



CABINET FOR HEALTH AND FAMILY SERVICES
DEPARTMENT FOR COMMUNITY BASED SERVICES

Steven L. Beshear
Governor

Protection and Permanency
275 E. Main Street, 3C-C
Frankfort, KY 40621
(502) 564-7536 (Phone)
(502) 564-4653 (Fax)
chfs.kv.gov

Janie Miller
Secretary

Contract Correspondence Transmittal (CCT)

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Division/Branch: Protection and Permanency/QAPD	
Key Words/Phrases: Contact with Out of Home Care Service Providers	
Attachments/Forms: SOP 7E.3.1 SOP 7E.3.4	

Dear PCC/PCP Provider,

On July 21, 2010, Commissioner Wilson issued a directive regarding ongoing contact with service providers for children in out of home care. The following information was included in that directive.

DCBS is specifically tasked with the protection of children and vulnerable adults and for the provision of a foster care system. We achieve those tasks through the provision of services that assist families or individuals by engaging those impacted in (a) assessing the problem; (b) developing a case plan aimed to ameliorate or resolve the problem; (c) taking progressive steps to achieve tasks associated with that case plan; and, (d) determining the success of those efforts.

Effective this date (July 21, 2010, the following standards regarding the placement of children in residential treatment facilities are now a part of the DCBS Protection and Permanency practice. (Residential treatment being defined as PCC residential, PRTF, psychiatric hospital, or any out-of-state facility.)

- Any child in our custody being placed in a residential treatment facility, either in- or out-of-state, will be accompanied by either the worker or the worker's supervisor, unless the placement is of such an emergency nature that there is not time for the worker/supervisor to reach the facility prior to the admission. The worker, or supervisor, will participate in the admissions process, making sure the placement is accepted before leaving the facility.**

If the child is being transported by law enforcement via the Court's order, the worker/supervisor is expected to meet the child at the facility.

In emergency situations where the worker/supervisor does not have time to reach the facility prior to admission, the worker/supervisor may participate in the admissions process by phone. If needed, assistance may be sought from a local DCBS P/P representative.



2. **The worker with case responsibility is expected to have, at a minimum, monthly contact with the treatment/clinical staff at the facility directed at ascertaining the child's progress in treatment and the impact of that progress toward the achievement of the goals in the DCBS case plan. The contacts may be by phone or in person. In extenuating circumstances, email communication may suffice for a specific month's contact. The case record must reflect the content of these contacts.**

The SOP affected by this change are:

- SOP 7E.3.1 Process Overview for Service Delivery
- SOP 7E.3.4 Ongoing Contact with the Child

3. **Travel requests for follow-up visits to out-of-state placements must be made to Central Office at least 30 days in advance of a planned trip.**

If you have questions concerning this process, please contact Julie.Cubert@ky.gov.

Sincerely,



Michael Cheek
Director

PROCESS OVERVIEW FOR SERVICE DELIVERY

COA STANDARDS:

- NA

LEGAL AUTHORITY:

- 922 KAR 1:140, Foster care and adoption permanency services

PROCEDURE:

1. Once service needs have been identified through the assessment process, the SSW locates the most appropriate service providers in the community (or outside the community, if there are limited resources). In doing so, the SSW considers:
 - (a) The services offered;
 - (b) The agency's flexibility in scheduling;
 - (c) The family's means of transportation;
 - (d) The affordability of services for the family; and
 - (e) The family's identification of community resources that have or have not been beneficial in the past.
2. The SSW presents service options to the family and individual family members, who are offered the opportunity to choose a provider when possible. The parent and youth select services for the youth.
3. Once the provider is chosen, the DCBS-1, Informed Consent and Release of Information and Records and/or DCBS-1A, Informed Consent and Release of Information and Records Supplement forms are signed. The SSW follows guidelines for HIPPA Compliance.
4. If appropriate, the SSW gives the service provider information regarding the reason for the Cabinet's involvement with the family, the assessed strengths and needs of the family, and a copy of the most recent Family Case Plan. During the referral process, the SSW inquires about the provider's agency policy and procedures regarding providing written reports and explains that there is the possibility that they may be asked to testify in court on behalf of either the child, family, or the Cabinet.
5. The SSW maintains (at a minimum):
 - (a) **Quarterly face to face contact** with service providers, including the Court Appointed Special Advocate in order to assess the family's progress towards achievement of case goals, objectives and tasks; and alleviation of risk to the children; and
 - (b) **Monthly telephone contact, if no face to face visit is scheduled, with the treatment/clinical staff at a PCC or hospital facility, to assess the child's progress toward achievement of case plan goals, objectives and task; and documents the content of the contact in the case record.**
(Please Note: In extenuating circumstances, e-mail communication may suffice for a specific month's contact)

