Cabinet for Health and Family Services

Department for Community Based Services

275 East Main Street, 3C-C

Frankfort, Kentucky 40621

**Application for a Private Child Care Agreement**

Check one:

Application Renewal for SFY \_\_\_\_\_\_\_through \_\_\_\_\_\_\_

New Application for \_\_\_\_\_\_\_\_ through \_\_\_\_\_\_\_\_

Add New Service to Existing Agreement through\_\_\_\_\_\_\_

Licensed Name of Agency/Facility

Physical Address of Agency/Facility

Mailing Address

Name and Title of Contact Person

E-Mail Address

Telephone Number

Signature

Title

Date

*Please do not write below this line. For CHFS Use Only.*

Stamp Date Received:

By: \_\_\_\_\_\_\_\_\_\_\_\_\_

TABLE OF CONTENTS

Page

I. General Information 3

II. Responses 3

III. Relative Importance of Particular Qualifications 3

IV. Description of Services Required 4

V. Information and Data Required from Applicant 5

SECTION I - GENERAL INFORMATION

The purpose of child-caring facilities and child-placing agencies is to enable a child to have stability and be treated in one (1) setting for a limited time so that the child may be safely returned home, placed in a permanent adoptive home, or placed in another less restrictive setting as soon as possible.

Providers are invited to submit an application to the Cabinet for Health and Family Services (Cabinet) in accordance with the requirements specified in this Application for

a Private Child Care Agreement. The Application is designed to provide the Cabinet with the opportunity to review existing or potential service delivery systems that directly address the needs of children in out-of-home care.

The Commonwealth of Kentucky reserves the right to stop accepting or processing Applications at any time and for any reason. The Cabinet reserves the right to fund all, part, or none of any service to the extent necessary to maximize the well-being of committed children. The Commonwealth of Kentucky retains the right to terminate or amend any Agreement for any reason. Receipt of an Application to the Commonwealth or submission of an Application to the Commonwealth neither confers rights upon the submitting Agency nor obligates the Commonwealth in any manner.

An Agreement based on the Application for a Private Child Care Agreement may or may not be awarded.

The Applicant expressly understands that Agreements awarded to any Applicant shall be subject to the availability of local agency or governmental funds, or state or federal funds necessary to finance the performance of the services described herein.

Any Agreement resulting from this Application is invalid until properly approved and executed by the Cabinet for Health and Family Services.

SECTION II - RESPONSES

Please direct all questions regarding this Application to Julie Cubert at (502) 564-7536 ext. 4500 or Julie.Cubert@ky.gov . An original application (plus 4 copies for new applicants) must be submitted via mail to:

Julie Cubert, PCC/PCP Liaison

Department for Community Based Services

Division of Protection and Permanency

275 East Main Street 3C-C

Frankfort, Kentucky 40621

SECTION III - RELATIVE IMPORTANCE OF PARTICULAR QUALIFICATIONS

The Cabinet will review applications based on the amount of available funds, the quality of the application, the applicant's financial ability to implement the program, the applicant's demonstrated ability to effectively provide services to children and their families, the applicant’s accreditation as required by 922 KAR 1:360, and the applicant's recent record of statements of deficiency and licensure status with the Office of Inspector General, Division of Regulated Child Care; Fire Marshal's Office; Children’s Review Program; and all applicable regulatory agencies.

Expectations of the Cabinet for a successful applicant include the following:

* Ability to move children toward permanency
* Ability and willingness to include the children and their families in the planning and treatment process
* Ability to meet administrative compliance measures

#### Ability to meet quality based outcome measures

* Ability to provide evidence based treatment by qualified staff

The Cabinet reserves the right to conduct discussions with any applicant who has submitted an application to determine the applicant’s qualifications. Based upon the Cabinet’s review of an application, the Cabinet may request additional information. Applications failing to meet minimum application requirements may be returned.

