



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

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**Janie Miller**  
Secretary

**Contract Correspondence Transmittal (CCT)**

<b>CCTL Number:</b> 09-01	<b>Date of Issue:</b> June 17, 2009
<b>Division/Branch:</b> Protection and Permanency/OOHC	
<b>Key Words/Phrases:</b> DPP-1294 sample form; Instruction sheet	
<b>Attachments/Forms:</b> <u>DPP-1294-Rehabilitative Services Monthly Progress Report</u> ; <u>Rehabilitative Services Monthly Progress Report (DPP-1294) Instructions for Completion</u>	

Dear Provider:

In order to assist you and your staff in completion of the DPP-1294-Rehabilitative Services Monthly Progress Report, the Division of Protection and Permanency has created a sample DPP-1294 and an instruction sheet for your use. The forms are available on the Resources Page of the Cabinet for Health and Family Services Online Manuals website ([http://manuals.chfs.ky.gov/dcbs\\_manuals/DPP/index\\_dpp.asp](http://manuals.chfs.ky.gov/dcbs_manuals/DPP/index_dpp.asp)) and are also included as enclosures with this letter.

Please review these forms and pass the information along to all staff who may benefit from the tips included. If you have any questions regarding this transmittal letter, please contact Julie Cubert at (502) 564-7536 ext. 4500 or via e-mail at [Julie.cubert@ky.gov](mailto:Julie.cubert@ky.gov).

Sincerely,

Michael Cheek  
Director

Cc:  
Enclosure: DPP-1294-Rehabilitative Services Monthly Progress Report (sample)  
Rehabilitative Services Monthly Progress Report Instructions for Completion

Commonwealth of Kentucky  
Cabinet for Health and Family Services  
Department of Community Based Services  
Division of Protection and Permanency

REHABILITATIVE SERVICES MONTHLY PROGRESS REPORT

MONTH ENDING 4-30-09

DCBS CASE MANAGER Sue Seenitall  
CHILD NAME: Ben A. Kidd  
SSN NUMBER: 111-22-3333  
Date of Current DPP-1293 Approval: 2/5/09

DOB: 4-7-93  
PROVIDER/FACILITY: A GOOD HOME  
Date of Next Six Month Review: 8/5/09

MONTHLY FACE-TO-FACE CONTACT INFORMATION:

1. Date of contact: 4/28/09

2. Location of contact (check only one):

<input type="checkbox"/>	PCC facility	<input type="checkbox"/>	Independent living	<input type="checkbox"/>	Jail
<input type="checkbox"/>	PCC group home	<input type="checkbox"/>	Treatment facility	<input type="checkbox"/>	Other agency
<input checked="" type="checkbox"/>	PCC foster home	<input type="checkbox"/>	Hospital	<input type="checkbox"/>	Youth's home
<input type="checkbox"/>	Adoptive home	<input type="checkbox"/>	Detention Center	<input type="checkbox"/>	Other resource

3. Purpose of contact (check all that apply):

<input checked="" type="checkbox"/>	Progress on child/youth case plan	<input type="checkbox"/>	Foster home services
<input type="checkbox"/>	Progress on family level case objective	<input type="checkbox"/>	Placement services
<input type="checkbox"/>	Progress on individual level case objective	<input type="checkbox"/>	Sibling visitation
<input type="checkbox"/>	Services/issues not addressed in case plan	<input type="checkbox"/>	Parent and sibling visitation

4. Service activity conducted (check all that apply):

<input checked="" type="checkbox"/>	Case coordination/management	<input type="checkbox"/>	Assessment	<input type="checkbox"/>	Complaints/disagreements against staff
<input checked="" type="checkbox"/>	Ongoing services	<input checked="" type="checkbox"/>	Counseling (individual)	<input type="checkbox"/>	Tracking/follow-up
<input type="checkbox"/>	Placement	<input type="checkbox"/>		<input type="checkbox"/>	

5. Description of service activity including but not limited to verification of Lifebook development, review of treatment plan (including supervision plan), review of medical passport, review of educational or developmental progress, and review of visitation agreement or permanency plan.

