) Be conducted within one (1) hour of restraint or seclusion being initiated.
- (10) Each order for restraint or seclusion shall include:
- (a) The name of the ordering physician or other licensed practitioner, acting within his or her scope of practice and trained in the use of emergency safety interventions;
 - (b) The date and time the order was obtained; and
 - (c) The emergency safety intervention ordered, including the length of time for which the physician or other licensed practitioner authorized its use.
- (11)
- (a) Staff shall document the emergency safety intervention in the resident's record.
 - (b) The documentation shall be completed by the end of the shift in which the intervention occurs.
 - (c) If the intervention does not end during the shift in which it began, documentation shall be completed during the shift in which it ends. Documentation shall include:
 - 1. Each order for restraint or seclusion as described in subsection (10) of this section;
 - 2. The time the emergency safety intervention actually began and ended;
 - 3. The time and results of the evaluation required by subsection (9) of this section;
 - 4. The emergency safety situation that required the resident to be restrained or put in seclusion; or
 - 5. The name of staff involved in the emergency safety intervention.
- (12) Staff who implement emergency safety interventions shall:
- (a) Have documented training in the proper use of the procedure used;
 - (b) Be certified in physical management by a nationally-recognized training program in which certification is obtained through skills-based testing; and
 - (c) Receive annual training and recertification in crisis intervention and behavior management.
- (13) Staff authorized by a Level I or Level II PRTF shall:
- (a) Be constantly, physically present with a resident being restrained;

- (b) Monitor the physical and psychological well being of a resident being restrained, and monitor the safe use of restraint throughout the duration of the emergency safety intervention; and
 - (c) Document observations of, and actions taken for, a resident being restrained.
- (14) Within one (1) hour of initiation of restraint or seclusion, a physician or licensed practitioner acting within his or her scope of practice and trained in the use of emergency safety interventions shall conduct a face-to-face evaluation of the resident's physical and psychological well-being.
- (15) Staff shall provide constant visual attention to a resident who is in seclusion, through physical presence or a window.
- (16) Staff authorized by a Level I or Level II PRTF shall:
- (a) Monitor the physical and psychological well being of the resident;
 - (b) Ensure that a resident in seclusion is provided:
 - 1. Regular meals;
 - 2. Hydration;
 - 3. Bathing; and
 - 4. Use of the toilet; and
 - (c) Document observations of, and actions taken for, a resident in restraint every fifteen (15) minutes.
- (17) A procedure shall not be used at any time in a manner that causes harm or pain to a resident.
- (18)
- (a) A Level I or Level II PRTF shall notify the parent, guardian, or custodian of the resident who has been restrained or placed in seclusion as soon as possible after the initiation of each emergency safety intervention.
 - (b) The facility shall document in the resident's record that the parent, guardian, or custodian has been notified of the emergency safety intervention, including the date and time of notification and the name of the staff person providing the notification.
- (19)
- (a) Within twenty-four (24) hours after use of restraint or seclusion, staff involved in an emergency safety intervention and the resident shall have a face-to-face discussion.
 - (b) The discussion shall include all staff involved in the intervention except if the presence of a particular staff person may jeopardize the well-being of the resident. The discussion may include other staff and the resident's parent, guardian, or custodian.
- (20) Within twenty-four (24) hours after the use of restraint or seclusion, all staff involved in the emergency safety intervention, and appropriate supervisory and administrative staff, shall conduct a debriefing session that includes a review and discussion of:
- (a) The emergency safety situation that required the intervention, including a discussion of the precipitating factors that led up to the intervention;
 - (b) Alternative techniques that might have prevented the use of the restraint or seclusion;
 - (c) The procedures, if any, that staff are to implement to prevent any recurrence of the use of restraint or seclusion; and
 - (d) The outcome of the intervention, including any injuries that may have resulted from the use of restraint or seclusion.
- (21) Application of time out.
- (a) A resident in time out shall not be physically prevented from leaving the time out area.
 - (b) Time out may take place away from the area of activity or from other residents.
 - (c) Staff shall monitor the resident while he or she is in time out.

(22) A Level I or Level II PRTF shall not use extraordinary risk procedures, including experimental treatment modalities, psychosurgery, aversive conditioning, electroconvulsive therapies, behavior modification procedures that use painful stimuli, unusual medications, or investigational and experimental drugs.

(23) Unusual treatment shall require the informed consent of the resident and parent, guardian, or custodian prior to the provision of unusual treatment as follows:

(a) The proposed unusual treatment shall be reviewed and interpreted by the child's psychiatrist addressing:

1. The rationale for use;
2. Methods to be used;
3. Specified time to be used;
4. Who will provide the treatment; and

5. The methods that will be used to evaluate the efficacy of the treatment.

(b) The potential risks, side effects, and benefits of the proposed unusual treatment shall be explained, verbally and in writing, to the resident and the parent, guardian, or custodian prior to their granting approval for the unusual treatment. The approval shall be given in writing prior to implementation of the treatment.

(24) The clinical director or designee shall review all uses of unusual treatment procedures, including emergency safety interventions, on a daily basis. The daily review shall include an evaluation for the possibility of unusual or unwarranted patterns of use.

Section 16. Housekeeping Services.

(1) A Level I or Level II PRTF shall have policies and procedures for and services which maintain a clean, safe, and hygienic environment for residents and facility personnel. Policies and procedures shall include guidelines for at least the following:

- (a) The use, cleaning, and care of equipment;
- (b) Assessing the proper use of housekeeping and cleaning supplies;
- (c) Evaluating the effectiveness of cleaning; and
- (d) The role of the facility staff in maintaining a clean environment.

(2) A laundry service shall be provided by a Level I or Level II PRTF or through contractual agreement.

(3) Pest control shall be provided by a Level I or Level II PRTF or through contractual agreement.

Section 17. Infection Control.

(1) Because infections acquired in a Level I or Level II PRTF or brought into a Level I or Level II PRTF from the community are potential hazards for all persons having contact with the facility, there shall be an infection control program developed to prevent, identify, and control infections.

(2) Written policies and procedures pertaining to the operation of the infection control program shall be established, reviewed at least annually, and revised as necessary.

(3) A practical system shall be developed for reporting, evaluating, and maintaining records of infections among residents and personnel.

(4) The system shall include assignment of responsibility for the ongoing collection and analysis of data, as well as for the implementation of required follow-up actions.

(5) Corrective actions shall be taken on the basis of records and reports of infections and infection potentials among residents and personnel and shall be documented.

(6) All new employees shall be instructed in the importance of infection control and personal hygiene and in their responsibility in the infection control program.

(7) A Level I or Level II PRTF shall document that in-service education in infection prevention and control is provided for all services and program components.

Section 18. Tuberculosis Testing Requirements.

(1) Induration Measurements. The diameter of the firm area shall be measured transversely to the nearest millimeter to gauge the degree of reaction, and the result shall be recorded in millimeters.

(a) A reaction of ten (10) millimeters or more of induration shall be considered highly indicative of tuberculosis infection in a healthcare setting.

(b) A reaction of five (5) millimeters or more of induration may be significant in certain individuals, including HIV-infected persons, persons with immunosuppression, or recent contacts of persons with active TB disease.

(2) Tuberculosis (TB) disease.

(a) A person shall be diagnosed as having tuberculosis (TB) disease if the infection has progressed to causing clinical (manifesting signs or symptoms) or subclinical (early stage of disease in which signs or symptoms are not present, but other indications of disease activity are present, including radiographic abnormalities) illness.

1. Tuberculosis that is found in the lungs shall be called pulmonary TB and may be infectious.

2. Tuberculosis that occurs at a body site outside the lungs shall be called extra pulmonary disease and may be infectious in rare circumstances.

(b) If the only clinical finding is specific chest radiographic abnormalities, the condition shall be termed "inactive TB" and may be differentiated from active TB disease, which shall be accompanied by symptoms or other indications of disease activity, including the ability to culture reproducing TB organisms from respiratory secretions or specific chest radiographic finding.

(3)

(a) A TST conversion shall have occurred if there is a greater than ten (10) millimeters increase in the size of the TST induration during a two (2) year period in:

1. A health care worker with a documented negative (<10 mm) baseline two (2) step TST result; or
2. A person who is not a health care worker with a negative (<10 mm) TST result within two (2) years.

(b) A TST conversion shall be presumptive evidence of new M. tuberculosis infection and poses an increased risk for progression to TB disease.

Section 19. Admission of Residents under Treatment for Pulmonary Tuberculosis Disease.

(1) A Level I or Level II PRTF shall not admit a person under medical treatment for pulmonary tuberculosis disease unless the person is declared noninfectious by a licensed physician in conjunction with the local or state health department.

(2) Documentation of noninfectious status shall include:

- (a) Documented TB disease treatment with multi-drug therapy for at least two (2) weeks;
- (b) Documentation of clinical improvement on therapy;
- (c) Three (3) consecutive sputum smears negative for acid-fast bacilli within the one (1) month period prior to admission; or
- (d) Three (3) negative sputum cultures for TB.

Section 20. Tuberculin Skin Tests or BAMTs of Residents.

(1) For residents entering a facility, a TST or BAMT shall not be required if one(1) of the following is documented:

(a) A previously documented TST has shown ten (10) or more millimeters of induration;

(b) A previously documented TST has shown five (5) or more millimeters of induration for a resident who has medical reasons (HIV-infected persons, immunosuppression, or recent contact with a person with active TB disease) for his or her TST result to be interpreted as positive;

- (c) A positive BAMT;
- (d) The resident is currently receiving or has completed treatment of LTBI with nine (9) months of isoniazid or four (4) months of rifampin, or has completed a course of multiple-drug therapy for active TB disease; or
- (e) The resident can document that he or she has had a TST or BAMT within three (3) months prior to admission and has previously been in a serial testing program at a medical facility.

(2)

- (a) If a resident does not meet the criteria of subsection (1) of this section, a TST or a BAMT shall be required upon admission to the Level I or Level II facility.

(b)

- 1. A TST shall be required for residents less than five (5) years of age.
- 2. A TST result of five (5) or more millimeters of induration may be positive for those residents who have medical reasons (HIV-infected persons, immunosuppression, or recent contact with a person with active TB disease) for his or her TST result to be interpreted as positive.
- 3. For a resident without medical reasons as identified in subparagraph 2. of this paragraph whose initial TST shows less than ten (10) millimeters of induration, two-step TSTs shall be required for:
 - a. A resident age fourteen (14) years and older; or
 - b. A resident expected to stay longer than twelve (12) months unless the resident is able to document that he or she has had a TST within one (1) year prior to initial testing upon admission to the facility.

(3)

- (a) The TST result of each resident shall be documented through recording of the date and millimeters of induration of the most recent skin test in the medical record.
- (b) The medical record shall be labeled in a conspicuous manner (e.g. Problem Summary or Care Plan) with the notation "TST Positive" for each resident with a reaction of ten (10) or more millimeters of induration and for each resident with a reaction of five (5) or more millimeters of induration who has a medical reason (e.g. HIV-infected persons, immunosuppression, or recent contacts of persons with active TB disease) for that TST result to be interpreted as positive.

(4)

- (a) If performed and the result is positive or negative, only one (1) BAMT result shall be required on admission.
- (b) A second BAMT shall be performed if the BAMT result is borderline or indeterminate.
- (c) If a resident has a positive BAMT, the medical record shall be labeled in a conspicuous manner (e.g. Problem Summary or Care Plan) with the notation "BAMT Positive."

Section 21. Medical Evaluations and Chest X-rays of Residents.

- (1) A resident shall receive a medical evaluation, which may include an HIV test, if the resident is found at the time of admission to have a:

- (a) TST of ten (10) or more millimeters of induration;
- (b) TST result of five (5) or more millimeters of induration if the resident has a medical reason (e.g. HIV-infected persons, immunosuppression, or recent contacts of persons with active TB disease) for that TST result to be interpreted as positive; or
- (c) Positive BAMT.

- (d) A chest x-ray shall be performed unless a chest x-ray done within two (2) months prior to admission showed no evidence of tuberculosis disease.

(2)

- (a) A resident who meets the criteria listed in subsection (1) of this section and who has no clinical evidence of active TB disease upon evaluation by a licensed physician and a negative chest x-ray shall be offered treatment for LTBI unless there is a medical contraindication.

- (b) A resident who refuses treatment for LTBI or who has a medical contraindication shall be monitored according to the requirements established in Section 22 of this administrative regulation.

- (3) A resident with an abnormal chest x-ray, consistent with TB disease, shall be:

- (a) Evaluated for active tuberculosis disease; and
- (b) If the resident is diagnosed with active tuberculosis disease, transferred to a facility with an airborne infection isolation (AII) room and started on multi-drug antituberculosis treatment that is administered by DOT.

Section 22. Monitoring of Residents with a Positive TST, a Positive BAMT, a TST Conversion, or a BAMT Conversion.

- (1) A resident shall be monitored for development of pulmonary symptoms, including cough, sputum production, or chest pain, if the resident has a:

- (a) TST result with ten (10) or more millimeters of induration;
- (b) TST result of five (5) or more millimeters of induration if the resident has a medical reason (e.g. HIV-infected persons, immunosuppression, or recent contacts of persons with active TB disease) for that TST result to be interpreted as positive;
- (c) Positive BAMT;
- (d) TST conversion; or
- (e) BAMT conversion.

- (2) If pulmonary symptoms, including cough, sputum production, or chest pain, develop and persist for three (3) weeks or longer:

- (a) The resident shall have a medical evaluation;
- (b) A chest x-ray shall be taken; and
- (c) Three (3) sputum samples shall be submitted to the Division of Laboratory Services, Department for Public Health, Frankfort, Kentucky, for tuberculosis culture and smear.

- (3) A resident with suspected or active TB disease shall be transferred to a facility with an AII room and started on multi-drug antituberculosis treatment that is administered by DOT.

Section 23. Monitoring of Residents with a Negative TST or a Negative BAMT who are Residents Longer than One

- (1) Year. (1) Annual testing shall be required on or before the anniversary of the resident's last TST or BAMT.

- (2) A TST shall be required for residents less than five (5) years of age.