SECTION IV - DESCRIPTION OF SERVICES

The Cabinet, under the provisions of Kentucky Revised Statutes, Chapters 600 - 645, is responsible for the provision of services to children committed to the Cabinet. The Cabinet seeks qualified, appropriately licensed, contractual assistance to provide out-of-home care placement and treatment services to children in the custody of the Cabinet. Committed children are often treated in a child-caring or child-placing setting for a limited time so that the child may be safely returned home, be placed in a permanent adoptive home, or be placed in another less restrictive setting as soon as possible.

The qualified applicant applying to provide child-placing and child-caring services must have a valid Kentucky license to provide the service and adhere to all statutory and regulatory requirements.

Child Placing

1. Foster Care: Is defined in KRS 600.020(26). General requirements and qualifications for foster care agencies and foster family homes can be found in 922 KAR 1:310.
2. Therapeutic Foster Care: Is defined by KRS 158.135(1)(c). General requirements and qualifications for therapeutic foster care agencies can be found in 922 KAR 1:310.
3. Independent Living: Is defined in KRS 600.20(30). General requirements and qualifications for independent living programs are specified in 922 KAR 1:310.
4. Foster Parent Adoption: Foster Parent Adoption applies to the adoption of a child: (1) whose parental rights have been terminated and (2) is under the custodial control of the Cabinet by a parent approved by either DCBS or a private child-placing agency to provide foster care services for a child placed in out-of-home care by the Cabinet. General requirements and qualifications to provide adoption services are specified in 922 KAR 1:310. Applicants shall have a valid Kentucky license to provide adoption services and a curriculum approved by the Cabinet.
5. Medically Fragile Foster Care: Is a optional service that may be provided to children in the custody of the Cabinet that meet the definition of a medically fragile child as defined in 922 KAR 1:310. General requirements and qualifications for medically fragile services are specified in 922 KAR 1:310.

Child Caring

1. Residential Treatment Program: Is defined in KRS 600.020(48). General requirements for residential treatment programs are specified in 922 KAR 1:390.
2. Residential Child-Caring Facility: Is defined in KRS 199.641 (1)(b). General requirements for residential child-caring facilities are specified in 922 KAR 1:300 and 1:390.
3. Group Home: Is defined in KRS 199.011(10). General requirements for group homes are specified in 922 KAR 1:300 and 1:390.
4. Crisis Intervention Unit: Is defined in 922 KAR 1:390 Section 5; 922 KAR 1:300 Section 1(14); Section 2(1)(d); & Section 3(5)(b). General requirements for crisis intervention units are specified in 922 KAR 1:300 and 1:390.
5. Emergency Shelter: Is defined in KRS 600.020(23). General requirements for emergency shelters are specified in 922 KAR 1:300 and 1:390.
6. Emergency Shelter with Treatment: Is defined in 922 KAR 1:380. General requirements for emergency shelters with treatment are specified in 922 KAR 1:300 and 1:390.

SECTION V - INFORMATION AND DATA REQUIRED FROM APPLICANT

All the following sections comprise the contents of the Application which must be submitted in sequential order. Each section and attachment must be clearly marked by an index tab or other suitable marker. (Note: Items marked with an asterisk (\*) are not required from applicants who had an agreement with the Cabinet in the previous fiscal year.)