Case Mgr, Foster Parents, and Ben met to review and discuss Ben's progress in the foster home, and progress toward his individual treatment goals. The Comprehensive Treatment Plan (CTP), and Safety and Supervision Plan were also reviewed during the visit. Case Mgr determined that Ben has been making positive progress toward most of the goals on his CTP. He has had no reported outbursts at school or in the home. Although there have been a couple of verbal altercations with the other youth in the foster home, there have been no physical altercations. Ben has responded well to redirection and on more than one occasion has left the room when tempers start to flair between him and any of the other kids. Foster Parents report that Ben completes his chores with some reluctance but does so after some prompting. In a one on one conversation with case mgr, Ben stated that he likes being in this home and doesn't really have any complaints, other than he doesn't like the curfew or the consequences for breaking rules. He stated that it was unfair that he lost computer time for a

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week for being on the computer after 9 pm. He does state that he misses his family and is looking forward to returning home. Foster parents report that Ben is making progress toward choosing more positive peers. He is now playing 1<sup>st</sup> base with the Sluggers parks and recreation baseball team. He states he enjoys it and the foster father states he does very well and interacts appropriately with the coaches and his teammates.

Ben has attended group counseling 2x, individual counseling 4x and family therapy 2x during April. Drug screen returned 4/9, negative for all substances. Ben continues to have weekly sessions with therapist Dr. Phil Happy, PhD (4/2, 4/9, 4/16, 4/23). Dr. Happy reports that Ben has been speaking more openly about his fear of returning home and exposure to the old friends that he previously got in trouble with.

Ben is approved for nightly phone contact and weekend overnight visitation with his biological mother. Both foster parents and Ben state that this is going well. Foster parents have noted that sometimes on Sunday evenings when Ben returns from the home visit he is quieter than usual and prefers to be alone until bed time. Foster mother states she believes leaving his mother and brother makes him sad, but that he doesn't talk about it. Ben's birth mother and brother have attended family therapy with him 2x in April. The sessions focused on birth mother's follow through with consequences for bad behavior, and how Ben will deal with being around his old peers once he returns home.

Foster mom continues to assist Ben with development of his Lifebook. Worker viewed newly added pages with pictures updated since last visit.

Ben is doing very well in school as evidenced by 4/09 school progress report. (2-As, 3-Bs, 1-C) There have been no reported negative issues with school and no negative outbursts or aggressive behaviors were noted.

Ben appears to be in overall good physical health. However, he is scheduled for an eye exam with Dr. C. Straight on 5/12/09 to address frequent headaches at school. Ben does not take any medication except for PRN Ibuprofen for headaches. Medical passport viewed and appeared to be up to date, as evidenced by documentation of recent medical and mental health appointments.

Ben recently called to schedule his own hair cut appt., and attended a 30 minute session on good nutrition at the local health dept. Last week Ben worked with foster mom to develop this week's meal plan and then drafted the grocery list. Foster mother reported that although he had to be reminded to include 'green vegetables' on a couple days, overall he did a pretty good job.

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**TREATMENT SUMMARY:**

OVERALL GOALS / OBJECTIVES OF REHABILITATIVE SERVICES PLAN:

- DPP-1293 IN DEVELOPMENT
- Remains the same as described in the rehabilitative services plan of care, DPP-1293
- Have been changed as indicated on the attached revised DPP-1293

PROGRESS NOTES:

1. **TREATMENT PLANNING AND SUPPORT-** Describe representative treatment planning and support activities performed over the last month in support of the Goals and Objectives of the Rehabilitative services plan of care:

DATE	PROVIDER	ACTIVITY DESCRIPTION
<u>4/4, 4/11, 4/12 4/18, 4/26</u>	<u>A Good Home PCC</u>	<u>Case Manager contacts, face to face visits</u>
<u>4/1-4/30</u>	<u>Elmwood High School</u>	<u>Ben attended Elmwood High School, 4/09 Progress report from school indicates that he is doing well academically. No behavior issues reported by the school</u>
<u>4/2, 4/9, 4/16, 4/23, 4/30</u>	<u>A Good Home PCC</u>	<u>Ben met with Dr. Phil Happy for individual therapy sessions</u>
<u>4/20</u>	<u>Comprehensive Care Center</u>	<u>Ben attended an adolescent substance abuse support group at Get Clean Center.</u>

2. **LIVING SKILLS DEVELOPMENT-** Describe representative skills training and development activities performed over the last month in support of the Goals and Objectives of the rehabilitative services plan of care:

DATE	PROVIDER	ACTIVITY DESCRIPTION
<u>4/3, 4/10, 4/17, 4/24</u>	<u>A Good Home</u>	<u>Ben completed weekly chores, Foster parents worked with Ben to develop cleaning routine and demonstrated proper way to mow yard and clean his bathroom. Ben called to schedule his own hair cut appt. Ben worked with foster mother on meal planning and grocery shopping.</u>
<u>4/17</u>	<u>Local Health Dept.</u>	<u>Ben attended a 30 minute class on good nutrition.</u>

