PPS Policy and Procedure Manual

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Prevention and Protection Services

Policy and Procedure Manual

Published July 1, 2016

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- Click or double click the desired book or page in the table of contents to go to the specific page
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If errors are found or corrections needed, concerning web or display, feedback regarding the content of this manual, suggested revisions and/or general comments, please report them to Tammy Tompkins at Tammy.Tompkins@dcf.ks.gov.

Kansas
Department for Children and Families
Prevention and Protection Services
Strong Families Make a Strong Kansas

PPM Forms and Appendices

http://www.dcf.ks.gov/services/PPS/Pages/PPSFormsandAppendices.aspx

0000 General Information

0100 About This Manual

In this Policy and Procedure Manual (PPM) are statements of the principles and courses of action to use as guidelines by the Prevention and Protection Services Division of the Kansas Department for Children and Families staff. As such, it contains three types of entries:

A. Policies define required or prohibited actions

B. Procedures outline the manner in which a policy is carried out or documented;

C. Practice notes are discretionary guidelines and examples in order to clarify a policy or procedure or aid in its application.

0110 Policy Statements

Statements containing the terms shall, must and will indicate that a policy is applicable or a course of action will be taken. The term should is a policy statement that indicates there may be discretion.

0111 Policy Exceptions

Policies and procedures in this manual shall be followed. If, in unusual circumstances, decisions, assessments or other activities required by policy or procedure would result in outcomes not in the best interest of a particular child and the child s family, or if compliance with a policy is not possible or feasible in a particular case, an alternative course of action may be taken if the Regional PPS Program Administrator approves each exception.

The case file shall document the reasons for the decision and who was involved in making it. If the action or decision is required within a specified time, the date and/or time of the alternate action or decision must be documented in the case file.

0120 Procedure Statements

Procedures indicate the method or manner in which a policy shall be carried out. Procedure statements are not equivalent to the policies they implement. There is a narrow range of latitude in procedures. While the expectation is that a procedure shall be carried out, the procedure may vary somewhat if the intent is to implement the policy, and may also vary according to specific Regional practices.

Standardized forms and the instructions to complete them are procedure statements. Other procedure statements appear as clarifications, lists, outlines, sequential steps, etc.

0140 Delegation of Responsibilities

For the purposes of this manual, when the positions of Regional Director, Regional PPS Program Administrator, Assistant Regional Director of Operations, PPS Supervisor or Director/Chief Executive Officer of an agency contracting with DCF are referred to, a person may be chosen to act in their stead (designee) and given the authority to carry out some or all of the duties of the named person or position the same as if that person had performed the act or function. The option to appoint a designee is acceptable wherever one of these named positions is referenced, unless the language or context indicate otherwise.

The person selected to function in this capacity is expected to have sufficient knowledge and experience to assess situations and make sound decisions. However, a designee is not allowed to perform functions requiring a license or other qualification unless the designee is licensed and otherwise qualified. It is a violation of law for a person without a license to act in the licensed capacity for a person who requires a license to practice.

0150 Questions, Concerns and Clarification

Despite every effort to be clear and to cover all situations, questions may arise regarding application of policy or procedures in a particular situation confronting a worker. Staff shall discuss any questions or concerns about appropriate actions with their supervisor. If staff encounter circumstances in which they feel pressured to report information other than what they feel is fair or accurate, they shall contact their supervisor. If questions or concerns persist, the supervisor shall consult with the Regional PPS Program Administrator or Regional DCF Attorney. The Regional PPS Program Administrator may authorize contact with the appropriate Prevention and Protection Services staff, if additional clarification is needed.

0160 Glossary

A

Abuse/Neglect: Reports assigned for Abuse/Neglect require an investigation to determine the validity of the report and an assessment to determine if further action may be needed.

Physical Abuse: Infliction of physical harm or the causation of a child's deterioration, and may include, but shall not be limited to, maltreatment or exploiting a child to the extent the child's health is endangered. K.S.A. 38-2202

Sexual Abuse: Any contact or interaction with a child in which the child is being used for the sexual stimulation of the perpetrator, the child, or another person. Sexual abuse shall include, but is not limited to, allowing, permitting, or encouraging a child to:

A. Be photographed, filmed, or depicted in obscene or pornographic material; or

B. be subjected to aggravated human trafficking, as defined in K.S.A. 2014 Supp. 21-5426(b), and amendments thereto, if committed in whole or in part for the purpose of the sexual gratification of the offender or another, or be subjected to an act which would constitute conduct proscribed by article 55 of chapter 21 of the Kansas Statutes Annotated or K.S.A. 2015 Supp. 21-6419 or 21-6422, and amendments thereto. K.S.A. 38-2202. (See Appendix 2A for Kansas Statutes Annotated references).