- (3) If pulmonary symptoms develop and persist for three (3) weeks or more:

- (a) The resident shall have a medical evaluation;
- (b) The tuberculin skin test shall be repeated;
- (c) Three (3) sputum samples shall be submitted to the Division of Laboratory Services, Department for Health Services, Frankfort, Kentucky for tuberculosis culture and smear; and
- (d) A chest x-ray shall be taken.

- (4) A resident with suspected or active TB disease shall be transferred to a facility with an AII room and started on multi-drug antituberculosis treatment that is administered by DOT.

Section 24. Tuberculin Skin Tests or BAMTs for Staff.

- (1) The TST or BAMT status of all PRTF facility staff members who have direct contact with residents shall be documented in the employee's health record.
- (2) A TST or BAMT shall be initiated on each new staff member who has direct contact with residents before or during the first week of employment, and the results shall be documented in the employee's health record within the first month of employment.
- (3) A TST or BAMT shall not be required at the time of initial employment if the employee documents one of the following:
 - (a) A prior TST of ten (10) or more millimeters of induration;
 - (b) A prior TST of five (5) or more millimeters of induration if the employee has a medical reason (e.g. HIV-infected persons, immunosuppression, or recent contacts of persons with active TB disease) for his or her TST result to be interpreted as positive;
 - (c) A positive BAMT;
 - (d) A TST conversion;
 - (e) A BAMT conversion; or
 - (f) The employee is currently receiving or has completed treatment for LTBI.
- (4)
 - (a) If performed and the result is positive or negative, one (1) BAMT test result shall be required on initial employment.
 - (b) A second BAMT shall be performed if the BAMT result is borderline or indeterminate.
- (5) A TST result of five (5) or more millimeters of induration may be positive for a new employee who has a medical reason (e.g. HIV-infected persons, immunosuppression, or recent contacts of persons with active TB disease) for his or her TST result to be interpreted as positive.
- (6) A two-step TST shall be required for a new employee who does not have a medical reason as described in subsection (5) of this section and whose initial TST shows less than ten (10) millimeters of induration, unless the individual documents that he or she has had a TST within one (1) year prior to his or her current employment.
- (7) A staff member who has never had a TST of ten (10) or more millimeters induration or a positive BAMT shall have a TST or BAMT annually on or before the anniversary of his or her last TST or BAMT.

Section 25. Medical Evaluations and Chest X-rays and Monitoring of Staff with a Positive TST, a Positive BAMT, a TST Conversion, or a BAMT Conversion.

- (1) At the time of initial employment testing or annual testing, a staff member who has direct contact with residents shall have a medical evaluation, which may include an HIV test, if the staff member is found to have a:
 - (a) TST of ten (10) or more millimeters induration;
 - (b) TST result of five (5) or more millimeters of induration if the staff member has a medical reason (e.g. HIV-infected persons, immunosuppression, or recent contacts of persons with active TB disease) for his or her TST result to be interpreted as positive;
 - (c) Positive BAMT;
 - (d) TST conversion; or
 - (e) BAMT conversion.
- (2) A chest x-ray shall be performed unless a chest x-ray within the previous two (2) months showed no evidence of tuberculosis disease.
- (3)
 - (a) A staff member with a negative chest x-ray shall be offered treatment for LTBI unless there is a medical contraindication.
 - (b) A staff member who refuses treatment for LTBI or who has a medical contraindication shall be monitored according to the requirements established in Section 28 of this administrative regulation.

- (4)
 - (a) A staff member with an abnormal chest x-ray shall be evaluated for active tuberculosis disease, and three (3) sputum samples shall be submitted to the Division of Laboratory Services, Department for Public Health, Frankfort, Kentucky, for tuberculosis culture and smear.
 - (b) A staff member shall remain off work until cleared as being noninfectious for TB by a licensed physician.
 - (c) A staff member whose medical evaluation and laboratory tests are suspect for active tuberculosis disease shall be isolated (e.g. in an AII room or in home isolation) and started on four (4) drug antituberculosis treatment that is administered by DOT.
- (5)
 - (a) A staff member under treatment for pulmonary tuberculosis disease may return to work in the facility after being declared noninfectious by a licensed physician in conjunction with the local or state health department.
 - (b) Documentation of noninfectious status shall include:
 1. Documented TB disease treatment with multi-drug therapy for at least two (2) weeks;
 2. Documentation of clinical improvement on therapy;
 3. Three (3) consecutive sputum smears negative for acid-fast bacilli within the month prior to the employee's anticipated return to work; or
 4. Three (3) negative sputum cultures for TB.

Section 26. Responsibility for Screening and Monitoring Requirements.

- (1) The program director or clinical director of the facility shall be responsible for ensuring that all TSTs, BAMTs, chest x-rays and sputum samples submissions are done in accordance with Sections 18 through 28 of this administrative regulation.
- (2) If a facility does not employ licensed professional staff with the technical training to carry out the screening and monitoring requirements, the program director or clinical director shall arrange for professional assistance from the local health department.
- (3)
 - (a) Dates of all TSTs or BAMTs and results, all chest x-ray reports and all sputum sample culture and smear results for residents shall be recorded as a permanent part of the resident's medical record and be summarized on the individual's transfer form if an interfacility transfer occurs.
 - (b) The TST or BAMT status of all staff members and any TB related chest x-ray reports shall be documented in the employee's health record.

Section 27. Reporting to Local Health Departments. The following shall be reported to the local health department having jurisdiction by the program director or clinical director of the facility immediately upon becoming known:

- (1) All residents and staff who have a TST of ten (10) millimeters or more induration;
- (2) A TST result of five (5) or more millimeters of induration for all residents or staff who have medical reasons (e.g. HIV-infected persons, immunosuppression, or recent contacts of persons with active TB disease) for their TST result to be interpreted as positive;
- (3) A positive BAMT at the time of admission of a resident or employment of a staff member who has direct contact with residents;
- (4) TST conversions or BAMT conversions on serial testing or identified in a contact investigation;
- (5) Chest x-rays which are suspicious for TB disease;
- (6) Sputum smears positive for acid-fast bacilli;
- (7) Sputum cultures positive for *Mycobacterium tuberculosis*; or
- (8) The initiation of multi-drug antituberculosis treatment.

Section 28. Treatment for LTBI.

- (1) A resident or staff member with a TST conversion or a BAMT conversion shall be considered to be recently infected with *Mycobacterium tuberculosis*.
 - (2) Recently infected persons shall have a medical evaluation, which may include an HIV test, and shall include a chest x-ray.
 - (3)
 - (a) Individuals who meet the criteria listed in subsection (1) of this section and have no signs or symptoms of tuberculosis disease by medical evaluation or chest x-ray shall be offered treatment for LTBI with isoniazid for nine (9) months or rifampin for four (4) months, in collaboration with the local health department, unless medically contraindicated as determined by a licensed physician.
 - (b) Medications shall be administered to residents upon the written order of a physician and shall be given by DOPT.
 - (4)
 - (a) If a resident or staff member refuses treatment for LTBI or has a medical contraindication, the individual shall be advised of the clinical symptoms of active TB disease, and have an interval medical history for clinical symptoms of active TB disease every six (6) months during the two (2) years following conversion.
 - (b) A resident less than five (5) years of age who has a status change on admission to the facility or on annual testing shall be seen and monitored by a pediatrician.
 - (c) A resident or staff member who has a TST result of ten (10) millimeters or more induration or a positive BAMT at the time of admission of the resident or employment of the staff member shall be offered treatment for LTBI.
 - (d) A resident or staff member who has a TST result of five (5) or more millimeters of induration at the time of admission or employment and who has medical reasons (e.g. HIV-infected persons, immunosuppression, or recent contacts of persons with active TB disease) for his or her TST result to be interpreted as positive shall be offered treatment for LTBI.
 - (e) If a resident or staff member refuses treatment for LTBI detected on admission or employment or has a medical contraindication, the individual shall be educated about the clinical symptoms of active TB disease, and have an interval medical history for symptoms of active TB disease every six (6) months during the two (2) years following admission or employment. The education shall be documented in either the resident's medical record or the employee's health record.
 - (5) A resident who stays longer than one (1) year in the facility or staff member who documents completion of treatment for LTBI shall:
 - (a) Be exempt from further requirements for TSTs or BAMTs; and
 - (b) Receive education on the symptoms of active TB disease during his or her annual tuberculosis risk assessment and any other monitoring in accordance with Sections 21 or 26, or this section of this administrative regulation.
- (17 Ky.R. 2110; Am. 2452; eff. 3-12-1991; 19 Ky.R. 1202; 1613; 1772; eff. 1-27-1993; 21 Ky.R. 1572; 1889; eff. 2-10-1995; 23 Ky.R. 2309; 3053; eff. 2-19-97; 24 Ky.R. 1966; eff. 5-18-1998; 32 Ky.R. 517; 667; eff. 10-19-2005; 37 Ky.R. 1574; 2223; 2402; eff. 5-6-2011; 41 Ky.R. 2393; 42 Ky.R. 698; eff. 11-18-2015; TAm eff. 3-20-2020; Cert Eff. 11-23-2021.)

902 KAR 20:330. Psychiatric residential treatment facilities.

RELATES TO: KRS 216B.105, 216B.450-216B.457

STATUTORY AUTHORITY: KRS 216B.042, 216B.105, 216B.455, 216B.457(21)

CERTIFICATION STATEMENT:

NECESSITY, FUNCTION, AND CONFORMITY: KRS 216B.042 and 216B.105 mandate that the Kentucky Cabinet for Health and Family Services regulate health facilities and services. KRS 216B.457 requires the cabinet to promulgate administrative regulations establishing requirements for psychiatric residential treatment facilities. This administrative regulation establishes physical plant requirements for Level I and Level II psychiatric residential treatment facilities (PRTF), and allows existing facilities or residential units, with modifications, to be licensed as a Level I PRTF facility.

Section 1. Definitions.

- (1) "Certificate of need" is defined by KRS 216B.015(8).
- (2) "Licensure agency" means the Cabinet for Health and Family Services, Office of the Inspector General.
- (3) "Living unit" means:
 - (a) The area within a single building that is supplied by a Level I facility for daily living and therapeutic interaction of no more than nine (9) residents; or
 - (b) The area within a Level II facility that is designated for daily living and therapeutic interaction of no more than twelve (12) residents.
- (4) "Psychiatric residential treatment facility" or "PRTF" is defined by KRS 216B.450(5) as a Level I facility or a Level II facility.

Section 2. Preparation and Approval of Plans and Specifications for a Level I or a Level II PRTF. After receipt of a certificate of need, if required under KRS Chapter 216B, and before initiation of new construction or renovation, or prior to making a change in function of a facility, the processes established in this section shall be followed.

- (1) The licensee or applicant shall submit plans in sufficient detail to show compliance with this administrative regulation to the licensure agency for approval.
- (2) Architectural, mechanical, and electrical drawings shall bear either the seal of a professional engineer registered in the Commonwealth of Kentucky or an architect registered in the Commonwealth of Kentucky.
- (3) Drawings shall not exceed thirty-six (36) inches by forty-six (46) inches when trimmed.
- (4) A copy of the narrative program for a project shall be provided to the licensure agency by the applicant or licensee and shall describe the functional space requirements, staffing patterns, departmental relationships, and organizational plans relating to the fulfillment of the mission and objectives of the facility.
- (5) Plans and specifications shall be approved by the licensure agency prior to commencement of construction of a new building, renovation of an existing facility, or making a change in function of a facility.
- (6) Plans and specifications in specific detail as required by the Kentucky Building Code, 815 KAR 7:120, shall be submitted together with architectural or engineering stamps as required by KRS Chapters 322 and 323, to the Department of Housing, Buildings and Construction for determining compliance with the Kentucky Building Code. Plans and specifications shall be approved by the Department of Housing, Buildings and Construction, and local building permits shall be obtained prior to commencement of construction.
- (7) Representatives of the Cabinet for Health and Family Services shall have access at all reasonable times to the work wherever it is in preparation or progress.

Section 3. Level I and Level II PRTF: Compliance with Building Codes, Ordinances, and Administrative Regulations.

- (1) A PRTF shall be in compliance with building codes, ordinances, and administrative regulations which are enforced by city, county, or state jurisdictions.
- (2) The following requirements shall apply when a PRTF is constructed, modified, or renovated:
 - (a) Fire safety pursuant to 815 KAR 10:060;
 - (b) Plumbing pursuant to 815 KAR 20:010 through 20:195;
 - (c) Elevators pursuant to 815 KAR 4:010 through 4:025; and
 - (d) Building accessibility by persons with disabilities pursuant to 28 C.F.R. Part 36.
- (3) New construction, modification, or renovation shall be approved by the Department of Housing, Buildings and Construction prior to occupancy.

Section 4. Level I and Level II PRTF: Facility Requirements and Special Conditions.

- (1) A facility shall be accessible to and usable by persons with disabilities in compliance with the provisions of the Americans With Disabilities Act, 42 U.S.C. 12101 et seq.
- (2) Access to a facility shall be by means of a paved or gravel roadway that is open, free from obstruction, and in good repair.
- (3) The building structure and overall physical environment, including the number and type of diagnostic, clinical, and administrative rooms, educational facilities if applicable, and recreational space, shall:
 - (a) Be sufficient to meet the needs of the patient census and specialized program needs of the residents as described in the facility's narrative program document; and
 - (b) Ensure a secure environment for residents.

Section 5. Living Unit for a Level I PRTF. A living unit shall be located within a single building and shall comply with the requirements in this section.

- (1) Bedrooms.
 - (a) A bedroom shall not be used for sleeping accommodations for more than two (2) residents.
 - (b) A bedroom shall be equipped with a bed for each resident that shall:
 1. Be at least thirty-six (36) inches wide and sixty (60) inches long;
 2. Accommodate the resident's size;
 3. For proposals which entail renovation of an existing facility, be positioned to allow at least three (3) feet of free space between beds and four (4) feet of free space extending directly away from the foot of the bed; and
 4. Be located sufficient distance from radiators, heat outlets, and drafts to avoid discomfort.
 - (c) For new construction, each:
 1. Single occupancy bedroom shall have a minimum floor area of 100 square feet, exclusive of toilet rooms, closets, lockers, wardrobes, alcoves, or vestibules; and
 2. Semi-private bedroom used for sleeping accommodations for two (2) residents shall have a minimum floor area of eighty (80) square feet per bed, exclusive of toilet rooms, closets, lockers, wardrobes, alcoves, or vestibules.
 - (d) A resident's bed shall be equipped with:
 1. A support mechanism and a clean mattress;
 2. A mattress cover with rubber or impervious sheets, if necessary; and
 3. Two (2) sheets, a pillow, and bed covering of sufficient quality to maintain resident comfort.
 - (e) Separate sleeping quarters shall be maintained for male and female residents.
 - (f) A resident shall not be housed in a room, detached building, or other enclosure which has not been inspected and approved for occupancy by the licensure agency and the Department of Housing, Buildings and Construction.

(g) A bedroom shall not be located more than sixty (60) feet from a duty station, and the egress doorway shall be visible to the duty station at all times.

(h) A room shall not be used as a resident bedroom if the access is through another resident's bedroom.

(2) Bathrooms.

- (a)
 1. Proposals which entail renovation of an existing facility shall demonstrate that each living unit of a Level I facility shall have at least one (1) wash basin with hot and cold water, one (1) flush toilet, and one (1) bath or shower with hot and cold water for every five (5) residents or fraction thereof residing within the living unit.
 2. For new construction, each living unit in a Level I facility shall have at least one (1) wash basin with hot and cold water, one (1) flush toilet, and one (1) bath or shower with hot and cold water for every four (4) residents or fraction thereof residing within the living unit.
- (b) Separate toileting, bathing, and showering facilities shall be maintained and be available for each sex.
- (c) Each bathroom shall have a wastebasket and an adequate supply of toilet paper, towels, and soap.
- (d) If more than one (1) toilet is required or available in the same room, each shall be partitioned for privacy and shall include a door capable of remaining closed.
- (e) Bathing and showering facilities shall have enclosures or screens for individual privacy. Shower heads shall be of institutional safety type.
- (f) At least one (1) bathing facility shall have space that is accessible to a resident who uses a wheelchair. The wheelchair-accessible bathing facility may serve both sexes, and the facility shall provide staff to assist residents during bathing and showering.
- (g) Each bathroom shall contain at least one (1) nondistorting mirror secured to the wall at a height which shall accommodate individuals with disabilities and other residents.
- (h) A bathroom shall not be constructed in such a way as to require a resident to pass through another resident's bedroom for access. The bathroom shall have only one (1) door.
- (3) A resident's wardrobe or closet shall have minimum dimensions of one (1) foot and ten (10) inches deep by one (1) foot and eight (8) inches wide with full-length hanging space including clothes rod and shelf. Additional areas shall be provided for storage of a resident's winter coats, raincoats, and other bulky articles of clothing and shall be locked and under staff control.
- (4) Each resident shall have a chair and desk with minimum dimensions of one (1) foot and six (6) inches deep by three (3) feet wide by two (2) feet high.
- (5) Windows accessible to the outside shall be secure and shall prevent unauthorized egress and ingress. Safety features shall be included on windows to ensure glass and glass fragments do not constitute a safety hazard.
- (6) If a staff call system is available, provisions shall be made to permit removal of call buttons or use of blank plates if appropriately documented in a resident's treatment plan.
- (7) Living, dining, and recreation.
 - (a) The total area provided for living and recreation shall not be less than forty (40) square feet per resident.
 - (b) The total area provided for dining shall not be less than fifteen (15) square feet per resident.
 - (c) The living area shall include comfortable seating for at least ten (10) persons.
 - (d) Indoor recreation equipment shall be available and appropriate for the ages served and shall be maintained in good condition.
 - (e) Enclosed storage shall be provided for recreational equipment and supplies.

(f) The facility shall provide space for outdoor recreation activities for residents. The outdoor area shall be free from litter, glass, and other objects which pose a safety hazard.

(g) Outdoor recreation equipment in good condition and appropriate for the ages of the residents shall be provided and maintained.

(8) Each service area shall include a duty station and medicine dispensing area.

(a) A duty station shall be constructed to include adequate space for charting and for conducting all other aspects of a patient's care.

(b) Provision shall be made for twenty-four (24) hour distribution of medicine to residents. This may be from a medicine preparation room or unit, a self-contained medicine dispensing unit, or by another approved system.

1. Medication shall be kept in a locked storage area, a secure, self-contained dispensing unit, or other system capable of maintaining secure and controlled storage.

2. The medication dispensing area shall be under the treatment staff's visual control and shall contain a work counter, refrigerator, sink and locked storage for biologicals and drugs.

3. The medication dispensing unit may be located at the duty station, in a clean workroom, or in an alcove under direct control of the treatment or pharmacy staff.

4. All controlled substances shall be maintained by staff under double lock.

(c) A dedicated linen storage area shall be available and shall be used for storing clean linens.

(9) The living unit shall have at least one (1) operable food preparation area with sink, stove, and refrigerator, unless a kitchen is directly available within the same building as the living unit.

Section 6. Living Unit for a Level II PRTF.

(1) A living unit in a Level II PRTF shall:

(a) Accommodate a maximum of twelve (12) residents; and

(b) Serve one (1) gender.

(2) Environment.

(a) A Level II PRTF shall avoid hidden alcoves or blind areas.

(b) A Level II PRTF shall:

1. Be designed to prevent elopement;

2. Be designed to contain residents in the living unit until clinical staff are able to escort the resident or residents to an adjacent compartment or an exit stair;

3. Be designed to prevent contraband smuggling; and

4. Include provisions for monitoring and controlling visitor access and egress.

(c) Openings, including windows or doors, shall be controlled by locks, which shall be manual, electric, or magnetic.

(3) Bedrooms.

(a) A bedroom shall not be used for sleeping accommodations for more than two (2) residents.

(b) A bedroom shall be equipped with a bed that shall:

1. Be at least thirty-six (36) inches wide and sixty (60) inches long;

2. Accommodate the resident's size; and

3. Be located sufficient distance from radiators, heat outlets, and drafts to avoid discomfort.

(c) A resident's bed shall be equipped with:

1. A support mechanism and a clean mattress;

2. A mattress cover with rubber or impervious sheets, if necessary; and

3. Two (2) sheets, a pillow, and bed covering of sufficient quality to maintain resident comfort.

(d)

1. A single occupancy resident room shall have a minimum clear floor area of 100 square feet, exclusive of toilet rooms, closets, lockers, wardrobes, alcoves, or vestibules.

2. A bedroom used for sleeping accommodations for two (2) residents shall:

a. For projects which entail the renovation of an existing licensed health facility, ensure that each bed is positioned to allow at least four (4) feet of free space between beds and four (4) feet of free space extending directly away from the foot of the bed;

b. In new construction, have a minimum floor area of eighty (80) square feet per bed, exclusive of toilet rooms, closets, lockers, wardrobes, alcoves or vestibules; and

c. Be equipped with an electronic surveillance system that is used to monitor residents, thereby alerting Level II PRTF personnel at the exact time any situation occurs which may threaten the safety of either or both residents sharing the bedroom. The surveillance system shall:

(i) Be operational on a twenty-four (24) hour, seven (7) day a week basis;

(ii) Be under the operation and direction of the Level II PRTF's clinical director;

(iii) Have the capacity to alert PRTF personnel by means of an alarm system if one resident leaves his or her bed without requesting permission; and

(iv) Not be placed in a bathing or toilet room.

(e) A resident shall not be housed in a room, detached building, or other enclosure which has not been inspected and approved for occupancy by the licensure agency and the Department of Housing, Buildings and Construction.

(f) A bedroom shall not be located more than sixty (60) feet from a duty station, and the egress doorway shall be visible to the duty station at all times.

(g) A room shall not be used as a resident bedroom if the access is through another resident's bedroom.

(h) Each resident room shall have a chair and desk with minimum dimensions of one (1) foot and six (6) inches deep by three (3) feet wide by two (2) feet high.

(4) Resident storage.

(a) Each resident shall have within his or her room a separate wardrobe, locker, or closet for storing personal effects.

(b) Shelves for folded garments shall be used.

(c) Adequate storage shall be available for a daily change of clothes for seven (7) days.

(d) An area separate from the resident's wardrobe, locker, or closet shall be provided for storage of winter coats, raincoats, and other bulky articles of clothing, and shall be locked and under staff control.

(5) Shared bathing and toilet facilities.

(a)

1. For projects which entail the renovation of an existing licensed health facility, a bathtub or shower and a toilet shall be provided for each six (6) residents or fraction thereof.

2. For new construction, a bathtub or shower and a toilet shall be provided for every four (4) residents or fraction thereof.

(b) Each shower or bathing room shall have a toilet.

(c) Bathing facilities shall be designed and located for resident convenience and privacy.

- (d) Separate bathing and showering facilities shall be maintained and be available for each sex.
- (e) Each bathing facility shall have a wastebasket, an adequate supply of toilet paper, and meet the hand drying provisions established in subsection (10) of this section.
- (f) If more than one (1) toilet is available in the same bathing room, each shall be partitioned for privacy and shall include a door capable of remaining closed.
- (g) Bathing and showering facilities shall have enclosures or screens for individual privacy. Shower heads shall be of institutional safety type.
- (h) At least one (1) bathing facility shall have space that is accessible to a resident who uses a wheelchair. The wheelchair-accessible bathing facility may serve both sexes, and the facility shall provide staff to assist residents during bathing and showering.
- (i) Each bathing facility shall contain at least one (1) nondistorting mirror secured to the wall at a height which shall accommodate individuals with disabilities and other residents.
- (j) A bathing facility shall not be constructed in such a way as to require a resident to pass through another resident's bedroom for access. The bathing facility shall have only one (1) door.
- (k) If indicated in a resident safety risk assessment, toilet room doors shall be equipped with keyed locks that allow staff to control access to the toilet room.
- (l) The door to the toilet room shall swing outward or be double-acting.
- (m) Each entry door into a resident toilet room shall:
 - 1. Be ADA (Americans with Disabilities Act) or ANSI (American National Standards Institute) compliant; and
 - 2. Provide space for staff to transfer residents to the toilet using portable mechanical lifting equipment.
- (n) Thresholds in toilet rooms that are ADA or ANSI-compliant shall be designed to facilitate use and prevent tipping of wheelchairs or other portable wheeled equipment by residents and staff.
- (6) If a staff call system is available, provisions shall be made to permit removal of call buttons or use of blank plates if appropriately documented in a resident's treatment plan.
- (7) Bathing facility hardware and accessories.
 - (a) Special design considerations for injury and suicide prevention shall be given to shower, bath, toilet, and sink hardware and accessories, including grab bars and toilet paper holders.
 - (b) ADA or ANSI-compliant grab bars shall be required in ten (10) percent of the toilet rooms. The space between the bar and the wall shall be filled to prevent a cord being tied around it.
 - (c) Grab bars in resident toilet rooms for fully ambulatory residents shall be removable.
 - (d) Bars, including those that are part of fixtures which may include soap dishes, shall be sufficiently anchored to sustain a concentrated load of 250 pounds.
 - (e) The following shall not be permitted:
 - 1. Towel bars;
 - 2. Shower curtain rods; and
 - 3. Lever handles, unless a specifically designed anti-ligature lever handle is used.
- (8) Sprinkler heads and other protrusions.
 - (a) In unsupervised resident areas, sprinkler heads shall be recessed or of a design to minimize resident access.
 - (b) In resident bedrooms and bathrooms, lighting fixtures, sprinkler heads, electrical outlets, and other appurtenances shall be of the tamper-resistant type.
- (9) Hand-washing stations.
 - (a) General hand-washing stations used by staff, residents, and food handlers shall be trimmed with valves which may be operated without hands.

- (b) Single-lever or wrist blade devices shall be permitted. Blade handles shall be at least four (4) inches.
- (c)
 - 1. Sensor-regulated water fixtures shall meet user need for temperature and length of time the water flows.
 - 2. Electronic faucets shall be capable of functioning during loss of normal power.
 - 3. Sensor-regulated faucets with manual temperature control shall be permitted.
- (d) Hand-washing stations shall include liquid or foam soap dispensers.
- (10) Provisions for hand drying. Hand-washing stations shall include a hand-drying device that does not require hands to contact the dispenser and shall include:
 - (a) Paper or cloth units enclosed to protect against dust or soil, and to ensure single-unit dispensing; or
 - (b) Hot air dryers if the installation eliminates possible contamination by recirculation of the air.
- (11) Ceilings.
 - (a) Ceilings shall be monolithic.
 - (b) Ceiling systems of lay-in ceiling tile design shall not be permitted.
 - (c) In resident bathrooms:
 - 1. The ceiling shall be secured from access; and
 - 2. Plumbing, piping, duct-work, or other potentially hazardous elements shall be concealed above a ceiling.
 - (d) In resident bedrooms and bathrooms, ceiling access panels shall be secured.
 - (e) In resident bedrooms and bathrooms, ventilation grilles shall be:
 - 1. Secured and shall have small perforations to eliminate their use as a tie-off point; or
 - 2. Of sufficient height to prevent resident access.
- (12) Doors and door hardware.
 - (a) Door openings for resident use shall have a minimum clear width of two (2) feet ten (10) inches.
 - (b) Doors for private resident bathrooms or shower areas shall swing out to allow for staff emergency access.
 - (c)
 - 1. Door closers shall be avoided unless required.
 - 2. Door closer devices, if required on the resident room door, shall be mounted on the public side of the door. The door closer shall be within view of a staff workstation.
 - (d) Door hinges shall be designed to minimize points for hanging and may include cut hinge type.
 - (e) Door lever handles. Except for specifically designed anti-ligature hardware, door lever handles shall point downward when in the latched or unlatched position.
 - (f) Door hardware shall have tamper-resistant fasteners.
- (13) Windows.
 - (a) Each resident room shall have one (1) window.
 - (b) The minimum net glazing area shall be no less than eight (8) percent of the floor area of the resident's room.
 - (c) If an operable window is provided in a resident's room, operation of the window shall be restricted to inhibit possible escape or suicide.
 - (d) Windows shall be designed to limit the opportunities for residents to seriously harm themselves or others.
 - (e) Glazing (interior and exterior), borrowed lights, and glass mirrors shall be fabricated with laminated safety glass or protected by polycarbonate, laminate, or safety screens.