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3. **THERAPY, EVALUATION AND ASSESSMENT-** Describe Counseling, Therapy, Evaluation and Assessment activities performed over the last month in support of the goals and objectives of the rehabilitative services plan of care:

DATE	PROVIDER	ACTIVITY DESCRIPTION
<u>4/2, 4/9, 4/16, 4/23, 4/30</u>	<u>A Good Home PCC</u>	<u>Ben met with Dr. Phil Happy, PhD for individual therapy sessions. Discussion relates to current issues and how they are related to past physical abuse on Ben.</u>
<u>4/9</u>	<u>GET CLEAN CTR</u>	<u>Drug screen returned negative for all substances.</u>
<u>4/1, 4/23</u>	<u>A Good Home PCC</u>	<u>Ben participated in group counseling 2x with Dr. Phil Happy. Topic of discussion were "Changing Old Behaviors" and "Alternative Anger Outlets".</u>
<u>4/3, 4/24</u>	<u>A Good Home PCC</u>	<u>Ben participated in Family therapy with his birth mother and brother. Dr. Phil Happy addressed consistent expectations and discipline choices for mom with both Ben and his brother. The family also discussed alternative things Ben could be involved in to avoid the old traps of hanging out with old peers.</u>

**CASE STATUS SUMMARY** (APPLIES ONLY TO PRIVATE CHILD CARE PROVIDERS)

1. SUMMARIZE CHILD'S ADJUSTMENT TO FACILITY:

Ben and both foster parents report that he continues to do well in the home. Ben completes chores with little prompting and participates in family conversations at the dinner table. Youth states he likes the foster home but that the curfew and consequences for bad choices frustrate him.

2. SERVICES PROVIDED TO CHILD AND CHILD'S FAMILY:

Ben attends Elmwood High School. He attended weekly individual therapy sessions with Dr. Phil Happy, group therapy 2x and family therapy 2x. Discussions with birth mother regarding boundaries, etc. were discussed in family therapy. Family also worked on creating a list of activities that Ben could do instead of hanging out with his old friends. Case manager has weekly face to face contact with foster family and phone contact as needed. Foster parents transport Ben on Fridays to McDonald's to meet birth mom for weekend visitation.

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3. PROGRESS TOWARD RETURN OF CHILD TO THE HOME OR COMMUNITY (IF APPLICABLE):

Ben is approved for overnight, weekend visits with his biological mother. Issues around youth returning to neighborhood where his old friends remain are discussed in therapy sessions. Youth has obtained information about sports teams and YMCA activities in birth mother's neighborhood so that he can fill his time with more positive things when he returns home.