Contact solely between children shall meet the criteria only if the contact also involves force, intimidation, difference in maturity or coercion. K.A.R. 30-46-10 (i)

Mental or Emotional Abuse: Infliction of mental or emotional harm or the causing of a deterioration of a child, and may include, but shall not be limited to, maltreatment or exploiting a child to the extent the child's health or emotional wellbeing is endangered. This term may include any act, behavior, or omission that impairs or endangers a child's social or intellectual functioning. This term may include the following:

1. terrorizing a child, by creating a climate of fear or engaging in violent or threatening behavior toward the child or toward others in the child's presence that demonstrates a flagrant disregard for the child;

2. emotionally abandoning a child, by being psychologically unavailable to the child, demonstrating no attachment to the child, or failing to provide adequate nurturance of the child; and

3. corrupting a child, by teaching or rewarding the child for unlawful, antisocial, or sexually mature behavior. K.S.A. 38-2202 and K.A.R. 30-46-10

Physical Neglect: Acts or omissions by a parent, guardian, or person responsible for the care of a child resulting in harm to a child, or presenting a likelihood of harm, and the acts or omissions are not due solely to the lack of financial means of the child's parents or other custodian. This term may include but shall not be limited to: failure to provide the child with food, clothing, or shelter necessary to sustain the life or health of the child. K.S.A. 38-2202

Medical Neglect: Acts or omissions by a parent, guardian, or person responsible for the care of a child resulting in harm to a child, or presenting a likelihood of harm, and the acts or omissions are not due solely to the lack of financial means of the child's parents or other custodian. This term may include the following, but shall not be limited to: failure to use resources available to treat a diagnosed medical condition if such treatment will make a child substantially more comfortable, reduce pain and suffering, or correct or substantially diminish a crippling condition from worsening. A parent legitimately practicing religious beliefs who does not provide specified medical treatment for a child because of religious beliefs shall not for that reason be considered a negligent parent. K.S.A. 38-2202

Lack of Supervision: Acts or omissions by a parent, guardian, or person responsible for the care of a child resulting in harm to a child, or presenting a likelihood of harm, and the acts or omissions are not due solely to the lack of financial means of the child's parents or other custodian. This term may include the following, but shall not be limited to: failure to provide adequate supervision of a child or to remove a child from a situation which requires judgment or actions beyond the child's level of maturity, physical condition or mental abilities and that results in bodily injury or a likelihood of harm to the child. K.S.A. 38-2202

Abandonment: Forsake, desert or cease providing care for the child without making appropriate provisions for substitute care. K.S.A. 38-2202

Adjudication: A court hearing in which a determination is made whether a child is a CINC (child in need of care) or juvenile offender.

Adoption Assistance: Monies that a family adopting a child may receive when it is determined that the child will not go back to the family from which they have been removed. These payments may be for one-time adoption expenses, a monthly cash subsidy and/or medical assistance.

Alternative Response: Alternative Response was a program which was in effect from October 1, 2012- June 30, 2014. Reports which were assigned for Alternative Response used the Solution-Based Casework practice model to enhance family engagement and involvement. Comprehensive assessments assisted in identifying the underlying and contributing factors which brought the family to the attention of the agency.

.

B

Basic Eligibility: Eligibility for IV-E federal reimbursement for administrative expenses for children whose families meet several basic IV-E criteria.

C

Caregiver: Adult or youth who provides care for a child in the absence of, or in conjunction with the child's parent or guardian. The caregiver may or may not reside in the home with the child.

Case Number: A unique computer generated number assigned to each case.

Central Registry: The Child Abuse and Neglect Central Registry is a computerized name-based list of persons who have been confirmed validated or substantiated for child abuse or neglect. The name of a perpetrator is not entered in the central registry until they have been afforded an opportunity for an interview and have exercised their right of appeal or the time limit for appeal has expired without action.