6. The SSW follows guidelines for ongoing contact with the child and ongoing contact with the family.
7. The SSW ensures that the educational, health care (including mental health), and independent living needs of the child are met by following the guidelines in the appropriate SOPs, and by reviewing the OOHC Case Plan.
8. The SSW follows guidelines for Critical Situations as appropriate. Critical situations include:
 - (a) Serious illness or death of a child;
 - (b) The child's absence without leave (AWOL);
 - (c) Possession of a deadly weapon by a child;
 - (d) The child is an alleged victim, or perpetrator, of:
 - (1) Abuse;
 - (2) Neglect;
 - (3) Physical assault; or
 - (4) Sexual assault;
 - (e) Alleged criminal activity by the child requiring notification of law enforcement;
 - (f) Suicide attempt of a child; or
 - (g) Emergency placement or hospitalization of a child in a:
 - (1) Crisis stabilization unit;
 - (2) Medical hospital; or
 - (3) Psychiatric hospital.
9. The SSW creates the ongoing CQA at least every six (6) months which must be created within thirty (30) days prior to the Family Case Plan periodic review prior to case closure. In the CQA, the SSW documents any significant change that has occurred in a family, which may include, but is not limited to:
 - (a) Change in the composition of the family;
 - (b) Loss of job;
 - (c) Change in family income; or
 - (d) Loss of basic needs being met.
10. As with any other type of case, the SSW with responsibility for a CPS In-home service case follows the guidelines for Case Consultation.
11. If a new report of suspected child maltreatment is received after the case has been opened for services, the SSW enters the new referral in TWIST and follows guidelines for CPS Intake and Investigation.
12. The SSW follows up with court involvement, as necessary, and provides updates to the Citizen Foster Care Review Board as requested.
13. Special requests (e.g. hunting, tattooing, ear- or body-piercing, riding four-wheelers, etc.) are only granted with approval by the FSOS and:
 - (a) The biological parent (if parental rights are intact); or
 - (b) The committing court.

ONGOING CONTACT WITH THE CHILD

COA STANDARDS:

- NA

LEGAL AUTHORITY:

- NA

PROCEDURE:

1. The SSW or other Cabinet staff has a private face-to-face visit with a child placed in OOHC within ten (10) calendar days of placement with phone contact to the child within five (5) calendar days of placement.
2. The SSW has private face-to-face contact with all children in OOHC in the child's placement setting at least once every calendar month unless the child is:
 - (a) Designated as medically fragile (refer to procedure #3); or
 - (b) Placed in a PCC residential or a PCP foster home (refer to procedure #4).

(Link to [Tip Sheet for Visitation Between Caseworker, Child\(ren\) and Care Provider](#))

(Link to [Documenting Monthly Caseworker Visits With Children in Out of Home Care Tip Sheet](#))

(Link to [Tip Sheet for Visitation between Parents and Children](#));

3. If a child is approved as Medically Fragile or Care Plus, the SSW or other staff has private, face-to-face contact with all children in OOHC twice per month with at least one visit per month occurring in the placement setting. It is recommended that the SSW visit the child and foster parent more frequently, and contact the home by phone when circumstances indicate. During visits, the SSW reviews and documents the following information about the medically fragile child's:
 - (a) Weight;
 - (b) Alertness;
 - (c) Physical condition;
 - (d) Illnesses or medical changes since the last visit;
 - (e) Current medical services;
 - (f) Current diet and eating pattern; and
 - (g) Medication log.

4. If a child is in a PCC facility or PCP Foster Care, the SSW or other Cabinet staff has private, face-to-face contact in the child's placement setting at least quarterly. The SSW utilizes the [DPP-1294 Rehabilitation Services Monthly Report](#) submitted by the PCC/PCP to document monthly face-to-face contact between the PCC/PCP personnel and the child, **but contacts the facility's treatment/clinical staff, by telephone, at least monthly (when no visit is scheduled) to assess the child's progress towards case plan goals, objectives and tasks.**

(Link to [Documenting Monthly Caseworker Visits With Children in Out of Home](#))

Care Tip Sheet)

5. The SSW assigned to the family makes contact with the child as described above, however, when this is not possible, the R&C SSW or other appropriate staff may make a contact to ensure each child has the required monthly face-to-face contact. The SSW may utilize the Caseworker Visit Template during the face-to-face contact with the child.
6. If a child is in a Supports For Community Living (SCL) program, the SSW may use the Support for Community Living Program Visit – Review of Records and Facility Form at each monthly visit to the child's placement setting, providing a copy to the Central Office SCL Liaison. The SSW may contact the Central Office SCL Liaison if there are concerns, questions or a need for a MRDD case consultation after reviewing the SCL Tip Sheet and the Resource Manual for Youth with Disabilities in Foster Care.
7. Only the SRA or designee may grant exceptions or modifications to the requirement for contact with the child as referenced above, and the basis for such an exception or modification should be documented in the case record and reviewed during Case Planning Conferences or Periodic Reviews.
8. If concerns arise as a result of a visit to a child, the concerns are:
 - (a) Discussed between the SSW and FSOS, and may include the onsite (courtesy) SSW, and the R&C SSW as appropriate;
 - (b) Addressed with a plan for resolution; and
 - (c) If appropriate, documented as part of the foster home annual evaluation or a complaint regarding a PCP or PCC.