



**CABINET FOR HEALTH AND FAMILY SERVICES**  
**Department for Community Based Services**  
**Division of Protection and Permanency**

**Andy Beshear**  
Governor

275 East Main Street, 3E-A  
Frankfort, KY 40621  
Phone: 502-564-6852  
Fax: 502-564-4653  
[www.chfs.ky.gov/agencies/dcbs](http://www.chfs.ky.gov/agencies/dcbs)

**Eric C. Friedlander**  
Secretary

**Lesa Dennis**  
Commissioner

**PROTECTION AND PERMANENCY TRANSMITTAL LETTER, 24-05**

**TO:** Service Region Administrators  
Service Region Administrator Associates  
Service Region Clinical Associates  
Regional Program Specialists  
Family Services Office Supervisors

**FROM:** Kelli Root, Assistant Director  
Division of Protection and Permanency

**DATE:** April 15, 2024

**SUBJECT:** SOP 12.30, DPP-111B, Memo of Justification, and Supplemental Services Monthly Log

The purpose of this transmittal letter is to notify staff of SOP edits related to changes in [922 KAR 1:520](#).

[SOP 12.30 Supplemental Services Expenses](#);  
[DPP-111B High-Risk Supplement Assessment](#);  
[Memo of Justification Supplement Service Per Diem](#); and  
[Supplemental Services Monthly Log](#).

If you have any questions regarding this transmittal letter, please contact:

Kristin Breeden, Out-of-Home Care Branch Manager  
[kristin.breeden@ky.gov](mailto:kristin.breeden@ky.gov)  
(502) 564-2147