Child: anyone under the age of 18 or any adult under the age of 21 and in the custody of the Secretary.

Child in Need of Care: The Kansas Code for Care of Children (K.S.A. 38-2202(d)) defines Child in Need of Care as a person less than 18 years of age who:

1. Has been physically, mentally or emotionally abused or neglected or sexually abused.
2. Has been abandoned or does not have a known living parent.
3. Is without the care or control necessary for the child's physical, mental or emotional health.
4. Resides in the same residence as a sibling or other person under 18 years of age who has been physically, mentally or emotionally abused or neglected or sexually abused.
5. While less that 10 years of age, commits an act which if done by an adult would constitute the commission of a felony or misdemeanor as defined by K.S. A. 21-3105 and amendments thereto OR knowingly possesses a firearm with a barrel less than 18 inches long.
6. Is willfully and voluntarily absent from the child's home without the consent of the child's parent or other custodian or is willfully and voluntarily absent at least a second time from a court ordered or designated placement, if the absence is without the consent of the person with whom the child is placed.
7. Is without adequate parental care, control or subsistence and the condition is not due solely to the lack of financial means of the child's parents or other custodian.
8. Is not attending school as required by K.S.A. 72-977 or 72-1111, and amendments thereto.
9. Except in the case of a violation of K.S.A. 41-715 or 41-2721, and amendments thereto, does an act which, when committed by a person under 18 years of age, is prohibited by state law, city ordinance or county resolution but which is not prohibited when done by an adult.
10. Has been placed for care or adoption in violation of the law.
11. Permanent Custodian is no longer willing or able to serve.

Child in Need of Care Petition: A petition filed with the clerk of the district court by the county/district attorney alleging a child or youth is a Child in Need of Care. Refer to K.S.A. 38-2233(b), concerning the filing of a Child in Need of Care petition by any other individual.

Child Support Services (CSS): This agency has the responsibility of seeking child support for children in DCF custody and in an out-of-home placement.

Child Welfare Case Management Providers: Child Welfare Case Management Providers are private organizations that contract with DCF to provide adoption, foster care, reintegration and family preservation services using a philosophy which includes the community, immediate and extended families, and concerned kin in planning for the child's safety, permanency and well-being.

CINC/NAN Child in Need of Care/Non-abuse/neglect: Children who come to the attention of the agency for reasons other than alleged abuse or neglect or juvenile offense and who meets one or more of the definitions in K.S.A. 38-2202(d).

Citizen Review Board: A group of citizen volunteers appointed by a court to review child in need of care cases and make recommendations to the court.

Clear and convincing standard: Evidence which shows the truth of the facts asserted is highly probable. This standard of evidence was used for case findings from July 1, 2004-June 30, 2016. Beginning July 1, 2016 the standard of evidence is preponderance.

Client Eligibility: All children who have been removed from their homes by a judge and placed in the custody of DCF must receive an eligibility determination for Title IV-E.

Client ID Number: A unique number assigned to each individual who is known to the KAECSES system. This number is cross referenced with FACTS, KS-CARES, KAN PAY and Child Support Services (CSS) systems.

Client Purchase Agreement: Form PPS 2833-PPS Client Purchase Agreement-Payment Request and Authorization is used to document the request, approval, and payment for client purchases across all programs within PPS.

COBRA: A federal amendment to the Social Security Act. It enables Title IV-E eligible foster children and adoption assistance children to receive Medicaid coverage in the state in which they physically reside.

Computer Systems:

FACTS

Family And Children Tracking System is the agency's child welfare information system. Information in FACTS is used to support the department budget, internal management, and reports to the legislature, federal government and the general public. FACTS includes information about the outcomes of abuse and neglect investigations, the child abuse and neglect central registry and foster care and adoption information.

KAECSES

Kansas Automated Eligibility System KAECSES is a major computer system containing data for all children placed in state custody and removed from their home. All children entering foster care shall have IV-E eligibility determined. This eligibility data is entered into cases. KAECSES can also be used to prepare manual emergency payments.

KanPay

KanPay is a sub-system of KAECSES. It creates an on-line eligibility process for vendor payments. This sub-system is used by PPS for Family Services cases. KanPay is used when the family has no involvement in other assistance programs.

KEES

Kansas Eligibility and Enforcement System is an internet-based system designed for determining eligibility, issuing benefits, collecting data, and developing reports.

MMIS

Medicaid Management Information System -

DCF staff utilize the MMIS to enter or review Medicaid data.

SCRIPTS

Statewide Contractor Reimbursement Information and Payment Tracking System - SCRIPTS makes payments to the Child Welfare Contract Management Provider and produces the federal claim for IV-E funding.

Referral information and IV-E customer eligibility is entered into FACTS and downloaded into SCRIPTS on a regular basis to maintain these functions. The federal claim is based on IV-E customer eligibility downloaded from FACTS and also based on Child Welfare Contract Management Provider services reported to SCRIPTS as encounter data.

SMART

Statewide Management, Accounting, and Reporting Tool. System used to make payments to all vendors.

Contractor/Contract Agency:A person or agency who enters into a contractual agreement with DCF to provide specified services.

Court Appointed Special Advocate (CASA):A responsible adult other than an attorney or guardian ad litem appointed by the court to represent the best interests of a child. (K.S.A. 38-2202(fg), K.S.A. 38-2206). A CASA may also be appointed under the Juvenile Offender Code or the Domestic Relations Code.

Custody/Custodian: Custody, whether temporary, protective or legal, means the status created by court order or statute which vests in a custodian, whether an individual or an

agency, the right to physical possession of the child and the right to determine placement of the child, subject to restrictions placed by the court. (K.S.A. 38-2202(g)).

D

Dedicated WARDS Account: SSI money received for a youth in custody that is a lump-sum of at least 6 months worth of SSI benefits. Social Security deposits the lump-sum and must approve all withdrawals from this account.

Deterioration: The child's condition, health or functioning becomes progressively worse indicating harm to the child.

Disposition: A court hearing following adjudication in which an order may be issued regarding services, custody, placement, sentencing for juvenile offenders or other matters.

E

Endangered: The risk or exposure to harm.

Ex Parte Order: An order issued by a judge without a hearing.

F

Facility Homes and child care providers regulated by the Kansas Department of Health and Environment or Department for Children and Families (DCF) Foster Care and Residential Facility Licensing, as well as such homes and providers which are legally exempt from regulation and homes or providers which are operating as unregulated services:

Facility includes:

1. family foster homes,
2. residential child care facilities,
3. detention,
4. secure care,
5. attendant care facilities,
6. day care homes or centers.

For purposes of complaints alleging abuse or neglect, "facility" includes any of the above entities which are subject to regulation, whether operating within or without the law.

Family: A family means any group of persons who act as a family system with or without a legal or biological relationship.

Family Centered Systems of Care: This is a family driven, individualized, culturally competent, and strength-based approach. The family is seen as the expert on their strengths and needs. The family identifies natural resources, including kin and shall be included in all case planning activities, allowing the family to determine their choices and actions.

Foster Care: 24-hour substitute care for children placed away from their parents or guardians and for whom the State agency has placement and care responsibility.

Foster Family Home: means "a private home in which care is given for 24 hours a day for a small number of children away from their parent or guardian" (K.A.R. 28-4-311 (d)). Foster families must be licensed by DCF Foster Care and Residential Facility Licensing, and be sponsored by a licensed, child placing agency, which recruits, trains, and assesses foster parents to meet the safety and well-being needs of children placed with them.

Family Preservation Referral: A referral made to the Family Preservation Case Management Provider to provide services to keep the family intact and to prevent out of home placement for the child/children in the family, including pregnant women using substances, who may or may not have other children.

Family Services: Non-custody services provided directly to families by CPS specialists or through purchase of services by DCF. Family services are designed to meet identified needs or to support family strengths and are based on a safety or risk assessment of the child and family.

FC Referral: A referral made to a foster care provider to provide case management and supervision for children removed from the home and placed into court ordered DCF custody.

Food Assistance: A federal income subsidy to buy food for families who have marginal income. Previously referred to as Food Stamps and is also known as Supplemental Nutrition Assistance Program (SNAP).

G

Guardian Ad Litem: An attorney appointed by the court to represent the interests of a person to act on his or her behalf in a particular legal proceeding including, but not limited to, an attorney appointed by the court to represent the best interests of the child in Child in Need of Care proceedings to represent the best interests of the child.