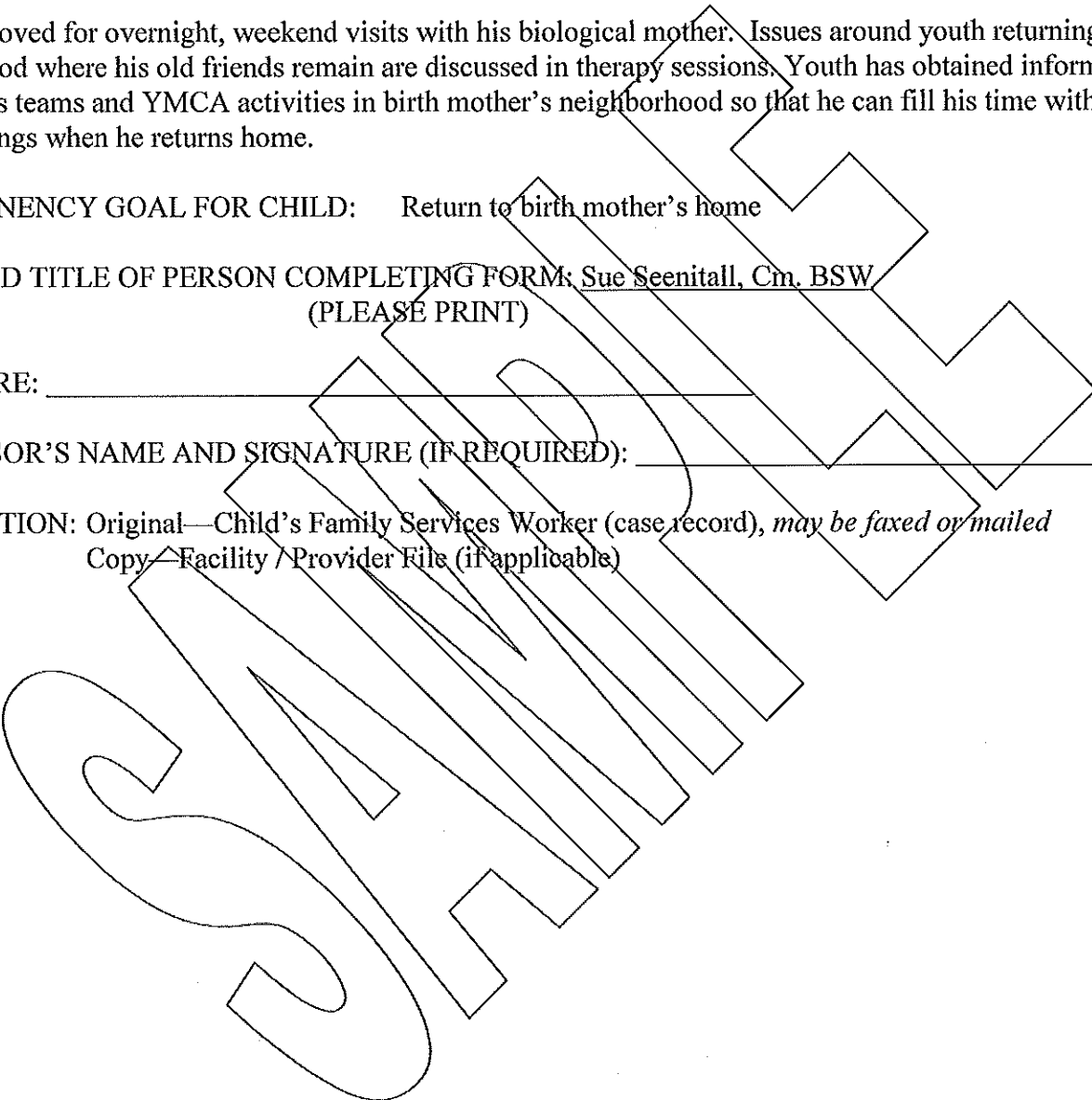
4. PERMANENCY GOAL FOR CHILD: Return to birth mother's home

NAME AND TITLE OF PERSON COMPLETING FORM: Sue Seenitall, Cm. BSW  
(PLEASE PRINT)

SIGNATURE: \_\_\_\_\_

SUPERVISOR'S NAME AND SIGNATURE (IF REQUIRED): \_\_\_\_\_

DISTRIBUTION: Original—Child's Family Services Worker (case record), *may be faxed or mailed*  
Copy—Facility / Provider File (if applicable)



**REHABILITATIVE SERVICES MONTHLY PROGRESS REPORT (DPP-1294)**  
**Instructions for Completion**

MONTH ENDING 4-30-09

DCBS CASE MANAGER Sue Seenitall

CHILD NAME: Ben A. Kidd

SSN NUMBER: 111-22-3333

Date of Current DPP-1293 Approval: 2/5/09

DOB: 4-7-93

PROVIDER/ FACILITY: A GOOD HOME

Date of Next Six Month Review: 8/5/09

- 1294 needs to be completed monthly for each DCBS child. Form should be completed and sent to the DCBS worker by the **5<sup>th</sup> calendar day** of the month after the month being reviewed. Eg: Month ending 4/30/09 form due to Social Services Worker (SSW) by 5/5/09.

1. Date of contact: 4/28/09

- Date should be date of contact that is being referenced in #5 below. Information entered can include information obtained on other days; however the date listed here must correspond with documentation in both the child's file and TWIST. Eg: Case manager made face to face visit on 4/28/09 with foster parents and child in the foster home.

2. Location of contact (**check only one**):

<input type="checkbox"/>	PCC facility	<input type="checkbox"/>	Independent living	<input type="checkbox"/>	Jail
<input type="checkbox"/>	PCC group home	<input type="checkbox"/>	Treatment facility	<input type="checkbox"/>	Other agency
<input checked="" type="checkbox"/>	PCC foster home	<input type="checkbox"/>	Hospital	<input type="checkbox"/>	Youth's home
<input type="checkbox"/>	Adoptive home	<input type="checkbox"/>	Detention Center	<input type="checkbox"/>	Other resource

- Per 922 KAR 1:310, Therapeutic Foster Care must have at least one face to face visit monthly in the foster home. Therefore referencing and documenting a visit made to the 'PCC foster home' will meet the standard.

3. Purpose of contact (**check all that apply**):

<input checked="" type="checkbox"/>	Progress on child/youth case plan	<input type="checkbox"/>	Foster home services
<input type="checkbox"/>	Progress on family level case objective	<input type="checkbox"/>	Placement services
<input type="checkbox"/>	Progress on individual level case objective	<input type="checkbox"/>	Sibling visitation
<input type="checkbox"/>	Services/issues not addressed in case plan	<input type="checkbox"/>	Parent and sibling visitation

- Check every issue that was discussed during the visit on the date referenced in # 1.

4. Service activity conducted (**check all that apply**):

x	Case coordination/management		Assessment		Complaints/disagreements against staff
x	Ongoing services	x	Counseling (individual)		Tracking/follow-up
	Placement				

- Check each activity that was conducted on the date referenced in #1.
5. Description of service activity including but not limited to verification of Lifebook development, review of treatment plan (including supervision plan), review of medical passport, review of educational or developmental progress, and review of visitation agreement or permanency plan.
- Discuss any progress toward meeting the treatment goals. The following are key elements in discussing the child’s behavior and progress. Use specific examples in each area as it pertains to the youth’s treatment goals.
    - a. **Mental Health/Treatment Plan-** List type and frequency of mental health services. Mention any recent changes in the child’s mood or behavior. Eg: Youth receives group counseling 2x monthly, individual 1x monthly and family therapy 2x monthly. Youth’s mood and behaviors have been consistently good over the past month. Youth has had no outburst in the home or at school.
    - b. **Attachment-** List concerns related to birth family or siblings. Talk about visitation agreements. How does youth react before and after visit? What does youth report happens on the home visits. Discuss additional people youth visits when on a home visit such as extended family members, old friends etc. What phone calls youth is making; i.e. to whom, and how often. Discuss the status of the Lifebook. Document any activities to honor and maintain connection to the original culture of the child.
    - c. **Education-** How is child doing in school? Consider social as well as academic issues. Document any extra curricular school related activities. Reference how information was obtained. Eg: discussion with school staff, progress reports, IEP meetings etc.
    - d. **Permanency-** Discuss any progress, or lack of, related to youth’s permanency goal. Eg: Document home visits if goal is return to parent or skills obtained if goal is independent living etc. Document if birth family is participating in family therapy, or if any of the birth family members are receiving individual therapy. Is family participating in treatment planning for the youth?
    - e. **Medical/Physical Health-** Document general appearance/mood/behavior. Is child in good health? Discuss any ongoing medical needs such as medication youth has taken in previous month, or any changes in medication dose or type. Document any side effects of medications. Indicate if medical passport was viewed.
    - f. **Independent Living Skills-** If appropriate, document any skills youth has learned or demonstrated during the past month. Eg: learning about various banking processes, mopping a kitchen correctly, making own hair cut appt. etc.
    - g. **Compliance with Court Order (if applicable) -** Document any action taken that supports compliance with a court order. Eg: Per court order, attended 2 anger management sessions at Comprehensive Care Center on 4/5, 4/28.



- h. **Safety and Supervision-** How does child speak about current placement and the relationship with the family members living in the home. Does child feel safe in home? Is safe and appropriate discipline being used? Are family members respecting each other's privacy? Document from whom and how the information is obtained. Eg: Youth stated in one on one discussion with Case Manager that he likes being in the home and that he doesn't have any complaints.

What do foster parents report as youth's behavior and interaction with other family members? Describe what youth's interaction in the community or various other settings is like. Eg: Child plays 1<sup>st</sup> base with the Sluggers recreation baseball team. He states he enjoys it and foster parents state that he does very well and interacts very positively with the coaches and the teammates.

### **TREATMENT SUMMARY:**

#### **OVERALL GOALS / OBJECTIVES OF REHABILITATIVE SERVICES PLAN:**

- DPP-1293 IN DEVELOPMENT
  - Remains the same as described in the rehabilitative services plan of care, DPP-1293
  - Have been changed as indicated on the attached revised DPP-1293
- Reference the **DPP-1293-Rehabilitative Services Plan of Care Approval Form** to complete the following sections.

#### **PROGRESS NOTES:**

1. **TREATMENT PLANNING AND SUPPORT-** Describe representative treatment planning and support activities performed over the last month in support of the Goals and Objectives of the Rehabilitative services plan of care:
  - Information should be relative to the goals and objectives of the DPP-1293.