(f) Insect screens. Windows and outdoor doors that are frequently left open shall be equipped with insect screens.

(14) Furnishings.

(a) Furniture shall be constructed to withstand physical abuse.

(b) Drawer pulls shall be of the recessed type.

(15) Living, dining, and recreation.

(a) The total area provided for living and recreation shall not be less than forty (40) square feet per resident;

(b)

1. The total area provided for dining shall not be less than fifteen (15) square feet per resident.

2. Each living unit shall have a dining area within the unit or adjacent to the unit. A dining area may be shared by two (2) living units if each unit:

a. Is adjacent to the dining area; and

b. Staggers meals so that the residents of both units do not dine together at the same time in the dining area.

(c) The living area shall:

1. Include comfortable seating for at least twelve (12) persons; and

2. Not be shared with another living unit within the same building.

(d) Indoor recreation equipment shall be available and appropriate for the ages served and shall be maintained in good condition.

(e) Enclosed storage shall be provided for recreational equipment and supplies.

(f) The facility shall provide space for outdoor recreation activities for residents. The outdoor area shall be free from litter, glass, and other objects which pose a safety hazard.

(g) Outdoor recreation equipment in good condition and appropriate for the ages of the residents shall be provided and maintained.

(h) A gymnasium or recreation area used by a Level II PRTF may be shared with a psychiatric hospital or Level I PRTF located within the same building or on the same campus.

(16) Each service area shall include a duty station and medicine dispensing area.

(a) A duty station shall be constructed to include adequate space for charting and for conducting all other aspects of a resident's care.

(b) Provision shall be made for twenty-four (24) hour distribution of medicine to residents and shall be from a medicine preparation room or unit, a self-contained medicine dispensing unit, or by another approved system.

1. Medication shall be kept in a locked storage area, a secure, self-contained dispensing unit, or other system capable of maintaining secure and controlled storage.

2. The medication dispensing area shall be under the treatment staff's visual control and shall contain a work counter, refrigerator, sink, and locked storage for biologicals and drugs.

3. The medication dispensing unit may be located at the duty station, in a clean workroom, or in an alcove under direct control of the treatment or pharmacy staff.

(c) A dedicated linen storage area shall be available and shall be used for storing clean linens.

(17) The living unit shall have at least one (1) operable food preparation area with sink, stove, and refrigerator, unless a kitchen is directly available within the same building as the living unit.

Section 7. Classroom Requirements for Level II PRTF Facilities.

(1) A Level II PRTF shall have classroom space to accommodate the residents' needs.

(2) A classroom capacity shall not exceed twelve (12) students.

Section 8. Kitchen Area for Level I and Level II PRTF Facilities.

(1) If a commercial service is used or if meals are provided by an adjacent facility, dietary areas and equipment shall ensure sanitary, efficient and safe storage, processing, and handling of food products.

(2) If meals are prepared on site, the facility shall have a food service area large enough to accommodate residents and staff, and which shall be capable of maintaining a three (3) day supply of refrigerated and dry foods.

(3) The kitchen area shall include a janitor's closet with sufficient space for storage of housekeeping supplies and equipment and shall include a locked area for hazardous materials.

Section 9. Administration Area for Level I and Level II PRTF Facilities. Space shall be available for administrative operations.

Section 10. Consultation and Visitation Rooms for Level I and Level II PRTF Facilities. Professional consultation rooms shall be available for interview, examination, treatment, and visitation. These rooms shall afford privacy for the resident.

Section 11. Pharmacy or Drug Area for Level I and Level II PRTF Facilities. Adequate facilities shall be available to accommodate the safe storage and handling of pharmaceuticals including double locking of controlled substances and refrigeration for biologicals and drugs which require refrigeration.

Section 12. Level I PRTF: Requirements for Rooms Designated for Seclusion.

(1) If a room designated for seclusion is provided by a Level I PRTF, it shall be:

(a) Completely padded and constructed to minimize the possibility of a resident's hiding, escape, injury, or suicide and shall not include fixtures, hardware, furniture, receptacles, switches, or other items that may present a risk to a secluded resident; and

(b) Used only for short-term occupancy by a resident who may have become violent or suicidal.

(2) The door to a seclusion room shall swing outward and shall have provisions for constant staff observation while maintaining privacy.

Section 13. Level II PRTF: Requirements for Rooms Designated for Seclusion.

(1) Each living unit shall have one (1) room designated for seclusion.

(2) The room designated for seclusion shall:

(a) Be constructed to minimize the possibility of a resident's hiding, escape, injury, or suicide and shall not include fixtures, hardware, furniture, receptacles, switches, or other items that may present a risk to a secluded resident;

(b) Have a minimum clear floor area of sixty (60) square feet with a minimum wall length of seven (7) feet and a maximum wall length of eleven (11) feet;

(c) Not contain outside corners or edges; and

(d)

1. For new construction, be accessed by an anteroom or vestibule that provides access to a toilet room. The door openings to the anteroom and the toilet room shall have a minimum clear width of three (3) feet eight (8) inches; or

2. If a proposal entails renovation of an existing licensed health facility:

a. An anteroom adjoining a seclusion room shall not be required; and

b. A toilet room used to accommodate a resident placed in the seclusion room:

(i) May be located within forty (40) feet of the seclusion room; and

(ii) Shall not be located in an area which would require the resident in seclusion to walk through a living, dining, or recreation area to access the toilet room.

- (3) The walls, ceiling, and floor of the room designated for seclusion shall be designed to withstand direct and forceful impact.
- (4) The entrance door to the room designated for seclusion shall swing out.
- (5) Door openings shall be a minimum clear width of three (3) feet eight (8) inches and shall permit staff observation of the resident through a vision panel, while maintaining provisions for resident privacy.
- (6) Minimum ceiling height shall be eight (8) feet.
- (7) Electrical switches and receptacles shall be prohibited within the room designated for seclusion.
- (8) Lighting fixtures within the seclusion room shall be tamper-resistant and designated to prevent injury to the resident.

Section 14. Storage and Service Areas for Level I and Level II PRTF Facilities.

- (1) Storage space shall be provided.
- (2) Engineering service and equipment areas shall be provided and shall include:
 - (a) Storage room for housekeeping equipment that cannot be accommodated by a janitor's closet or other storage area; and
 - (b) Refuse area located in an area convenient to the service entrance for holding trash prior to disposal.

Section 15. Details and Finishes for Level I and Level II PRTF Facilities. The facility shall be constructed and maintained to minimize risk to occupants, staff, and visitors, and shall comply with the following requirements:

- (1) Details.
 - (a) All doors opening onto corridors shall be swing-type except elevator doors.
 - (b) All doors to a resident's bathroom toilet shall swing outward or shall be equipped with hardware that permits immediate access in case of emergency.
 - (c) Thresholds and expansion joint covers shall be flush with the floor.
 - (d) Ceiling height shall not be less than seven (7) feet and six (6) inches, and shall be no less than eight (8) feet in the room designated as the seclusion room in a Level II PRTF facility.
- (2) Finishes.
 - (a) Floors shall be easily cleanable and shall have wear resistance appropriate for the location involved. Floors in the kitchen and related spaces shall be waterproof and grease-proof. Floors shall have a nonslip finish in all areas that are subject to moisture.
 - (b) Adjacent dissimilar floor materials shall be flush with each other to provide an even transition.
 - (c) Walls shall be washable and kept clean and shall be moisture-proof in areas that are adjacent to plumbing fixtures. Wall bases in dietary areas shall be free of spaces that can harbor insects.
 - (d) Ceilings shall be washable and kept clean and in good repair.
 - (e) Rooms containing heat-producing equipment such as laundries and food preparation areas shall be insulated and ventilated to prevent any floor surface from exceeding a temperature of ten (10) degrees Fahrenheit above the ambient room temperature.

Section 16. Construction for Level I and Level II PRTF Facilities.

- (1) Foundations shall rest on natural solid ground if a satisfactory soil is available at reasonable depths.
- (2) Proper soil bearing values shall be established in accordance with recognized standards.
- (3) If solid ground is not encountered at practical depths, the structure shall be supported on driven piles or drilled piers designed to support the intended load without detrimental

settlement.

Section 17. Mechanical Requirements for Level I and Level II PRTF facilities.

- (1) Steam and hot water systems. If boilers are provided in residential treatment facilities, the design and installation shall comply with 815 KAR 15:010 through 15:080.
- (2) Temperature.
 - (a) A minimum temperature of sixty-eight (68) degrees Fahrenheit shall be provided in occupied areas during winter.
 - (b) A maximum temperature of eighty-five (85) degrees Fahrenheit shall be provided in occupied areas during summer.
- (3) Plumbing and piping systems.
 - (a) All showers and bathtubs shall be equipped with a temperature-limiting device at the point of source or point of use which controls hot water at a maximum temperature of 120 degrees Fahrenheit.
 - (b) Fixtures used in the dietary area, the clean work room, and the medication preparation area shall be trimmed with valves which can be operated without the use of hands.
 - (c) If valves are equipped with blade handle controls, the controls shall be approximately four (4) inches in length.
 - (d) Fixtures shall be installed to provide adequate side clearance for proper use of the blade handles.
- (4) Water supply systems.
 - (a) A water supply system shall be designed to supply water to the fixtures and equipment on the upper floors at a minimum pressure of fifteen (15) pounds per square inch during maximum demand periods.
 - (b) An operable valve shall be installed at each water service main, branch main, riser, and branch to a group of fixtures. Stop valves shall be installed at each fixture.
 - (c) Insulation shall be maintained on hot, cold and chilled water piping and waste piping on which condensation may occur. Insulation of cold and chilled water lines shall include an exterior barrier.
 - (d) Backflow preventers (vacuum breakers) shall be installed on hose bibs and on all fixtures onto which hoses or tubing can be attached.
 - (e) Hot water distribution systems shall be arranged to provide hot water at each fixture.
 - (f) Piping over food preparation centers, food serving facilities, food storage areas, and other areas where water leakage could impact the safety or health of residents shall be kept to a minimum and shall not be exposed. Special precautions shall be taken to protect these areas from possible leakage of, or condensation from, overhead piping systems.
- (5) Hot water heaters and tanks.
 - (a) Hot water heating equipment shall have sufficient capacity to supply the water at the temperature and amounts indicated below:

Gal/hr/bed	6 1/2
Temperature (Degrees Fahrenheit)	100-120

- (b) A storage tank shall be provided and shall be fabricated of corrosion-resistant metal or have a noncorrosive lining.
- (6) Prior to licensure, all plumbing specifications shall be approved by the Kentucky Division of Plumbing, Department of Housing, Buildings and Construction.

Section 18. Electrical Requirements for Level I and Level II PRTF Facilities.

(1) Electrical requirements of the Kentucky Building Code, 815 KAR 7:120, shall apply.

(2)

(a) Except as provided in paragraph (b) of this subsection, the wiring in each PRTF shall be inspected by a certified electrical inspector and a certificate of approval shall be issued to the facility prior to occupancy.

(b) The wiring in existing buildings shall be approved by a certified electrical inspector only if the building has not been previously so approved for health care occupancy or if the State Fire Marshal finds that a hazardous condition exists.

(3) All breakers and switches shall be indexed.

(4) Spaces occupied by people, machinery, and equipment within buildings, the corresponding approaches, and parking lots shall have electric lighting.

(5) Residents' bedrooms shall have general lighting, a night light, and, if appropriate, a reading light.

(6) A resident's bedroom shall have duplex receptacles as follows:

(a) One (1) side of the head of each bed; receptacles for luminaries, television and motorized beds, if used, and one (1) receptacle on another wall.

(b) Receptacles shall be of a safety type or protected with five (5) milliamperes ground fault interrupters.

(7) Duplex receptacles for general use shall be installed approximately fifty (50) feet apart in all corridors and within twenty-five (25) feet of ends of corridors. Receptacles shall be of a safety type or protected with five (5) milliamperes ground fault interrupters.

(17 Ky.R. 2123; eff. 3-12-1991; 19 Ky.R. 1214; 1624; eff. 2-17-1993; 24 Ky.R. 1978; eff. 5-18-1998; 32 Ky.R. 678; eff. 10-19-2005; 33 Ky.R. 2214; 2969; eff. 4-6-2007; 37 Ky.R. 1590; 2243; 2418; eff. 5-6-2011; Crt eff. 05-07-2019; Crt eff. 2-9-2026.)

907 KAR 9:005. Non-outpatient level I and II psychiatric residential treatment facility service and coverage policies.

RELATES TO: KRS 205.520, 216B.450, 216B.455, 216B.459

STATUTORY AUTHORITY: KRS 194A.030(2), 194A.050(1), 205.520(3), 42 C.F.R. 440.160, 42 U.S.C. 1396a-d

NECESSITY, FUNCTION, AND CONFORMITY: The Cabinet for Health and Family Services, Department for Medicaid Services, has a responsibility to administer the Medicaid program. KRS 205.520(3) authorizes the cabinet, by administrative regulation, to comply with any requirement that may be imposed or opportunity presented by federal law to qualify for federal Medicaid funds. This administrative regulation establishes Medicaid program coverage policies regarding Level I and Level II psychiatric residential treatment facility services that are not provided on an outpatient basis.

Section 1. Definitions.

(1) "Active treatment" means a covered Level I or II psychiatric residential treatment facility service provided:

(a) In accordance with an individual plan of care as specified in 42 C.F.R. 441.154; and
(b) By an individual employed or contracted by a Level I or II PRTF including a:

1. Qualified mental health personnel;
2. Qualified mental health professional;
3. Mental health associate; or
4. Direct care staff person.

(2) "Acute care hospital" is defined by KRS 205.639(1).