Guardianship: A status in which the court gives a person specified rights to the custody and control of a child subject to ongoing review by the court of jurisdiction.

H

Harm: Physical or psychological injury or damage. K.S.A. 38-2202(kl)

Healthwave 21: See KanCare 21

I

Imminent: implies more than speculation but less than certainty. An event is imminent if a reasonable person using common sense, training or experience concludes an event will occur without delay unless there is prompt intervention. K.A.R. Kansas Administrative

Regulations K.S.A. Kansas Statutes Annotated.

K

KanCare: The KanCare program is the State of Kansas' plan to transition Kansas Medicaid into an integrated care model. Kansas contracted with managed care organizations (MCOs), to coordinate health care for nearly all Medicaid beneficiaries.

KanCare 21: A Federal program to cover low income, uninsured children who do not qualify for Medicaid. This Children's Health Insurance Program (CHIP) is funded with Federal and State money. A small premium is charged depending on the family's income. This is only for children up to age 19. Previously known as Healthwave 21.

K.A.R.: Kansas Administrative Regulations

K.S.A.: Kansas Statutes Annotated.

Kinship: Placement of a child in the home of the child's relative or with an adult with whom the child or parent has a close emotional attachment.

L

Likelihood: Implies more than speculation and less than certainty. An event is likely if a reasonable person using common sense, training or experience concludes that, given the circumstances, an event is probable without a change in those circumstances.

M

Medicaid: A government health care assistance program for families who are below the poverty level. Medicaid funds traditional medical services as well as a variety of behavior management services. A child removed from the home and placed in foster care usually qualifies for Medicaid since they are considered a family of one if their resources do not exceed the established limitations. The Medicaid program is funded with Federal and State money.

Mental Health Consortium: An affiliated group of mental health professionals and centers.

Multidisciplinary Team:A group of persons with special knowledge regarding the detection, investigation or treatment of child abuse or neglect. The Kansas Code for Care of Children authorizes DCF to request, and the court to appoint, a multidisciplinary team "to assist in gathering information regarding a child who may be or is a child in need of care" (K.S.A. 38-2228).

N

Non-family/Unregulated Care Giver: A person who is not the child's parent, guardian or other person who regularly cares for the child. (examples: teacher, coach, big brother/sister, neighbor, etc.)

P

Parent: when used in relation to a child or children, includes a guardian, conservator and every person who is by law liable to maintain, care for or support the child. (K.S.A. 38-2202(tu)).

Payment Eligibility: Eligibility for IV-E federal reimbursement for maintenance expenses (primarily room and board) for children in custody who meet all IV-E eligibility criteria.

Permanency: The child is being released from DCF custody after achieving reintegration, guardianship, finalization of adoption, or OPPLA.

Permanency Hearing: A notice and opportunity to be heard is provided to interested parties, foster parents, pre-adoptive parents or relatives providing care for the child. The court, after consideration of the evidence, shall determine whether progress toward the case plan goal is adequate or reintegration is a viable alternative, or if the case should be referred to the county or district attorney for filing of a petition to terminate parental rights or to appoint a permanent guardian.

Pregnant Woman Using Substances: Reports assigned by the department indicating a pregnant woman is using substances. The purpose of the assessment is to determine the level of services needed and make referrals as needed.

Preponderance of evidence: Alleged facts and circumstances, more likely than not, meet the abuse/neglect definitions per K.S.A. and K.A.R.

Protective Custody: The status of a child believed by a law enforcement officer (Police Protective Custody) or a judge (Order of Protective Custody) that a child alleged to be a child in need of care needs to be removed from danger of harm and placed in a shelter or other emergency or temporary care pending a court hearing.

Protective Placement: The status of a child determined by a law enforcement officer (Police Protective Custody) or a judge (Order or Protective Custody) that the child is alleged to be a Child in Need of Care and should be removed from danger or harm, by placement into emergency or temporary care pending a court hearing.

Provider Agreement: An agreement between a provider of services and DCF for specific services the provider offers to families and children.

R

Redetermination: A re-assessment of IV-E eligibility criteria when a change in placement or circumstance occurs for a child in foster care.

Referral: Process of referring a child to a provider for out of home or in home services.

Resource Family:A family willing to provide short term care or serve as the adoptive or legal guardian for the child. The resource family is a valued member of the team and will participate in the case planning process, serve as a mentor to birth families, and will encourage parent/child interactions in a natural setting.