1. ADMINISTRATION, PROGRAM GOALS AND OBJECTIVES
2. Administration
3. Provide the Agency’s background information, including the date the Agency was established, type of ownership, total number of full-time employees, volunteers, physical structure/size (if a facility), financial status, and resources. If the Agency is applying to provide services in more than one (1) location, this information must be provided for each licensed location.
4. Describe in detail the Agency's experience in providing services to children and the types of services provided. Please list each type of service that the Agency is applying to provide. Please indicate with an asterisk (\*) any service that the Agency is currently licensed to provide but is not currently providing under Agreement with the Cabinet. If the Agency is seeking to add a licensed service to your Agreement with the Cabinet, please indicate such and ensure the new service is described under Program Design, Program Description.
5. Program Administration
6. Describe any management/administrative arrangement or contract that the Agency has with another entity. Any contract agreements and/or supporting documents should be referenced, attached, and labeled accordingly.
7. Describe the financial stability of the Agency to effectively implement and operate its program(s). The Agency must describe its parent company, if one (1) exists, and whether it is using the parent company’s financial assets and/or managerial resources to ensure successful operation of the program(s). Any contract agreements, evidence and supporting documents should be referenced, attached, and labeled accordingly.
8. If the applicant currently has a PCC Agreement with the Cabinet, attach a copy of the Agency’s audited financial statement of income and expenses, liquid assets, fixed assets, reserve funds available for emergency use and profit/loss statements.
9. If the applicant does not currently have a PCC Agreement with the Cabinet, attach a projected statement of income and expenses by month for the Agency’s first year of operation based upon the provision of services the Agency is seeking to provide. In addition, the Agency must provide properly documented and verifiable evidence of its capacity to operate a minimum of eight (8) weeks without reimbursements.
10. Provide an organizational chart with a narrative explanation. The narrative shall include the job title, educational qualifications, and licensure/certifications of all management and clinical staff.
11. Provide a listing of the Board of Directors that includes their professions and contact information. Please identify any board members that have additional roles or responsibilities (i.e. financial, service delivery, employment) with the Agency or employees of the Agency and describe those roles and responsibilities.
12. Deficiencies and Litigation

(Note: Failure to include a response to this section may result in disqualification.)

1. Provide copies of statement of deficiencies for the last year from the Division of Regulated Child Care. Attach copies of any accepted and/or pending plans of correction and label accordingly.
2. Describe any settled or pending litigation, including administrative actions, in which the Agency and/or its employees (work-related) were a party during the past two (2) years, and document the present status of such litigation. Attach copies of all final orders and label accordingly.
3. If the Agency operates in another state, please include the information requested above in items A and B for each state in which the Agency operates.
4. If the Agency has a parent company or a management/administrative contract with another entity, please include the information requested above in items A and B for the parent company and the management/administrative entity.
5. Physical Location
6. For each licensed location, specify the services the Agency is applying to provide as well as the physical address, the program director, and the placement capacity (number and level of care) expected to be available to the Cabinet. Attach a copy of each license and label accordingly.
7. Location

1. For child-caring facilities, describe the building(s)’ age, type of structure, number of bedrooms, size of kitchen, size of indoor and outdoor recreation areas, and safety provisions. Provide a brief description of the general area, provisions for privacy, proximity to needed ancillary services (medical, dental, speech and hearing, psychologist, psychiatrist, emergency psychiatric inpatient facilities, specialized medical services, etc.).

1. For Agencies providing foster care or therapeutic foster care services, attach a list of the counties where the Agency’s foster homes are located and the number of foster homes in each county.
2. For Agencies operating independent living programs, describe the design of the program, including the number of buildings, number of apartments, age and types (i.e., brick, stone) of the structures, configuration of the living quarters (i.e. number of bedrooms, size of kitchen, access to bathrooms, outdoor living and recreation areas, furnishings provided, and safety provisions). Attach a listing of the counties and number of living quarters in each county.
3. Describe any technological and/or other security measures the program utilizes to prevent AWOLs.

III. Program Design

1. Program Description
2. Please provide a description of the mission and goals, types/frequency of counseling/therapy (individual, group, and family), and a sample of daily and monthly activity schedules. Please describe how the Agency will ensure that children receive services that are consistent with their religious, ethnic, and cultural background.
3. Provide a description of the Agency’s admission criteria including gender, minimum and maximum age, minimum and maximum level of care, and minimum grade level.
4. Provide a description of the Agency’s exclusionary criteria, including level of functioning and/or types of behaviors that would cause the Agency to reject a placement.
5. Specify which treatment services are provided in-house, under contract with another licensed agency, or accessed through agencies in which the treatment is reimbursed through other federal funding sources (i.e., Community Mental Health Centers or other Medicaid provider). Attach a copy of all contracts for treatment services ensuring that the payment, method, and frequency of communication is specified. If a program directly provides or contracts for treatment services, the Cabinet will include those costs in the reimbursement rate, according to KRS 199.641. The Cabinet cannot pay for treatment services accessed through and reimbursed by another federally funded source.
6. List the Evidence Based Practices (EBPs) utilized for each of the issues/behaviors below. For each EBP, list the agency staff person trained or certified to administer the EBP. (Note: If the Agency would reject placement based on the issue/behavior, please state that next to the item)