(3) "Advanced practice registered nurse" is defined by KRS 314.011(7).

(4) "Behavioral health professional" means:

- (a) A psychiatrist;
- (b) A physician licensed in Kentucky to practice medicine or osteopathy, or a medical officer of the government of the United States while engaged in the practice of official duties;
- (c) A licensed psychologist;
- (d) A licensed psychological practitioner;
- (e) A licensed clinical social worker;
- (f) An advanced practice registered nurse;
- (g) A licensed marriage and family therapist;
- (h) A licensed professional clinical counselor;
- (i) A licensed professional art therapist;
- (j) A licensed clinical alcohol and drug counselor in accordance with Section 13 of this administrative regulation;
- (k) A certified psychologist with autonomous functioning; or
- (l) A certified alcohol and drug counselor.

(5) "Behavioral health professional under clinical supervision" means:

- (a) A certified psychologist;
- (b) A licensed psychological associate;
- (c) A marriage and family therapy associate;
- (d) A certified social worker;
- (e) A licensed professional counselor associate;
- (f) A licensed professional art therapist associate;
- (g) A physician assistant; or
- (h) A licensed clinical alcohol and drug counselor associate in accordance with Section 13 of this administrative regulation.

- (6) "Certified alcohol and drug counselor" means an individual who meets the requirements established in KRS 309.083.
- (7) "Certified psychologist" means an individual who is a certified psychologist pursuant to KRS 319.056.
- (8) "Certified psychologist with autonomous functioning" means an individual who is a certified psychologist with autonomous functioning pursuant to KRS 319.056.
- (9) "Certified social worker" means an individual who meets the requirements established in KRS 335.080.
- (10) "Child with a severe emotional disability" is defined by KRS 200.503(2).
- (11) "Department" means the Department for Medicaid Services or its designee.
- (12) "Diagnostic and assessment services" means at least one (1) face-to-face specialty evaluation or specialty evaluation performed via telemedicine of a recipient's medical, social, and psychiatric status provided by a physician or qualified mental health professional that shall:
- (a) Include:
 1. Interviewing and evaluating; or
 2. Testing;
 - (b) Be documented and record all contact with the recipient and other interviewed individuals; and
 - (c) Result in a:
 1. Medical data code in accordance with 45 C.F.R. 162.1000; and
 2. Specific treatment recommendation.
- (13) "Enrollee" means a recipient who is enrolled with a managed care organization.
- (14) "Federal financial participation" is defined by 42 C.F.R. 400.203.
- (15) "Intensive treatment services" means a program:
- (a) For a child:
 1. With a severe emotional disability; and
 - a. An intellectual disability;
 - b. A severe and persistent aggressive behavior;
 - c. Sexually acting out behavior; or
 - d. A developmental disability;
 2. Who requires a treatment-oriented residential environment; and
 3. Between the ages of four (4) to twenty-one (21) years; and
 - (b) That provides psychiatric and behavioral health services two (2) or more times per week to a child referenced in paragraph (a) of this subsection:
 1. As indicated by the child's psychiatric and behavioral health needs; and
 2. In accordance with the child's therapeutic plan of care.
- (16) "Interdisciplinary team" means:
- (a) For a recipient who is under the age of eighteen (18) years:
 1. A parent, legal guardian, or caregiver of the recipient;
 2. The recipient;
 3. A qualified mental health professional; and
 4. A staff person, if available, who worked with the recipient during the recipient's most recent placement if the recipient has previously been in a Level I or II PRTF; or
 - (b) For a recipient who is eighteen (18) years of age or older:
 1. The recipient;
 2. A qualified mental health professional;
 3. A staff person, if available, who worked with the recipient during the recipient's most recent placement if the recipient has previously been in a Level I or II PRTF; and
 4. If requested by the recipient, a parent, legal guardian, or caregiver of the recipient.

- (17) "Level I PRTF" means a psychiatric residential treatment facility that meets the criteria established in KRS 216B.450(5)(a).
- (18) "Level II PRTF" means a psychiatric residential treatment facility that meets the criteria established in KRS 216B.450(5)(b).
- (19) "Licensed clinical alcohol and drug counselor" is defined by KRS 309.080(4).
- (20) "Licensed clinical alcohol and drug counselor associate" is defined by KRS 309.080(5).
- (21) "Licensed clinical social worker" means an individual who meets the licensed clinical social worker requirements established in KRS 335.100.
- (22) "Licensed marriage and family therapist" is defined by KRS 335.300(2).
- (23) "Licensed professional art therapist" is defined by KRS 309.130(2).
- (24) "Licensed professional art therapist associate" is defined by KRS 309.130(3).
- (25) "Licensed professional clinical counselor" is defined by KRS 335.500(3).
- (26) "Licensed professional counselor associate" is defined by KRS 335.500(4).
- (27) "Licensed psychological associate" means an individual who:
- (a) Currently possesses a licensed psychological associate license in accordance with KRS 319.010(6); and
 - (b) Meets the licensed psychological associate requirements established in 201 KAR Chapter 26.
- (28) "Licensed psychological practitioner" means an individual who meets the requirements established in KRS 319.053.
- (29) "Licensed psychologist" means an individual who:
- (a) Currently possesses a licensed psychologist license in accordance with KRS 319.010(6); and
 - (b) Meets the licensed psychologist requirements established in 201 KAR Chapter 26.
- (30) "Marriage and family therapy associate" is defined by KRS 335.300(3).
- (31) "Medicaid payment status" means a circumstance in which:
- (a) The person:
 1. Is eligible for and receiving Medicaid benefits; and
 2. Meets patient status criteria for Level I or II psychiatric residential treatment facility services; and
 - (b) The facility is billing the Medicaid program for services provided to the person.
- (32) "Medically necessary" or "medical necessity" means that a covered benefit is determined to be needed in accordance with 907 KAR 3:130.
- (33) "Mental health associate" means:
- (a)
 1. An individual with a minimum of a bachelor's degree in a mental health related field;
 2. A registered nurse; or
 3. A licensed practical nurse with at least one (1) year of experience in a psychiatric inpatient or residential treatment setting for children; or
 - (b) An individual with:
 1. A high school diploma or an equivalence certificate; and
 2. At least two (2) years of work experience in a psychiatric inpatient or residential treatment setting for children.
- (34) "Physician" is defined by KRS 205.510(11).
- (35) "Physician assistant" is defined by KRS 311.840(3).
- (36) "Private psychiatric hospital" is defined by KRS 205.639(2).
- (37) "Provider" is defined by KRS 205.8451(7).
- (38) "Provider abuse" is defined by KRS 205.8451(8).
- (39) "Psychiatric residential treatment facility" or "PRTF" is defined by KRS 216B.450(5).

(40) "Psychiatric services" means:

(a) An initial psychiatric evaluation of a recipient which shall include:

1. A review of the recipient's:
 - a. Personal history;
 - b. Family history;
 - c. Physical health;
 - d. Prior treatment; and
 - e. Current treatment;
2. A mental status examination appropriate to the age of the recipient;
3. A meeting with the family or any designated significant person in the recipient's life; and
4. Ordering and reviewing:
 - a. Laboratory data;
 - b. Psychological testing results; or
 - c. Any other ancillary health or mental health examinations;

(b) Development of an initial plan of treatment which shall include:

1. Prescribing and monitoring of psychotropic medications; or
2. Providing and directing therapy to the recipient;

(c) Implementing, assessing, monitoring, or revising the treatment as appropriate to the recipient's psychiatric status;

(d) Providing a subsequent psychiatric evaluation as appropriate to the recipient's psychiatric status;

(e) Consulting, if determined to be necessary by the psychiatrist responsible for providing or overseeing the recipient's psychiatric services, with another physician, an attorney, or the police regarding the recipient's care and treatment; or

(f) Ensuring that the psychiatrist responsible for providing or overseeing the recipient's psychiatric services has access to the information resulting from or related to any consultation referenced in paragraph (e) of this subsection.

(41) "Qualified mental health personnel" is defined by KRS 216B.450(6).

(42) "Qualified mental health professional" is defined by KRS 216B.450(7).

(43) "Recipient" is defined by KRS 205.8451(9).

(44) "Recipient abuse" is defined by KRS 205.8451(10).

(45) "Review agency" means, for a review, evaluation, or authorization decision regarding an individual who is:

(a) Not enrolled with a managed care organization:

1. The department; or
2. An entity under contract with the department; or

(b) Enrolled with a managed care organization:

1. The managed care organization with which the enrollee is enrolled; or
2. An entity under contract with the managed care organization with which the enrollee is enrolled.

(46) "State mental hospital" is defined by KRS 205.639(3).

(47) "Telemedicine" means two-way, real time interactive communication between a patient and a physician or practitioner located at a distant site for the purpose of improving a patient's health through the use of interactive telecommunications equipment that includes, at a minimum, audio and video equipment.

(48) "Treatment plan" means a plan created for the care and treatment of a recipient that:

- (a) Is developed in a face-to-face meeting by the recipient's interdisciplinary team;
- (b) Describes a comprehensive, coordinated plan of medically necessary behavioral health services that specifies a modality, frequency, intensity, and duration of services sufficient to maintain the recipient in a PRTF setting; and
- (c) Identifies:

1. A program of therapies, activities, interventions, or experiences designed to accomplish the plan;
2. A qualified mental health professional, a mental health associate, or qualified mental health personnel who shall manage the continuity of care;
3. Interventions by caregivers in the PRTF and school setting that support the recipient's ability to be maintained in a PRTF setting;
4. Behavioral, social, and physical problems with interventions and objective, measurable goals;
5. Discharge criteria that specifies the:
 - a. Recipient-specific behavioral indicators for discharge from the service;
 - b. Expected service level that would be required upon discharge; and
 - c. Identification of the intended provider to deliver services upon discharge;
6. A crisis action plan that progresses through a continuum of care that is designed to reduce or eliminate the necessity of inpatient services;
7. A plan for:
 - a. Transition to a lower intensity of services; and
 - b. Discharge from PRTF services;
8. An individual behavior management plan;
9. A plan for the involvement and visitation of the recipient with the birth family, guardian, or other significant person, unless prohibited by a court, including therapeutic off-site visits pursuant to the treatment plan; and
10. Services and planning, beginning at admission, to facilitate the discharge of the recipient to an identified plan for home-based services or a lower level of care.

Section 2. Provider Participation.

(1)

(a) In order to participate, or continue to participate, in the Kentucky Medicaid Program, a Level I PRTF shall:

1. Have a utilization review plan for each recipient consisting of, at a minimum, a pre-admission certification review submitted via telephone or electronically to the review agency prior to admission of the recipient;
2. Perform and place in each recipient's record:
 - a. A medical evaluation;
 - b. A social evaluation; and
 - c. A psychiatric evaluation;
3. Establish a plan of care for each recipient which shall be placed in the recipient's record;
4. Appoint a utilization review committee which shall:
 - a. Oversee and implement the utilization review plan; and
 - b. Evaluate each Medicaid admission and continued stay prior to the expiration of the Medicaid certification period to determine if the admission or stay is or remains medically necessary;
5. Comply with staffing requirements established in 902 KAR 20:320;
6. Be located in the Commonwealth of Kentucky;
7. Maintain accreditation by the Joint Commission on Accreditation of Health Care Organizations or the Council on Accreditation of Services for Families and Children or any other accrediting body with comparable standards that is recognized by the state; and
8. Comply with all conditions of Medicaid provider participation established in 907 KAR 1:671 and 907 KAR 1:672.

(b) In order to participate, or continue to participate, in the Kentucky Medicaid Program, a Level II PRTF shall:

1. Have a utilization review plan for each recipient;
2. Establish a utilization review process which shall evaluate each Medicaid admission and continued stay prior to the expiration of the Medicaid certification period to determine if the admission or stay is or remains medically necessary;
3. Comply with staffing requirements established in 902 KAR 20:320;
4. Be located in the Commonwealth of Kentucky;
5. Maintain accreditation by the Joint Commission on Accreditation of Health Care Organizations or the Council on Accreditation of Services for Families and Children or any other accrediting body with comparable standards that is recognized by the state;
6. Comply with all conditions of Medicaid provider participation established in 907 KAR 1:671 and 907 KAR 1:672;
7. Perform and place in each recipient's record a:
 - a. Medical evaluation;
 - b. Social evaluation; and
 - c. Psychiatric evaluation; and
8. Establish a plan of care for each recipient which shall:
 - a. Address in detail the intensive treatment services to be provided to the recipient; and
 - b. Be placed in the recipient's record.

(2)

(a) A pre-admission certification review for a Level I PRTF shall:

1. Contain:
 - a. The recipient's valid Medicaid identification number;
 - b. For a recipient who is not enrolled with a managed care organization, a valid MAP-569, Certification of Need by Independent Team Psychiatric Preadmission Review of Elective Admissions for Kentucky Medicaid Recipients Under Age Twenty-One (21), which satisfies the requirements of 42 C.F.R. 44.152 and 42 C.F.R. 441.153 for patients age twenty-one (21) and under;
 - c. A DSM-IV-R diagnosis on all five (5) axes, except that failure to record an axis IV or V diagnosis shall be used as the basis for a denial only if those diagnoses are critical to establish the need for Level I PRTF treatment;
 - d. A description of the initial treatment plan relating to the admitting symptoms;
 - e. Current symptoms requiring inpatient treatment;
 - f. Information to support the medical necessity and clinical appropriateness of the services or benefits of the admission to a Level I PRTF in accordance with 907 KAR 3:130;
 - g. Medication history;
 - h. Prior hospitalization;
 - i. Prior alternative treatment;
 - j. Appropriate medical, social, and family histories; and
 - k. Proposed aftercare placement;
2. Remain in effect for the days certified by the review agency; and
3. Be completed within thirty (30) days.