**DATE-** Indicates the date a particular service was provided; more than one date can be used if service occurred more than one time.

**PROVIDER-** Indicates the provider of the service. Eg: If the Case Manager made visit to the foster home then provider would be PCC.

**DESCRIPTION-** Provide a description of the service and document how it relates to the goals and objectives. Eg: Case manager conducted face to face visit with foster parents and youth. Youth is doing well at Elmwood High School as evidenced by his progress report. Foster parents report no issues with the current weekend visitation with birth mother. Youth stated that visits are going ok, but he continues to struggle with avoiding the old friends he got in trouble with.

2. **LIVING SKILLS DEVELOPMENT** - Describe representative skills training and development activities performed over the last month in support of the Goals and Objectives of the rehabilitative services plan of care:
  - **DESCRIPTION-** List examples of skills training and activities that youth has performed or observed in the previous 30 days that support the goals and objectives of the plan. Eg: Youth cleaned his room, attended a 30 minute session at the health dept on eating healthy, and worked with foster mother to plan menu for the week and created a shopping list.
3. **THERAPY, EVALUATION AND ASSESSMENT-** Describe Counseling, Therapy, Evaluation and Assessment activities performed over the last month in support of the goals and objectives of the rehabilitative services plan of care:
  - Information should be relative to the goals and objectives of the DPP-1293.

**DATE-** Indicates the date a particular service was provided; more than one date can be used if service occurred more than one time.

**PROVIDER-** Indicates the provider of the service. Eg: If therapy is provided by the PCC the Provider would be the PCC. However, If a specialty therapy is needed and is provided by an outside resource such as the local Comprehensive Care Center (CCC), then the CCC would be listed as the provider.

**DESCRIPTION-** Provide a description of the service and document how it relates to the goals and objectives. Eg: Youth participated in 3 group counseling sessions related to his diagnosis of Oppositional Defiance Disorder (ODD). He attended one individual counseling session to address issues related to past physical abuse. Dr. Better recommends increasing individual therapy to twice monthly to address youth's adjustment back into his old neighborhood setting.

### **CASE STATUS SUMMARY (APPLIES ONLY TO PRIVATE CHILD CARE PROVIDERS)**

1. **SUMMARIZE CHILD'S ADJUSTMENT TO FACILITY:**
  - Document both foster parent's and youth's statements on how youth is adjusting. Give specific examples. Eg: Foster Parents state that youth has adjusted to their house well. He completes chores with little prompting and participates in family conversations at the dinner table. Youth states he likes the foster home but that the curfew and obtaining consequences when he breaks a rule, is frustrating. Youth states he does not think it is fair that he lost his computer time for being caught on the computer after 9:00pm.
2. **SERVICES PROVIDED TO CHILD AND CHILD'S FAMILY:**
  - Document what services are being provided to family. Include who, what, when, how. Eg: 4/04, 4/28 PCC therapist provided two family counseling sessions with youth, birth

mother and brother. Discussion of what boundaries mother needs to set when youth is on home visits. Youth made list of activities he could do instead of hanging out with his old friends. Discussion about how altercations between youth and sibling would be handled and youth was reminded that any serious infractions could result in home visit being terminated early.

3. PROGRESS TOWARD RETURN OF CHILD TO THE HOME OR COMMUNITY (IF APPLICABLE):

- Document any efforts or progress to return child home if return is the permanency plan. Eg: Youth continues to have weekend, overnight visitation with birth mother. Issues around youth returning to neighborhood with his old friends are still being discussed in therapy. Youth has obtained information about sports teams and YMCA activities that could possibly fill some of his time with when he returns home.

4. PERMANENCY GOAL FOR CHILD:

- Document permanency goal per permanency plan. Eg: Return to parent.

NAME AND TITLE OF PERSON COMPLETING FORM: Sue Seenitall, Cm. BSW  
(PLEASE PRINT)

SIGNATURE: \_\_\_\_\_

SUPERVISOR'S NAME AND SIGNATURE (IF REQUIRED): \_\_\_\_\_  
\_\_\_\_\_

DISTRIBUTION: Original—Child's Family Services Worker (case record), *may be faxed or mailed*  
Copy—Facility / Provider File (if applicable)

- Form to be completed and sent to DCBS worker by **5<sup>th</sup> calendar day** of the month following the month of review. Eg: April review due to FSW by 5/5.
- Form can be mailed or faxed but should be received by FSW by **5<sup>th</sup> calendar day** of the month.
- Form cannot be sent electronically.