



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

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Contract Correspondence Transmittal (CCT)

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Division/Branch: Protection and Permanency/OOHC	
Key Words/Phrases: Service to DCBS Committed Youth Under IPA Agreements	
Attachments/Forms: SCL Provider Tip Sheet, DPP 340	

Dear SCL Provider,

This transmittal provides clarification regarding the DCBS Individual Placement Agreement (IPA) and the Support for Community Living (SCL) Waiver process. Providing care for DCBS Committed Youth under IPA is a different process than providing care for non DCBS committed individuals you support on the SCL Waiver. A Memorandum of Agreement exists between the Department for Behavioral Health, Developmental and Intellectual Disabilities and DCBS that states youth committed to DCBS may transition to the SCL Waiver at age 20.5. The following sections should clarify DCBS expectations regarding youth in SCL placements per the IPA.

IPA Negotiation and Renewals Process for DCBS Committed Youth

Since all agencies are required to produce needed documentation to our office to negotiate new Individual Placement Agreements (IPA) and IPA Renewals timely, the following is required:

1. Full Individual Support Plan (ISP)
2. Cost Worksheet

For all current IPAs the following documentation is required to be forwarded to 275 East Main Street 3C-D, Frankfort Ky 40621 or faxed to (502-564-5995) no later than the date of the IPA expiration:

1. New Individual Support Plans (ISP)
2. Cost Worksheet

If requesting a high intensity IPA the following is required:

- A formal memo describing the services the youth requires that are beyond the regular intensity rate, also this youth's current high intensity behaviors and,
- Information regarding this youth's need for 1 to 1 supervision and how much of this is required each day and,
- Supporting documentation on all services being requested for payment on the cost worksheet, including Behavior Supports, ongoing counseling, school, ADT, therapies, etc. and a
- Copy of SNAP assessment, if available.

SCL Allocation and DCBS Committed Youth

For a DCBS committed youth, it is the agency's responsibility to begin accessing the SCL funding stream on the date specified on the SCL allotment letter. The current IPA will be null and void no later than four (4) weeks after the date SCL funds are allocated (as stated on the allocation letter) by the Division of Behavioral Health. A new IPA will be created during this four (4) week period to cover room/board and personals/incidentals (at no more than \$570 per month) The new IPA will be in effect until the date the youth exits DCBS custody.

Payment for DCBS Committed Youth

On the date youth exits DCBS custody, DCBS can no longer be responsible for payment. It doesn't matter whether commitment ends on the 21st birthday or commitment is released for any other reason before the 21st birthday, the date youth exits DCBS custody the IPA will be null and void. DCBS can not authorize any funding for an individual who is not committed to DCBS.

SCL Tip Sheet

A SCL tip sheet has been created for your review and convenience in working with DCBS. Please see attachment.

If you have any questions please contact Cathy Shepler, DCBS SCL Liaison at 502-564-2147 or cathly.shepler@ky.gov. Thank you in advance for your assistance in accessing SCL funding timely and maintaining current IPA contracts to ensure payment of services for DCBS youth.

SCL PROVIDER TIP SHEET SUPPORTING DCBS YOUTH

NEW IPA NEGOTIATION

To negotiate new Individual Placement Agreements (IPA) the following is required 1. Full Individual Support Plan (ISP) AND 2. Cost Worksheet (Support Spending Plan). For all new IPA's the following documentation should be provided to our office 10 working days before the date of placement, or on the next available business day when placement is arranged, if less than 10 days

1. Full Individual Support Plan (ISP)
2. Cost Worksheet (Support Spending Plan)

IF A HIGH INTENSITY RATE IS BEING REQUESTED ALSO INCLUDE THE FOLLOWING DOCUMENTATION:

1. A memo describing the services this youth requires that are beyond the regular intensity rate, also this youths current high intensity behaviors AND
2. Information regarding this youths need for 1 to 1 supervision and how much of this is required each day AND
3. Supporting documentation on all services being requested for payment on the cost worksheet, including Behavior Supports, ongoing counseling, etc. AND
4. SNAP Assessment if available.