(b) A pre-admission certification review for a Level II PRTF for a non-emergent admission shall:

1. Contain:
 - a. The recipient's valid Medicaid identification number;
 - b. For a recipient who is not enrolled with a managed care organization, a valid MAP-569, Certification of Need by Independent Team Psychiatric Preadmission Review of Elective Admissions for Kentucky Medicaid Recipients Under Age

- Twenty-One (21), which satisfies the requirements of 42 C.F.R. 44.152 and 42 C.F.R. 441.153 for patients age twenty-one (21) and under;
- c. A DSM-IV-R diagnosis on all five (5) axes, except that failure to record an axis IV or V diagnosis shall be used as the basis for a denial only if those diagnoses are critical to establish the need for Level II PRTF treatment;
- d. A description of the initial treatment plan relating to the admitting symptoms;
- e. Current symptoms requiring inpatient treatment;
- f. Information to support the medical necessity and clinical appropriateness of the services or benefits of the admission to a Level II PRTF in accordance with 907 KAR 3:130;
- g. Medication history;
- h. Prior hospitalization;
- i. Prior alternative treatment;
- j. Appropriate medical, social, and family histories; and
- k. Proposed aftercare placement;
2. Remain in effect for the days certified by the review agency; and
3. Be completed within thirty (30) days.

(3) Failure to admit a recipient within the recipient's certification period shall require a new pre-admission certification review request.

(4) A utilization review plan for an emergency admission to a Level II PRTF shall contain:

- (a) For a recipient who is not enrolled with a managed care organization, a completed MAP-570, Medicaid Certification of Need for Inpatient Psychiatric Services for Individuals Under Age Twenty-One (21):
 1. Completed by the facility's interdisciplinary team; and
 2. Placed in the recipient's medical record;
- (b) Documentation, provided by telephone or electronically to the review agency within two (2) days of the recipient's emergency admission, justifying:
 1. The recipient's emergency admission;
 2. That ambulatory care resources in the recipient's community and placement in a Level I PRTF do not meet the recipient's needs;
 3. That proper treatment of the recipient's psychiatric condition requires services provided by a Level II PRTF under the direction of a physician; and
 4. That the services can reasonably be expected to improve the recipient's condition or prevent further regression so that the services are no longer needed;
- (c) The recipient's valid Medicaid identification number;
- (d) For a recipient who is not enrolled with a managed care organization, a valid MAP-569, Certification of Need by Independent Team Psychiatric Preadmission Review of Elective Admissions for Kentucky Medicaid Recipients Under Age Twenty-One (21), which satisfies the requirements of 42 C.F.R. 44.152 and 42 C.F.R. 441.153 for recipients age twenty-one (21) and under;
- (e) A DSM-IV-R diagnosis on all five (5) axes, except that failure to record an axis IV or V diagnosis shall be used as the basis for a denial only if those diagnoses are critical to establish the need for Level II PRTF treatment;
- (f)
 1. A description of the initial treatment plan relating to the admitting symptom; and
 2. As part of the initial treatment plan, a full description of the intensive treatment services to be provided to the recipient;
- (g) Current symptoms requiring residential treatment;
- (h) Medication history;
- (i) Prior hospitalization;
- (j) Prior alternative treatment;

- (k) Appropriate medical, social, and family histories; and
- (l) Proposed aftercare placement.
- (5) For an individual who becomes Medicaid eligible after admission and who is not enrolled with a managed care organization, a Level I or II PRTF's interdisciplinary team shall complete a MAP-570, Medicaid Certification of Need for Inpatient Psychiatric Services for Individuals Under Age Twenty-One (21), and the form shall be placed in the recipient's medical record.
- (6) For a recipient, a Level I or II PRTF shall maintain medical records that shall:
 - (a) Be:
 - 1. Current;
 - 2. Readily retrievable;
 - 3. Organized;
 - 4. Complete; and
 - 5. Legible;
 - (b) Reflect sound medical recordkeeping practice in accordance with:
 - 1. 902 KAR 20:320;
 - 2. KRS 194A.060;
 - 3. KRS 434.840 through 860;
 - 4. KRS 422.317; and
 - 5. 42 C.F.R. 431 Subpart F;
 - (c) Document the need for admission and appropriate utilization of services;
 - (d) Be maintained, including information regarding payments claimed, for a minimum of six (6) years or until an audit dispute or issue is resolved, whichever is longer; and
 - (e) Be made available for inspection or copying or provided to the following upon request:
 - 1. A representative of the United States Department for Health and Human Services or its designee;
 - 2. The United States Office of the Attorney General or its designee;
 - 3. The Commonwealth of Kentucky, Office of the Attorney General or its designee;
 - 4. The Commonwealth of Kentucky, Office of the Auditor of Public Accounts or its designee;
 - 5. The Commonwealth of Kentucky, Cabinet for Health and Family Services, Office of the Inspector General or its designee;
 - 6. The department; or
 - 7. A managed care organization with whom the department has contracted if the recipient is enrolled with the managed care organization.
- (7)
 - (a) If a Level I or Level II psychiatric residential treatment facility receives any duplicate payment or overpayment from the department or managed care organization, regardless of reason, the Level I or Level II psychiatric residential treatment facility shall return the payment to the department or managed care organization that issued the duplicate payment or overpayment in accordance with 907 KAR 1:671.
 - (b) Failure to return a payment to the department or managed care organization in accordance with paragraph (a) of this subsection may be:
 - 1. Interpreted to be fraud or abuse; and
 - 2. Prosecuted in accordance with applicable federal or state law.
- (8)
 - (a) When the department or managed care organization makes payment for a covered service and the Level I or Level II psychiatric residential treatment facility accepts the payment:
 - 1. The payment shall be considered payment in full;
 - 2. A bill for the same service shall not be given to the recipient; and

- 3. Payment from the recipient for the same service shall not be accepted by the Level I or Level II psychiatric residential treatment facility.
- (b)
 - 1. A Level I or Level II psychiatric residential treatment facility may bill a recipient for a service that is not covered by the Kentucky Medicaid Program if the:
 - a. Recipient requests the service; and
 - b. Level I or Level II psychiatric residential treatment facility makes the recipient aware in advance of providing the service that the:
 - (i) Recipient is liable for the payment; and
 - (ii) Department or managed care organization, if the recipient is enrolled with a managed care organization, is not covering the service.
 - 2. If a recipient makes payment for a service in accordance with subparagraph 1 of this paragraph, the:
 - a. Level I or Level II psychiatric residential treatment facility shall not bill the department or managed care organization, if applicable, for the service; and
 - b. Department or managed care organization, if applicable, shall not:
 - (i) Be liable for any part of the payment associated with the service; and
 - (ii) Make any payment to the Level I or Level II psychiatric residential treatment facility regarding the service.
 - (c) Except as established in paragraph (b) of this subsection or except for a cost sharing obligation owed by a recipient, a provider shall not bill a recipient for any part of a service provided to the recipient.
- (9)
 - (a) A Level I or Level II psychiatric residential treatment facility shall attest by the Level I or Level II psychiatric residential treatment facility's staff's or representative's signature that any claim associated with a service is valid and submitted in good faith.
 - (b) Any claim and substantiating record associated with a service shall be subject to audit by the:
 - 1. Department or its designee;
 - 2. Cabinet for Health and Family Services, Office of Inspector General, or its designee;
 - 3. Kentucky Office of Attorney General or its designee;
 - 4. Kentucky Office of the Auditor for Public Accounts or its designee;
 - 5. United States General Accounting Office or its designee; or
 - 6. For an enrollee, managed care organization in which the enrollee is enrolled.
 - (c)
 - 1. If a Level I or Level II psychiatric residential treatment facility receives a request from the:
 - a. Department to provide a claim, related information, related documentation, or record for auditing purposes, the Level I or Level II psychiatric residential treatment facility shall provide the requested information to the department within the timeframe requested by the department; or
 - b. Managed care organization in which an enrollee is enrolled to provide a claim, related information, related documentation, or record for auditing purposes, the Level I or Level II psychiatric residential treatment facility shall provide the requested information to the managed care organization within the timeframe requested by the managed care organization.
 - 2.
 - a. The timeframe requested by the department or managed care organization for a Level I or Level II psychiatric residential treatment facility to provide requested information shall be:

(i) A reasonable amount of time given the nature of the request and the circumstances surrounding the request; and

(ii) A minimum of one (1) business day.

b. A Level I or Level II psychiatric residential treatment facility may request a longer timeframe to provide information to the department or a managed care organization if the Level I or Level II psychiatric residential treatment facility justifies the need for a longer timeframe.

(d)

1. All services provided shall be subject to review for recipient or provider abuse.
2. Willful abuse by a Level I or Level II psychiatric residential treatment facility shall result in the suspension or termination of the Level I or Level II psychiatric residential treatment facility from Medicaid Program participation in accordance with 907 KAR 1:671.

Section 3. Covered Admissions.

(1) A covered admission for a Level I PRTF:

(a) Shall be prior authorized by a review agency; and

(b)

1. Shall be limited to those for a child age six (6) through twenty (20) years of age who meets Medicaid payment status criteria; or
2. May continue based on medical necessity, for a recipient who is receiving active treatment in a Level I PRTF on the recipient's twenty-first (21st) birthday if the recipient has not reached his or her twenty-second (22nd) birthday.

(2) A covered admission for a Level II PRTF shall be:

(a) Prior authorized;

(b) Limited to those for a child:

1.

a. Age four (4) through twenty-one (21) years who meets Medicaid payment status criteria; and
b. Whose coverage may continue, based on medical necessity, if the recipient is receiving active treatment in a Level II PRTF on the recipient's twenty-first (21st) birthday and the recipient has not reached his or her twenty-second (22nd) birthday;

2. With a severe emotional disability in addition to severe and persistent aggressive behaviors, an intellectual disability, sexually acting out behaviors, or a developmental disability; and

3.

a. Who does not meet the medical necessity criteria for an acute care hospital, private psychiatric hospital, or state mental hospital; and
b. Whose treatment needs cannot be met in an ambulatory care setting, Level I PRTF, or in any other less restrictive environment; and

(c) Reimbursed pursuant to 907 KAR 9:010.

Section 4. PRTF Covered Services.

(1)

(a) There shall be a treatment plan developed for each recipient.

(b) A treatment plan shall specify:

1. The amount and frequency of services needed; and
2. The number of therapeutic pass days for a recipient, if the treatment plan includes any therapeutic pass days.

(2) To be covered by the department:

(a) The following services shall be available to a recipient covered under Section 3 of this administrative regulation and shall meet the requirements established in paragraph

(b) of this subsection:

1. Diagnostic and assessment services;
2. Treatment plan development, review, or revision;
3. Psychiatric services;
4. Nursing services which shall be provided in compliance with 902 KAR 20:320;
5. Medication which shall be provided in compliance with 907 KAR 23:010;
6. Evidence-based treatment interventions;
7. Individual therapy which shall comply with 902 KAR 20:320;
8. Family therapy or attempted contact with family which shall comply with 902 KAR 20:320;
9. Group therapy which shall comply with 902 KAR 20:320;
10. Individual and group interventions that shall focus on additional and harmful use or abuse issues and relapse prevention if indicated;
11. Substance abuse education;
12. Activities that:
 - a. Support the development of an age-appropriate daily living skill including positive behavior management or support; or
 - b. Support and encourage the parent's ability to re-integrate the child into the home;
13. Crisis intervention which shall comply with:
 - a. 42 C.F.R. 483.350 through 376; and
 - b. 902 KAR 20:320;
14. Consultation with other professionals including case managers, primary care professionals, community support workers, school staff, or others;
15. Educational activities; or
16. Non-medical transportation services as needed to accomplish objectives;

(b) A Level I PRTF service listed in paragraph (a) of this subsection shall be:

1. Provided under the direction of a physician;
2. If included in the recipient's treatment plan, described in the recipient's current treatment plan;
3. Medically necessary; and
4. Clinically appropriate pursuant to the criteria established in 907 KAR 3:130;

(c) A Level I PRTF service listed in paragraph (a) 7, 8, 9, 11, or 13 shall be provided by a qualified mental health professional, behavioral health professional, or behavioral health professional under clinical supervision; or

(d) A Level II PRTF service listed in paragraph (a) of this subsection shall be:

1. Provided under the direction of a physician;
2. If included in the recipient's treatment plan, described in the recipient's current treatment plan;
3. Provided at least once a week:
 - a. Unless the service is necessary twice a week, in which case the service shall be provided at least twice a week; or
 - b. Except for diagnostic and assessment services which shall have no weekly minimum requirement;
4. Medically necessary; and
5. Clinically appropriate pursuant to the criteria established in 907 KAR 3:130.

(3) A Level II PRTF service listed in paragraph (a) 7, 8, 9, 11, or 13 shall be provided by a qualified mental health professional, behavioral health professional, or behavioral health professional under clinical supervision.

Section 5. Determining Patient Status.

- (1) The department shall review and evaluate the health status and care needs of a recipient in need of Level I or II PRTF care using the criteria identified in 907 KAR 3:130 to determine if a service or benefit is clinically appropriate.
- (2) The care needs of a recipient shall meet the patient status criteria for:
 - (a) Level I PRTF care if the recipient requires:
 1. Long term inpatient psychiatric care or crisis stabilization more suitably provided in a PRTF than in a psychiatric hospital; and
 2. Level I PRTF services on a continuous basis as a result of a severe mental or psychiatric illness, including a severe emotional disturbance; or
 - (b) Level II PRTF care if the recipient:
 1. Is a child with a severe emotional disability;
 2. Requires long term inpatient psychiatric care or crisis stabilization more suitably provided in a PRTF than a psychiatric hospital;
 3. Requires Level II PRTF services on a continuous basis as a result of a severe emotional disability in addition to a severe and persistent aggressive behavior, an intellectual disability, a sexually acting out behavior, or a developmental disability; and
 4. Does not meet the medical necessity criteria for an acute care hospital or a psychiatric hospital and has treatment needs which cannot be met in an ambulatory care setting, Level I PRTF, or other less restrictive environment.

Section 6. Durational Limit, Re-evaluation, and Continued Stay.

- (1) A recipient's stay, including the duration of the stay, in a Level I or II PRTF shall be subject to the department's approval.
- (2)
 - (a) A recipient in a Level I PRTF shall be re-evaluated at least once every thirty (30) days to determine if the recipient continues to meet Level I PRTF patient status criteria established in Section 5(2) of this administrative regulation.
 - (b) A Level I PRTF shall complete a review of each recipient's treatment plan at least once every thirty (30) days.
 - (c) The review referenced in paragraph (b) of this subsection shall include:
 1. Dated signatures of:
 - a. Appropriate staff; and
 - b. If present for the treatment plan meeting, a parent, guardian, legal custodian, or conservator;
 2. An assessment of progress toward each treatment plan goal and objective with revisions indicated; and
 3. A statement of justification for the level of services needed including:
 - a. Suitability for treatment in a less-restrictive environment; and
 - b. Continued services.
 - (d) If a recipient no longer meets Level I PRTF patient status criteria, the department shall only reimburse through the last day of the individual's current approved stay.
 - (e) The re-evaluation referenced in paragraph (a) of this subsection shall be performed by a review agency.
- (3) A Level II PRTF shall complete by no later than the third (3rd) business day following an admission, an initial review of services and treatment provided to a recipient which shall include:
 - (a) Dated signatures of appropriate staff, parent, guardian, legal custodian, or conservator;
 - (b) An assessment of progress toward each treatment plan goal and objective with revisions indicated; and
 - (c) A statement of justification for the level of services needed including:

1. Suitability for treatment in a less-restrictive environment; and
 2. Continued services.
- (4)
 - (a) For a recipient aged four (4) to five (5) years, a Level II PRTF shall complete a review of the recipient's treatment plan of care at least once every fourteen (14) days after the initial review referenced in subsection (3) of this section.
 - (b) The review referenced in paragraph (a) of this subsection shall include:
 1. Dated signatures of appropriate staff, parent, guardian, legal custodian, or conservator;
 2. An assessment of progress toward each treatment plan goal and objective with revisions indicated; and
 3. A statement of justification for the level of services needed including:
 - a. Suitability for treatment in a less-restrictive environment; and
 - b. Continued services.
 - (5)
 - (a) For a recipient aged six (6) to twenty-two (22) years, a Level II PRTF shall complete a review of the recipient's treatment plan of care at least once every thirty (30) days after the initial review referenced in subsection (3) of this section.
 - (b) The review referenced in paragraph (a) of this subsection shall include:
 1. Dated signatures of appropriate staff, parent, guardian, legal custodian, or conservator;
 2. An assessment of progress toward each treatment plan goal and objective with revisions indicated; and
 3. A statement of justification for the level of services needed including:
 - a. Suitability for treatment in a less-restrictive environment; and
 - b. Continued services.

Section 7. Exclusions and Limitations in Coverage.

- (1) The following shall not be covered as Level I or II PRTF services under this administrative regulation:
 - (a) Outpatient services, which shall be covered in accordance with 907 KAR 9:015;
 - (b) Pharmacy services, which shall be covered in accordance with 907 KAR 23:010;
 - (c) Durable medical equipment, which shall be covered in accordance with 907 KAR 1:479;
 - (d) Hospital emergency room services, which shall be covered in accordance with 907 KAR 10:014;
 - (e) Acute care hospital inpatient services, which shall be covered in accordance with 907 KAR 10:012;
 - (f) Laboratory and radiology services, which shall be covered in accordance with 907 KAR 10:014 or 907 KAR 1:028;
 - (g) Dental services, which shall be covered in accordance with 907 KAR 1:026;
 - (h) Hearing and vision services, which shall be covered in accordance with 907 KAR 1:038; or
 - (i) Ambulance services, which shall be covered in accordance with 907 KAR 1:060.
- (2) A Level I or II PRTF shall not charge a recipient or responsible party representing a recipient any difference between private and semiprivate room charges.
- (3) The department shall not reimburse for Level I or II PRTF services for a recipient if appropriate alternative services are available for the recipient in the community.
- (4) The following shall not qualify as reimbursable in a PRTF setting:
 - (a) An admission that is not medically necessary; or
 - (b) Services for an individual:
 1. With a major medical problem or minor symptoms;

- 2. Who might only require a psychiatric consultation rather than an admission to a PRTF; or
- 3. Who might need only adequate living accommodations, economic aid, or social support services.

Section 8. Reserved Bed and Therapeutic Pass Days.

- (1)
 - (a) The department shall cover a bed reserve day for an acute hospital admission, a state mental hospital admission, a private psychiatric hospital admission, or an admission to a psychiatric bed in an acute care hospital for a recipient's absence from a Level I or II PRTF if the recipient:
 1. Is in Medicaid payment status in a Level I or II PRTF;
 2. Has been in the Level I or II PRTF overnight for at least one (1) night;
 3. Is reasonably expected to return requiring Level I or II PRTF care; and
 4.
 - a. Has not exceeded the bed reserve day limit established in paragraph (b) of this subsection; or
 - b. Received an exception to the limit in accordance with paragraph (c) of this subsection.
 - (b) The annual bed reserve day limit per recipient shall be five (5) days per calendar year in aggregate for any combination of bed reserve days associated with an acute care hospital admission, a state mental hospital admission, a private psychiatric hospital admission, or an admission to a psychiatric bed in an acute care hospital.
 - (c) The department shall allow a recipient to exceed the limit established in paragraph (b) of this subsection, if the department determines that an additional bed reserve day is in the best interest of the recipient.
- (2)
 - (a) The department shall cover a therapeutic pass day for a recipient's absence from a Level I or II PRTF if the recipient:
 1. Is in Medicaid payment status in a Level I or II PRTF;
 2. Has been in the Level I or II PRTF overnight for at least one (1) night;
 3. Is reasonably expected to return requiring Level I or II PRTF care; and
 4.
 - a. Has not exceeded the therapeutic pass day limit established in paragraph (b) of this subsection; or
 - b. Received an exception to the limit in accordance with paragraph (c) of this subsection.
 - (b) The annual therapeutic pass day limit per recipient shall be fourteen (14) days per calendar year.
 - (c) The department shall allow a recipient to exceed the limit established in paragraph (b) of this subsection, if the department determines that an additional therapeutic pass day is in the best interest of the recipient.
- (3) The bed reserve day and therapeutic pass day count for each recipient shall begin at zero on January 1 of each calendar year.
- (4) An authorization decision regarding a bed reserve day or therapeutic pass day in excess of the limits established in this section shall be performed by a review agency.
- (5)
 - (a) An acute care hospital bed reserve day shall be a day when a recipient is temporarily absent from a Level I or II PRTF due to an admission to an acute care hospital.
 - (b) A state mental hospital bed reserve day, private psychiatric hospital bed reserve day, or psychiatric bed in an acute care hospital bed reserve day, respectively, shall be a

day when a recipient is temporarily absent from a Level I or II PRTF due to receiving psychiatric treatment in a state mental hospital, private psychiatric hospital, or psychiatric bed in an acute care hospital respectively.

(c) A therapeutic pass day shall be a day when a recipient is temporarily absent from a Level I or II PRTF for a therapeutic purpose that is:

1. Stated in the recipient's treatment plan; and
2. Approved by the recipient's treatment team.

(6)

- (a) A Level I or II PRTF's occupancy percent shall be based on a midnight census.
- (b) An absence from a Level I or II PRTF that is due to a bed reserve day for an acute hospital admission, a state mental hospital admission, a private psychiatric hospital admission, or an admission to a psychiatric bed in an acute care hospital shall count as an absence for census purposes.
- (c) An absence from a Level I or II PRTF that is due to a therapeutic pass day shall not count as an absence for census purposes.

Section 9. Outpatient Services Requirements Established in 907 KAR 9:015. The department's coverage provisions and requirements regarding outpatient behavioral health services provided by a Level I or II PRTF shall be as established in 907 KAR 9:015.

Section 10. Third Party Liability. A Level I or Level II PRTF shall comply with KRS 205.622.

Section 11. Use of Electronic Signatures.

- (1) The creation, transmission, storage, and other use of electronic signatures and documents shall comply with the requirements established in KRS 369.101 to 369.120.
- (2) A Level I PRTF or Level II PRTF that chooses to use electronic signatures shall:
 - (a) Develop and implement a written security policy that shall:
 1. Be adhered to by each of the Level I PRTF's or Level II PRTF's employees, officers, agents, or contractors;
 2. Identify each electronic signature for which an individual has access; and
 3. Ensure that each electronic signature is created, transmitted, and stored in a secure fashion;
 - (b) Develop a consent form that shall:
 1. Be completed and executed by each individual using an electronic signature;
 2. Attest to the signature's authenticity; and
 3. Include a statement indicating that the individual has been notified of his or her responsibility in allowing the use of the electronic signature; and
 - (c) Provide the department, immediately upon request, with:
 1. A copy of the Level I PRTF's or Level II PRTF's electronic signature policy;
 2. The signed consent form; and
 3. The original filed signature.

Section 12. Auditing Authority. The department or the managed care organization in which an enrollee is enrolled shall have the authority to audit any:

- (1) Claim;
- (2) Medical record; or
- (3) Documentation associated with any claim or medical record.

Section 13. Federal Financial Participation.

- (1) The department's coverage of services pursuant to this administrative regulation shall be contingent upon:
 - (a) Receipt of federal financial participation for the coverage; and
 - (b) Centers for Medicare and Medicaid Services' approval of the coverage.

(2) The coverage of services provided by a licensed clinical alcohol and drug counselor or licensed clinical alcohol and drug counselor associate shall be contingent and effective upon approval by the Centers for Medicare and Medicaid Services.

Section 14. Appeal Rights.

- (1)
 - (a) An appeal of an adverse action by the department regarding a service and a recipient who is not enrolled with a managed care organization shall be in accordance with 907 KAR 1:563.
 - (b) An appeal of an adverse action by a managed care organization regarding a service and an enrollee shall be in accordance with 907 KAR 17:010.
- (2) An appeal of a negative action regarding Medicaid eligibility of an individual shall be in accordance with 907 KAR 1:560.
- (3) An appeal of a negative action regarding a Medicaid provider shall be in accordance with 907 KAR 1:671.

Section 15. Incorporation by Reference.

- (1) The following material is incorporated by reference:
 - (a) "MAP-569, Certification of Need by Independent Team Psychiatric Preadmission Review of Elective Admissions for Kentucky Medicaid Recipients Under Age Twenty-One (21)", revised 5/90; and
 - (b) "MAP-570, Medicaid Certification of Need for Inpatient Psychiatric Services for Individuals Under Age Twenty-one (21)", revised 5/90.
- (2) This material may be inspected, copied, or obtained, subject to applicable copyright law, at the Department for Medicaid Services, Cabinet for Health and Family Services, 275 East Main Street, Frankfort, Kentucky 40621, Monday through Friday, 8 a.m. to 4:30 p.m.
(18 Ky.R. 600; eff. 10-6-1991; Am. 19 Ky.R. 2340; eff. 6-16-1993; 22 Ky.R. 1906; eff. 6-6-1996; 27 Ky.R. 2910; 3267; eff. 6-8-2001; TAm.; eff. 5-3-2011; Recodified from 907 KAR 1:505; eff. 3-20-2012; TAm eff. 3-20-2012; 39 Ky.R. 629; 1218; 1413; eff. 3-8-2013; 41 Ky.R. 2417; 42 Ky.R. 386; 720; eff. 11-16-2015; TAm eff. 10-6-2017; Cert. eff. 10-18-2022e)

Centers for Medicare & Medicaid Services, HHS

42CFR Ch. IV483—REQUIREMENTS FOR STATES AND LONG TERM CARE FACILITIES

Subpart G—Condition of Participation for the Use of Restraint or Seclusion in Psychiatric Residential Treatment Facilities Providing Inpatient Psychiatric Services for Individuals Under Age 21

§483.350 Basis and scope.

(a) *Statutory basis.* Sections 1905(a)(16) and (h) of the Act provide that inpatient psychiatric services for individuals under age 21 include only inpatient services that are provided in an institution (or distinct part thereof) that is a psychiatric hospital as defined in section 1861(f) of the Act or in another inpatient setting that the Secretary has specified in regulations. Additionally, the Children's Health Act of 2000 (Pub. L. 106–310) imposes procedural reporting and training requirements regarding the use of restraints and involuntary seclusion in facilities, specifically including facilities that provide inpatient psychiatric services for children under the age of 21 as defined by sections 1905(a)(16) and (h) of the Act.

(b) *Scope.* This subpart imposes requirements regarding the use of restraint or seclusion in psychiatric residential treatment facilities, that are not hospitals, providing inpatient psychiatric services to individuals under age 21.

§483.352 Definitions.

For purposes of this subpart, the following definitions apply:

Drug used as a restraint means any drug that—

- (1) Is administered to manage a resident's behavior in a way that reduces the safety risk to the resident or others;
- (2) Has the temporary effect of restricting the resident's freedom of movement; and
- (3) Is not a standard treatment for the resident's medical or psychiatric condition.

Emergency safety intervention means the use of restraint or seclusion as an immediate response to an emergency safety situation. Emergency safety situation means unanticipated resident behavior that places the resident or others at serious threat of violence or injury if no intervention occurs and that calls for an emergency safety intervention as defined in this section.

Mechanical restraint means any device attached or adjacent to the resident's body that he or she cannot easily remove that restricts freedom of movement or normal access to his or her body. Minor means a minor as defined under State law and, for the purpose of this subpart, includes a resident who has been declared legally incompetent by the applicable State court.

Personal restraint means the application of physical force without the use of any device, for the purposes of restraining the free movement of a resident's body. The term personal restraint does not include briefly holding without undue force a resident in order to calm or comfort him or

her, or holding a resident's hand to safely escort a resident from one area to another.

Psychiatric Residential Treatment Facility means a facility other than a hospital, that provides psychiatric services, as described in subpart D of part 441 of this chapter, to individuals under age 21, in an inpatient setting.

Restraint means a "personal restraint," "mechanical restraint," or "drug used as a restraint" as defined in this section.

Seclusion means the involuntary confinement of a resident alone in a room or an area from which the resident is physically prevented from leaving.

Serious injury means any significant impairment of the physical condition of the resident as determined by qualified medical personnel. This includes, but is not limited to, burns, lacerations, bone fractures, substantial hematoma, and injuries to internal organs, whether self-inflicted or inflicted by someone else.

