

AN ACT relating to autism spectrum disorders.

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

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

- (1) As used in this section, "autism spectrum disorders" or "ASD" has the same meaning as in KRS 194A.620(2).
- (2) The cabinet, in collaboration with the Kentucky Council on Developmental Disabilities, shall draft and submit an application, within three (3) months of the effective date of this Act, to the federal Centers for Medicare and Medicaid Services for a waiver to develop and implement flexible reimbursement and payment strategies that reflect the individually determined needs for services and supports of individuals with ASD.
- (3) The waiver shall be written broadly to accommodate the use of a number of revenue streams in order to provide adequate reimbursement to providers of services to individuals with ASD, their families, and caregivers.
- (4) The provisions of the waiver shall not preclude individuals with ASD who otherwise meet the applicable eligibility guidelines from continuing to receive, or first seeking to receive, services under any other waiver program approved by:

 - (a) The Center for Medicare and Medicaid Services;
 - (b) The authority of the federal Deficit Reduction Act of 2005, as amended; or
 - (c) Any other provision of federal or state law.

An individual shall not receive services to more than one (1) waiver program simultaneously.
- (5) The waiver shall be coordinated with and shall not supplant services provided by schools under KRS Chapter 157 or services provided under KRS Chapters 200 and 347. Nothing in this section shall affect or limit a school district's ability to obtain Medicaid reimbursement for school-related health services.

(6) The Department for Medicaid Services shall submit an annual report to the Governor, the Legislative Research Commission, and the Interim Joint Committee on Health and Welfare on the number of individuals receiving services under the waiver, the cost and type of services received, and any available nonidentifying information pertaining to individual outcomes.

SECTION 2. A NEW SECTION OF KRS CHAPTER 157 IS CREATED TO READ AS FOLLOWS:

(1) All parents, guardians, and other persons having care, custody, or control of any child shall have the child screened for autism spectrum disorders at eighteen (18) months of age, two (2) years of age, four (4) years of age, upon enrollment as a regular attendee in any public or private primary or secondary school, and at the time of the required grade six (6) physical examination.

(2) The Cabinet for Health and Family Services shall establish requirements for ASD screening through the promulgation of administrative regulations in accordance with KRS Chapter 13A.

(3) All public or private primary schools shall require a record of ASD screening for any child enrolled as a regular attendee upon enrollment at any time prior to grade six (6) and an updated record of ASD screening upon enrollment in grade six (6), as provided by administrative regulation of the Cabinet for Health and Family Services promulgated under KRS Chapter 13A, to be on file within two (2) weeks of the child's attendance.

(4) If a child is suspected to have ASD following any screening required under this section, the parents, guardians, or other persons having care, custody, or control of the child shall obtain a formal diagnosis by a qualified provider within ninety (90) days following the initial screening.

(5) As used in this section and Section 3 of this Act, "autism spectrum disorders" or "ASD" has the same meaning as in KRS 194A.620(2).

SECTION 3. A NEW SECTION OF KRS CHAPTER 157 IS CREATED TO READ AS FOLLOWS:

The Kentucky Department of Education shall prepare an updated version of the statewide Manual on Autism to incorporate more recent data, best practices, strategies, and other relevant information developed since 1996 in order to assist school districts and educators to more effectively educate children with ASD.

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

(1) There is hereby created the Supports for Individuals with Autism Spectrum Disorders Program to implement and monitor services and supports for individuals with autism spectrum disorder (ASD) and their families and caregivers.

(2) The program shall be attached to the Cabinet for Health and Family Services for administrative purposes and staffed with qualified personnel dedicated to the program. The Cabinet for Health and Family Services shall designate adequate resources for the administration and personnel of the Supports for Individuals with Autism Spectrum Disorders Program.

(3) The program shall:

(a) Serve as a centralized state office and coordinating body to keep an active inventory of services and resources available to individuals with ASD and their families and caregivers. The inventory shall be posted on a user-friendly Web site and promoted to individuals with ASD, their families and caregivers, educators, health care providers and other service providers;

(b) Establish clear guidelines and criteria for service providers to be eligible to seek reimbursement under the program for approved services provided to individuals with ASD and their families and caregivers;

(c) Contract with service providers throughout Kentucky who have been

approved by the cabinet for participation in the program to deliver approved services to individuals with ASD covered under the program;

(d) Incorporate, to the fullest extent permitted under the federal Medicaid program, provisions authorizing self-determination and establishing a consumer-directed option, whereby individuals with ASD and their families, and caregivers would have wide discretion in determining the services that are best suited to meet the needs of the individual with ASD and the service providers who are best suited to deliver those services; and

(e) Promote the creation of a comprehensive resource network, including interagency transition teams within agencies responsible for providing services to individuals with ASD, in order to help promote successful transitions for individuals with ASD from childhood to adulthood. The program shall follow strategies recommended by the Commission on Autism Spectrum Disorders to promote the network.