IPA RENEWAL NEGOTIATION

For all IPA renewals your agency should provide the following documents to our office by fax at 502-564-5995, or by mail to 275 East Main Street 3C-D, Frankfort, Kentucky 40621 before the IPA expiration date. The following documentation is required for an IPA renewal:

1. Full Individual Support Plan (ISP)
2. Cost Worksheet (Support Spending Plan)

IF A HIGH INTENSITY RATE IS BEING REQUESTED ALSO INCLUDE THE FOLLOWING DOCUMENTATION:

1. A memo describing the services this youth requires that are beyond the regular intensity rate, also this youths current high intensity behaviors and
2. Information regarding this youths need for 1 to 1 supervision and how much of this is required each day and
3. Supporting documentation on all services being requested for payment on the cost worksheet, including Behavior Supports, ongoing counseling, etc. and
4. SNAP Assessment if available.

SCL WAIVER PROCESS FOR DCBS YOUTH

On the date that SCL funding is allocated to a DCBS youth it is the SCL agency's responsibility to begin accessing that funding stream. This process does not wait until the youth turns 21, SCL funding should be accessed immediately upon allocation, regardless of the age of the youth. IPA's will end no later than 4 weeks after the date SCL funds are allocated by the Division of Mental Retardation. A new IPA may be created to cover room/board and personals/incidentals only at the time funding is accessed by the SCL.

TERMINATION OF IPA

An IPA will be null and void on the date a **youth exits DCBS custody** for any reason. All DCBS youth leave custody no later than their 21st birthday. DCBS can not provide payment for care of individuals not in DCBS custody. Therefore if the SSW advises the SCL of a possibility that the youth may exit DCBS custody (before the 21st birthdate), the SCL agency should begin advocating for other funding streams to support that individual if they exit DCBS custody.

BED HOLDS

Bed holds will only be honored if it is your agency's intent to have the DCBS youth return to your program. Documentation may be requested if an agency decides not to have the youth return at any point during the bed hold, and DCBS may determine it was not your agency's intent to have the youth return resulting in our agency not honoring the agreement, and not paying any for any days in which the bed hold was requested. A bed hold amount paid to the SCL agency will be no more than the regular intensity staffed residence rate (\$168.46) or regular intensity foster home rate (\$112.49). A bed hold will not be done for a youth that is incarcerated.

INCIDENT REPORTS INVOLVING DCBS YOUTH

All incident reports are to be faxed by the SCL agency to the DCBS youth's Social Service Worker and to the DCBS SCL Liaison in Central Office at 502-564-5995, within one week of the incident date.

PLACEMENT MOVES

At any time a DCBS committed youth moves to a different physical location from their current residence, either to another residence, hospital stabilization, jail, termination of IPA, etc. a **DPP 340** must be completed and faxed or mailed to the DCBS youth's Social Service Worker **AND** to the DCBS SCL Liaison in Central Office at 502-564-5995 with in 24 hours or during the next business day.

Contact Information:

DCBS SCL Liaison
DPP OOH Branch
275 East Main Street 3C-D
Frankfort, KY 40621
Phone: 502-564-2147
Fax: 502-564-5995

Cathy Shepler, SCL Liaison
Email: Cathy.Shepler@ky.gov
Toya Nicholson (program back-up)
Email: Toya.Nicholson@ky.gov
Christina Givens (program back-up)
Email: Christina.Givens@ky.gov

DPP 340
(8/07)

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

Notification of Change of Location for Youth With an Individual Placement Agreement

Instructions: This form is to be completed within 24 hours (or next business day) for DCBS youth who are placed with an SCL provider on an Individual Placement Agreement (IPA) when:

- 1) the youth moves within the agency to a different physical address or location;
2) the youth moves to a hospital; or 3) the youth's IPA is terminated.*

SCL Case Manager Name & Phone Number: _____

1. Check The One That Applies:

Change In Address: Hospitalization: Termination:

2. Client Identifying Information:

1. Name: _____ 2. SSN: _____

3. MAID #: _____

4. Responsible Party & Address: DCBS-DPP

SSW Name: _____

SSW County and phone number: _____

3. Change in Residential Placement (Check The One That Applies)

Current address: _____

City/State/Zip _____

New Address: _____

City/State/Zip: _____

Residence Phone Number: _____

Date of Move: _____

Reason for Move: _____

Hospital or Facility Admission:

Hospital or Facility Name: _____

Admission Date: _____ Discharge Date: _____

Reason fro Admission: _____

Termination of Individual Placement Agreement:

Voluntary Involuntary Date of Termination: _____

Reason for Termination: _____

4. Submitted by: Name Title Signature Date

| Submit by Fax to: Youth's DCBS SSW & DCBS Out of Home Care Branch, Fax: (502)564-5995.