Staff means those individuals with responsibility for managing a resident's health or participating in an emergency safety intervention and who are employed by the facility on a full-time, part-time, or contract basis.

Time out means the restriction of a resident for a period of time to a designated area from which the resident is not physically prevented from leaving, for the purpose of providing the resident an opportunity to regain self-control.

§483.354 General requirements for psychiatric residential treatment facilities.

A psychiatric residential treatment facility must meet the requirements in §441.151 through §441.182 of this chapter.

§483.356 Protection of residents.

(a) *Restraint and seclusion policy for the protection of residents.*

(1) Each resident has the right to be free from restraint or seclusion, of any form, used as a means of coercion, discipline, convenience, or retaliation.

(2) An order for restraint or seclusion must not be written as a standing order or on an as-needed basis.

(3) Restraint or seclusion must not result in harm or injury to the resident and must be used only—

(i) To ensure the safety of the resident or others during an emergency safety situation; and

(ii) Until the emergency safety situation has ceased and the resident's safety and the safety of others can be ensured, even if the restraint or seclusion order has not expired.

(4) Restraint and seclusion must not be used simultaneously.

(b) *Emergency safety intervention.* An emergency safety intervention must be performed in a manner that is safe, proportionate, and appropriate to the severity of the behavior, and the resident's chronological and developmental age; size; gender; physical, medical, and psychiatric condition; and personal history (including any history of physical or sexual abuse).

(c) *Notification of facility policy.* At admission, the facility must—

(1) Inform both the incoming resident and, in the case of a minor, the resident's parent(s) or legal guardian(s) of the facility's policy regarding the use of restraint or seclusion during an emergency safety situation that may occur while the resident is in the program;

(2) Communicate its restraint and seclusion policy in a language that the resident, or his or her parent(s) or legal guardian(s) understands (including American Sign Language, if appropriate) and when necessary, the facility must provide interpreters or translators;

(3) Obtain an acknowledgment, in writing, from the resident, or in the case of a minor, from the parent(s) or legal guardian(s) that he or she has been informed of the facility's policy on the use of restraint or seclusion during an emergency safety situation. Staff must file this acknowledgment in the resident's record; and

(4) Provide a copy of the facility policy to the resident and in the case of a minor, to the resident's parent(s) or legal guardian(s).

(d) *Contact information.* The facility's policy must provide contact information, including the phone number and mailing address, for the appropriate State Protection and Advocacy organization.

§483.358 Orders for the use of restraint or seclusion.

(a) Orders for restraint or seclusion must be by a physician, or other licensed practitioner permitted by the State and the facility to order restraint or seclusion and trained in the use of emergency safety interventions. Federal regulations at 42 CFR 441.151 require that inpatient psychiatric services for recipients under age 21 be provided under the direction of a physician.

(b) If the resident's treatment team physician is available, only he or she can order restraint or seclusion.

(c) A physician or other licensed practitioner permitted by the state and the facility to order restraint or seclusion must order the least restrictive emergency safety intervention that is most likely to be effective in resolving the emergency safety situation based on consultation with staff.

(d) If the order for restraint or seclusion is verbal, the verbal order must be received by a registered nurse or other

licensed staff such as a licensed practical nurse, while the emergency safety 42 CFR Ch. IV (10–11 Edition) intervention is being initiated by staff or immediately after the emergency safety situation ends. The physician or other licensed practitioner permitted by the state and the facility to order restraint or seclusion must verify the verbal order in a signed written form in the resident's record. The physician or other licensed practitioner permitted by the state and the facility to order restraint or seclusion must be available to staff for consultation, at least by telephone, throughout the period of the emergency safety intervention.

(e) Each order for restraint or seclusion must:

(1) Be limited to no longer than the duration of the emergency safety situation; and

(2) Under no circumstances exceed 4 hours for residents ages 18 to 21; 2 hours for residents ages 9 to 17; or 1 hour for residents under age 9.

(f) Within 1 hour of the initiation of the emergency safety intervention a physician, or other licensed practitioner trained in the use of emergency safety interventions and permitted by the state and the facility to assess the physical and psychological well being of residents, must conduct a face-to-face assessment of the physical and psychological well being of the resident, including but not limited to—

(1) The resident's physical and psychological status;

(2) The resident's behavior;

(3) The appropriateness of the intervention measures; and

(4) Any complications resulting from the intervention.

(g) Each order for restraint or seclusion must include—

(1) The name of the ordering physician or other licensed practitioner permitted by the state and the facility to order restraint or seclusion;

(2) The date and time the order was obtained; and

(3) The emergency safety intervention ordered, including the length of time for which the physician or other licensed practitioner permitted by the state and the facility to order restraint or seclusion authorized its use.

(h) Staff must document the intervention in the resident's record. That documentation must be completed by the end of the shift in which the intervention occurs. If the intervention does not end during the shift in which it began, documentation must be completed during the shift in which it ends. Documentation must include all of the following:

(1) Each order for restraint or seclusion as required in paragraph (g) of this section.

(2) The time the emergency safety intervention actually began and ended.

(3) The time and results of the 1-hour assessment required in paragraph (f) of this section.

(4) The emergency safety situation that required the resident to be restrained or put in seclusion.

(5) The name of staff involved in the emergency safety intervention.

(i) The facility must maintain a record of each emergency safety situation, the interventions used, and their outcomes.

(j) The physician or other licensed practitioner permitted by the state and the facility to order restraint or seclusion must sign the restraint or seclusion order in the resident's record as soon as possible.

§483.360 Consultation with treatment team physician.

If a physician or other licensed practitioner permitted by the state and the facility to order restraint or seclusion orders the use of restraint or seclusion, that person must contact the resident's treatment team physician, unless the ordering physician is in fact the resident's treatment team physician. The person ordering the use of restraint or seclusion must—

(a) Consult with the resident's treatment team physician as soon as possible and inform the team physician of the emergency safety situation that required the resident to be restrained or placed in seclusion; and

(b) Document in the resident's record the date and time the team physician was consulted.

§483.362 Monitoring of the resident in and immediately after restraint.

(a) Clinical staff trained in the use of emergency safety interventions must be physically present, continually assessing and monitoring the physical and psychological well-being of the resident and the safe use of restraint throughout the duration of the emergency safety intervention.

(b) If the emergency safety situation continues beyond the time limit of the order for the use of restraint, a registered nurse or other licensed staff, such as a licensed practical nurse, must immediately contact the ordering physician or other licensed practitioner permitted by the state and the facility to order restraint or seclusion to receive further instructions.

(c) A physician, or other licensed practitioner permitted by the state and the facility to evaluate the resident's well-being and trained in the use of emergency safety interventions, must evaluate the resident's well-being immediately after the restraint is removed.

§483.364 Monitoring of the resident in and immediately after seclusion.

(a) Clinical staff, trained in the use of emergency safety interventions, must be physically present in or immediately outside the seclusion room, continually assessing, monitoring, and evaluating the physical and psychological

well-being of the resident in seclusion. Video monitoring does not meet this requirement.

(b) A room used for seclusion must—

(1) Allow staff full view of the resident in all areas of the room; and

(2) Be free of potentially hazardous conditions such as unprotected light fixtures and electrical outlets.

(c) If the emergency safety situation continues beyond the time limit of the order for the use of seclusion, a registered nurse or other licensed staff, such as a licensed practical nurse, must immediately contact the ordering physician or other licensed practitioner permitted by the state and the facility to order restraint or seclusion to receive further instructions.

(d) A physician, or other licensed practitioner permitted by the state and the facility to evaluate the resident's well-being and trained in the use of emergency safety interventions, must evaluate the resident's well-being immediately after the resident is removed from seclusion.

§483.366 Notification of parent(s) or legal guardian(s).

If the resident is a minor as defined in this subpart: (a) The facility must notify the parent(s) or legal guardian(s) of the resident who has been restrained or placed in seclusion as soon as possible after the initiation of each emergency safety intervention. (b) The facility must document in the resident's record that the parent(s) or legal guardian(s) has been notified of the emergency safety intervention, including the date and time of notification and the name of the staff person providing the notification.

§483.368 Application of time out.

(a) A resident in time out must never be physically prevented from leaving the time out area.

(b) Time out may take place away from the area of activity or from other residents, such as in the resident's room (exclusionary), or in the area of activity or other residents (inclusionary).

(c) Staff must monitor the resident while he or she is in time out.

§483.370 Postintervention debriefings.

(a) Within 24 hours after the use of restraint or seclusion, staff involved in an emergency safety intervention and the resident must have a face-to-face discussion. This discussion must include all staff involved in the intervention except when the presence of a particular staff person may jeopardize the well-being of the resident. Other staff and the resident's parent(s) or legal guardian(s) may participate in the discussion when it is deemed appropriate by the facility. The facility must conduct such discussion in a language that is understood by the resident's parent(s) or legal guardian(s). The discussion must provide both the resident and staff the opportunity to discuss the circumstances resulting in the use of restraint

or seclusion and strategies to be used by the staff, the resident, or others that could prevent the future use of restraint or seclusion.

(b) Within 24 hours after the use of restraint or seclusion, all staff involved in the emergency safety intervention, and appropriate supervisory and administrative staff, must conduct a debriefing session that includes, at a minimum, a review and discussion of—

(1) The emergency safety situation that required the intervention, including a discussion of the precipitating factors that led up to the intervention;

(2) Alternative techniques that might have prevented the use of the restraint or seclusion;

(3) The procedures, if any, that staff are to implement to prevent any recurrence of the use of restraint or seclusion; and

(4) The outcome of the intervention, including any injuries that may have resulted from the use of restraint or seclusion.

(c) Staff must document in the resident's record that both debriefing sessions took place and must include in that documentation the names of staff who were present for the debriefing, names of staff that were excused from the debriefing, and any changes to the resident's treatment plan that result from the debriefings.

§483.372 Medical treatment for injuries resulting from an emergency safety intervention.

(a) Staff must immediately obtain medical treatment from qualified medical personnel for a resident injured as a result of an emergency safety intervention.

(b) The psychiatric residential treatment facility must have affiliations or written transfer agreements in effect with one or more hospitals approved for participation under the Medicaid program that reasonably ensure that—

(1) A resident will be transferred from the facility to a hospital and admitted in a timely manner when a transfer is medically necessary for medical care or acute psychiatric care;

(2) Medical and other information needed for care of the resident in light of such a transfer, will be exchanged between the institutions in accordance with State medical privacy law, including any information needed to determine whether the appropriate care can be provided in a less restrictive setting; and include the name of the resident involved in the serious occurrence, a description of the occurrence, and the name, street address, and telephone number of the facility.

(3) Services are available to each resident 24 hours a day, 7 days a week.

(c) Staff must document in the resident's record, all injuries that occur as a result of an emergency safety

intervention, including injuries to staff resulting from that intervention.

(d) Staff involved in an emergency safety intervention that results in an injury to a resident or staff must meet with supervisory staff and evaluate the circumstances that caused the injury and develop a plan to prevent future injuries.

§483.374 Facility reporting.

(a) *Attestation of facility compliance.* Each psychiatric residential treatment facility that provides inpatient psychiatric services to individuals under age 21 must attest, in writing, that the facility is in compliance with CMS's standards governing the use of restraint and seclusion. This attestation must be signed by the facility director.

(1) A facility with a current provider agreement with the Medicaid agency must provide its attestation to the State Medicaid agency by July 21, 2001.

(2) A facility enrolling as a Medicaid provider must meet this requirement at the time it executes a provider agreement with the Medicaid agency.

(b) *Reporting of serious occurrences.* The facility must report each serious occurrence to both the State Medicaid agency and, unless prohibited by State law, the State-designated Protection and Advocacy system. Serious occurrences that must be reported include a resident's death, a serious injury to a resident as defined in §483.352 of this part, and a resident's suicide attempt.

(1) Staff must report any serious occurrence involving a resident to both the State Medicaid agency and the State-designated Protection and Advocacy system by no later than close of business the next business day after a serious occurrence. The report must in

(2) In the case of a minor, the facility must notify the resident's parent(s) or legal guardian(s) as soon as possible, and in no case later than 24 hours after the serious occurrence.

(3) Staff must document in the resident's record that the serious occurrence was reported to both the State Medicaid agency and the State-designated Protection and Advocacy system, including the name of the person to whom the incident was reported. A copy of the report must be maintained in the resident's record, as well as in the incident and accident report logs kept by the facility.

(c) *Reporting of deaths.* In addition to the reporting requirements contained in paragraph (b) of this section, facilities must report the death of any resident to the Centers for Medicare & Medicaid Services (CMS) regional office.

(1) Staff must report the death of any resident to the CMS regional office by no later than close of business the next business day after the resident's death.

(2) Staff must document in the resident's record that the death was reported to the CMS regional office

§483.76 Education and training.

(a) The facility must require staff to have ongoing education, training, and demonstrated knowledge of—

(1) Techniques to identify staff and resident behaviors, events, and environmental factors that may trigger emergency safety situations;

(2) The use of nonphysical intervention skills, such as de-escalation, mediation conflict resolution, active listening, and verbal and observational methods, to prevent emergency safety situations; and (

3) The safe use of restraint and the safe use of seclusion, including the ability to recognize and respond to signs of physical distress in residents who are restrained or in seclusion.

(b) Certification in the use of cardiopulmonary resuscitation, including periodic recertification, is required.

(c) Individuals who are qualified by education, training, and experience must provide staff training.

(d) Staff training must include training exercises in which staff members successfully demonstrate in practice the techniques they have learned for managing emergency safety situations.

(e) Staff must be trained and demonstrate competency before participating in an emergency safety intervention.

(f) Staff must demonstrate their competencies as specified in paragraph (a) of this section on a semiannual basis and their competencies as specified in paragraph (b) of this section on an annual basis.

(g) The facility must document in the staff personnel records that the training and demonstration of competency were successfully completed. Documentation must include the date training was completed and the name of persons certifying the completion of training.

(h) All training programs and materials used by the facility must be available for review by CMS, the State Medicaid agency, and the State survey agency.