* Anger/tantrums/low frustration tolerance
* Anxiety related issues/behavior
* Attention/impulse control issues/behavior
* Autism spectrum issues/behavior
* Defiant/disruptive issues/behavior
* Depressive and other mood related issues/behavior
* Eating related issues/behavior
* Family issues (including preparation for reunification)
* Physical aggression
* Psychotic issues/behavior
* Reactive attachment issues/behavior
* Self-harming issues/behavior
* Sexual acting out/reactive issues/behavior
* Sexual perpetrating issues/behavior
* Substance abuse issues/behavior
* Suicidal issues/behavior
* Trauma-related issues/behavior

1. Specify what, if any, specialized services or treatment the Agency will provide for children who are developmentally delayed.
2. Please specify whether the Agency will accept and provide services for pregnant and/or parenting youth. If yes, describe the services.
3. For Agencies providing therapeutic foster care services and/or residential treatment services, describe how the Agency complies with Attachment F of the Private Child Care Agreement. Please include the name and credentials of the individual(s) conducting assessments and guiding the development of each child’s comprehensive treatment plan.
4. Specify how the Agency will provide psychiatric services (i.e., psychiatrist on staff or contracted, use of Community Mental Health Center, or other community provider). Include how soon after admission the child would typically be seen by the psychiatrist.
5. Describe how the Agency will meet the children’s educational needs (i.e. on-site or in the community). For new programs, provide documentation of coordination/communication with the local education agency.
6. Describe the role and extent of recreation programs. Describe the planned opportunities for family involvement. Involvement of the Cabinet's social worker in the interventions must also be addressed. In addition, describe any partnership initiatives with Cabinet staff, including co-location of staff, use of specified liaisons, etc.
7. Provide documentation of accreditation of services the Agency is requesting to provide or proof of progress in having these services accredited. Please attach and label accordingly.

B. Program Adaptability/Flexibility/Integration

\* 1. Describe the types of approaches/strategies that will be used to assess and deter potential critical incidents. Describe the methods that will be employed. Describe how critical incidents will be processed with the child and those involved. In accordance with the Private Child Care Agreement, describe the method in which your Agency will track and analyze incidents for management purposes.

\* 2. Describe linkages to community resources/partners in terms of all functional and/or contractual relationships to demonstrate the applicant's networking with other Agencies.

\* 3. Describe any organizational strategies that will be employed to assure that various program components (i.e., clinical, educational, recreation, dining area, maintenance, and direct care staff) are working together in a coordinated manner with each child from intake to discharge.

C. Staff Training and Development - Describe the staff training and development plan, including the following:

1. Outline of materials to be covered (distinguish between pre-service and in-service).

2. Number of training hours per month for each segment of staff (i.e., clinical staff, direct care, administrative, and others such as clerical, cooks and maintenance).

##### B. COMPLIANCE FOR APPLICANTS THAT DO NOT HAVE A CURRENT PCC AGREEMENT WITH THE CABINET

By signing this application, the Agency agrees and certifies that it has read the current PCC Agreement, understands its provisions and agrees to comply with all the requirements set forth in the PCC Agreement. The agency further certifies that the signature of the person below is authorized to sign on behalf of the Agency.

I certify that the above information is complete and correct to the best of my knowledge.

\_\_\_\_\_

Date Signature and Title of Authorized Official

If there has been a change in name or ownership within the last year, please PRINT the former name below: