



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

**Andy Beshear**  
Governor

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**Contract Correspondence Transmittal (CCT)**

<b>CCT Number: 22-06</b>	<b>Date of Issue: June 27, 2022</b>
<b>Issuance: Division of Protection and Permanency, Department for Community Based Services, Assistant Director Kelli Root <i>KR</i></b>	
<b>Key Words/Phrases: DPP-1293, DPP 1294B</b>	
<b>Attachments/Forms: DPP-1293, DPP 1294B</b>	

The intent of this correspondence is to advise that the Rehabilitative Services Plan of Care Approval Form, DPP-1293 and the Rehabilitative Services Monthly Report, DPP-1294B have been updated.

The DPP-1293 DPP Rehabilitative Services Plan of Care Approval Form should now be sent by email only to the SSW and the facility provider. There is no longer a requirement to send a copy to the TCM/Rehab Coordinator.

The DPP-1294B Rehabilitative Services Monthly Progress Report should no longer be faxed or mailed to the Cabinet Worker and should only be sent by email.

If you have further questions, please contact Holly Davis at [hollyc.davis@ky.gov](mailto:hollyc.davis@ky.gov) or Sherry Postlewaite at [Sherry.Postlewaite@ky.gov](mailto:Sherry.Postlewaite@ky.gov).

Please forward this communication to relevant agency staff.