



**CABINET FOR HEALTH AND FAMILY SERVICES
DEPARTMENT FOR COMMUNITY BASED SERVICES
COA ACCREDITED AGENCY**

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Contract Correspondence Transmittal (CCT)

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| CCT Number: 17-03 | Date of Issue: June 8, 2017 |
| Issuance: Division of Protection and Permanency, Director – Pam Cotton <i>PC</i> | |
| Key Words/Phrases: Bed Hold, Two Week Notice, Discharge Date | |
| Attachments/Forms: <i>Request for Bed Hold form</i> | |

This CCT is being sent in order to clarify the expectations surrounding bed holds, particularly with regard to the child’s return to placement. Bed holds are only applicable if the plan is for the child to return to the same foster home within the PCP agency or the same program within a PCC residential facility following a disruption. A disruption may include: AWOL and Hospitalization (medical or psychiatric) but does not include a youth being placed in Juvenile Detention as that is considered a placement move.

Upon DCBS approval of a bed hold, the Cabinet is responsible for payment of the bed hold, even if the child cannot return to the placement due to circumstances beyond the Provider’s control. Should the Provider determine during the bed hold period that it cannot meet the needs of the child and does not wish for the child to return to the same foster home/residential program, the Provider shall provide a two week written notice to the Cabinet. Additionally, the Provider shall maintain a placement for the child if discharge from a hospital or return from an AWOL occurs prior to the two (2) weeks advance notice expiring or four (4) weeks if an extension is requested and granted (extension not allowable in AWOL situations). In the event that the child does not return to the placement prior to the advance notice expiring, the date of the placement disruption shall be considered the discharge date, and this notice negates any obligation of the Cabinet for payment of any bed hold days. Should the Cabinet determine at any time during the approved bed hold period that the child will not return to the same foster home within the PCP agency or the same program within a PCC residential facility, written notice shall be provided to the Provider, and bed hold days shall be paid only up to the date of the notice to the Provider. The date of the Cabinet’s notice to the Provider shall be considered the discharge date.

If you have any questions regarding this transmittal or require greater clarification, please contact Gayle Learned via email (gayle.learned@ky.gov) or by telephone at (502) 564-6852, ext. 3608.

Request for Bed Hold

Child's Name: _____
 Case #/Date of Birth: _____
 Name of Private Agency: _____
 Foster Parent(s) Name (if applicable): _____
 Date Child Left Placement and Bed Hold Begins: _____
 Date Child is expected to return to Placement: _____
 Date Bed Hold Request Expires (2 weeks): _____

Justification for Bed Hold: _____

Recommended _____ Date _____
 SSW _____ Date _____
 FSOS _____

Approved: _____
 SRA or Designee (SRAA or SRCA)

Date sent to Private Agency _____ Mail or FAX (circle one)

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 Date Additional Two (2) Week Bed Hold Requested for Medical Need: _____
 Medical Need Justification: _____

Recommended _____ Date _____
 SSW _____ Date _____
 FSOS _____

Approved: _____
 SRA or Designee (SRAA or SRCA)

Date sent to Private Agency _____ Mail or FAX (circle one)

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 Date Bed Hold Request Cancelled: _____
 Reason for Cancellation: _____

Recommended _____ Date _____
 SSW _____ Date _____
 FSOS _____

Approved: _____
 SRA or Designee (SRAA or SRCA)

Date sent to Private Agency _____ Mail or FAX (circle one)