(4) The program shall develop a comprehensive training plan for the systematic training of professionals and paraprofessionals to deliver necessary services to individuals with ASD and their families and caregivers. The program shall contract with the Kentucky Autism Training Center to implement the training plan. The plan shall:

(a) Track and monitor the quantitative and qualitative effectiveness of services delivered to individuals with ASD and their families and caregivers by region;

(b) Encourage public universities to apply for external grants and to develop associate, baccalaureate, and graduate service and training programs and research opportunities that are staffed by both faculty and students;

(c) Identify and utilize regional centers to develop statewide training activities that are coordinated and collaborative, sensitive to and based on local

needs, individualized for specific type of service provider, and continuously monitored for outcomes;

(d) Encourage memoranda of agreements with regional centers, in addition to the public universities, that may include education cooperatives, regional early childhood centers, and community mental health centers, in order to coordinate the education and training of educators, health care providers, and other service providers who may interact on a professional basis with individuals with ASD;

(e) The participating regional centers shall be required, under the memoranda of agreements entered into with the program, to review, assemble, formulate, update, and disseminate information regarding best practices for treating individuals with ASD to educators, health care providers, other service providers, and families and caregivers in their region. The training provided by the participating regional centers to educators, health care providers, other service providers, and families and caregivers shall incorporate best practices for treating individuals with ASD as approved by the program; and

(f) Incorporate, the extent practicable, the recommendations of the Commission on Autism Spectrum Disorders.

(5) The program shall enter into an interagency agreement with the Kentucky Department of Education to ensure a coordinated, effective system of delivery of services to children with ASD who are enrolled in the public school system. The program and the department shall maximize, without duplication, the services received by a student with ASD through the program and under the federal Individuals with Disabilities Education Improvement Act (IDEIA). The interagency agreement shall include, but not be limited to, the following components:

- (a) The expansion of the department's current classification of eligibility criteria for autism, to be consistent with the DSM-IV-TR for pervasive developmental disorders, in order to allow children with pervasive developmental disorders not otherwise specified, Asperger's disorder, Rett's disorder, and childhood disintegrative disorder to receive educational services under the educational classification of autism;
- (b) A provision of qualified program staff to serve as advocates for children with ASD and assist parents and guardians in negotiating Individual Education Plans (IEPs) to ensure that these children receive all services that are guaranteed to them under IDEIA through the public school system;
- (c) A provision for guaranteeing that all children with ASD qualify for extended school day services and extended school year services without the need to show regression in the absence of participation in the programs;
- (d) A provision for the department to hire more complex need consultants to ensure adequate staffing within each special needs cooperative; and
- (e) A provision for the department to inform parents and legal guardians of children with ASD in the public school system of the importance of a referral of the child for a medical evaluation prior to graduation to help facilitate the child accessing federal and state benefits that, depending upon the eligibility guidelines of the particular program, may be available to the child when he or she reaches the age of twenty-one (21) years.
- (6) As used in this section and Section 5 of this Act, "autism spectrum disorders" or "ASD" has the same meaning as in KRS 194A.620(2).

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

- (1) There is hereby created the Supports for Individuals with Autism Spectrum Disorders Program Advisory Board to ensure citizen involvement in the

implementation and maintenance of the program within the Cabinet for Health and Family Services. The board shall be composed of nine (9) members as follows:

(a) Two (2) citizens at large appointed by the secretary of the Cabinet for Health and Family Services;

(b) Two (2) ASD service providers appointed by the secretary of the Cabinet for Health and Family Services;

(c) One (1) legal guardian or family member of an individual under the age of eighteen (18) years with ASD appointed by the secretary of the Cabinet for Health and Family Services;

(d) One (1) legal guardian or family member of an individual age eighteen (18) years or over with ASD appointed by the secretary of the Cabinet for Health and Family Services;

(e) Two (2) individuals age twenty-one (21) years or over who have ASD appointed by the secretary of the Cabinet for Health and Family Services;
and

(f) One (1) representative of the Kentucky Council on Developmental Disabilities appointed by the secretary of the Cabinet for Health and Family Services.

(2) The initial appointments to the board shall be made within one (1) year of the effective date of this Act and the appointments shall be for staggered terms to ensure continuity. Except for initial staggered appointments, board members shall serve for terms of three (3) years and until their successors are appointed. The members of the board shall be eligible for successive terms on the board.

(3) The board shall meet at least quarterly on a date set by the board. Board members shall be reimbursed for necessary expenses incurred in serving on the board.

(4) The board shall annually elect a member to serve as chair and may adopt rules

governing the conduct of its meetings, the creation of meeting agendas, and other procedural matters it deems necessary. The board may adopt reporting forms, which shall be developed in consultation with the cabinet.

(5) The cabinet shall provide necessary funding and staff for administrative expenses related to the operation of the board. The board may request assistance from other state agencies.

(6) The board shall have the following duties:

(a) Provide consultation to the program regarding the functions, duties, and mission of the program;

(b) Serve as a communication conduit between the public and the program staff; and

(c) Provide input to the program regarding the quality and quantity of the services being provided through the program, as well as any other aspects of the program.