S

State Wards: Foster children become wards of the state when both maternal and paternal rights have been terminated and the child has not been formally adopted.

Child In Need of Care cases remain open under these circumstances and the DCF retains custody. For children who are directly relinquished to DCF, it will be necessary for the case managing entity and DCF to work together to approach the county/district attorney and request a Child In Need of Care petition.

T

Temporary Custody: Custody awarded by a Court based upon evidence in a hearing prior to disposition adjudication.

Truant: A child not attending school as required by law.

W

WARDS account: A separate accounting for each child for whom funds are received by DCF on behalf of the child in custody. These account shows all monetary transactions received for and paid out on behalf of the child in custody.

Working Day: A day when the Department is open for business; does not including Saturdays, Sundays or official state holidays.

0210 Staff Safety

If there is a possibility that the safety of a family member, DCF staff, contractor staff or the public may be jeopardized during an investigation, assessment or provision of services, (i.e. meth lab or human trafficking) the appropriate law enforcement agency shall be contacted for assistance. DCF is required by law to investigate and assess reports of alleged child abuse and neglect but DCF staff are not required to place their own safety in unreasonable jeopardy to do so.

DCF staff should refer to the applicable regional safety plan when safety issues are a concern.

0220 Discrimination Prohibited by Law

All services shall be in compliance with Title VI of the Civil Rights Act of 1964, the Americans with Disabilities Act of 1990 and K.S.A. 44-1009. No individual/family will be denied services because of race, color, national origin, sex, age, religion and mental or physical disability. The provision of services will be provided based on need and eligibility criteria.

Title VI of the Civil Rights Act of 1964 makes it unlawful to discriminate on the basis of a person's race, color, national origin, sex, age, and religion.

The Americans with Disability Act of 1990 prohibits discrimination because of a person's mental or physical disability (i.e. blind/visually impaired, deaf/hard of hearing, mobility impairments, speech impairments).

K.S.A. 44-1009(a)(3) states, "It shall be unlawful discriminatory practice for any person to refuse, deny, make a distinction, directly or indirectly, or discriminate in any way against persons because of the race, religion, color, sex, disability, national origin or ancestry of such persons in the full and equal use and enjoyment of the services, facilities, privileges and advantages of any institution, department or agency of the State of Kansas or any political subdivision or municipality thereof."

0221 Limited English Proficiency (LEP)

When working with individuals who are limited in their ability to communicate in English, reasonable steps shall be taken to ensure meaningful communication. This will normally include provision of an interpreter or providing written documents in their language, if available.

0230 Administrative Appeals

K.S.A. 75-3306 requires the Secretary of DCF to provide a fair hearing for any person who is an applicant, customer, inmate, other interested person, or taxpayer who appeals the decision or final action of any agent or employee of the Department for Children and Families. K.A.R. 30-7-64 through 30-7-79 set out additional requirements concerning this administrative appeal process.

Adoptive staffing decisions are within the jurisdiction of the District Court pursuant to KSA 38-2270 and are likely to be dismissed by the Hearing Officer for Administrative Appeals.

Those wishing to appeal may do so by submitting a request in writing within 30 days of a decision of final action. An additional 3 days shall be allowed if this notice of final decision is mailed.

Such a request may relate to an agency action or a failure to act with reasonable promptness on a social service case. This could include undue delay in reaching a decision on eligibility or making a payment, refusal to consider a request for payment, undue delay in adjustment of payment, rejection or termination of services. Most appeals arise from findings as a result of a child abuse/neglect investigation. The denial or delay of an adoptive placement due to geographic boundaries may also be the basis for an appeal. For additional information, see http://www.oah.ks.gov/request.htm.

0240 Conflict of Interest

Conflict of interest is a conflict between the private interests and the official responsibilities of a person in a position of trust. It is important for staff to avoid situations which present a conflict of interest or have the appearance of such a conflict. As PPS staff make decisions about children and families, situations should be avoided which present a conflict of interest. This protection is for both staff and the customer.

DCF defines being a resource family for a child in the custody of the Secretary, while involved in a professional relationship with that child, as a conflict of interest.

DCF staff who carry out the work of the Department for Children and Families are prohibited from providing additional direct or indirect services to children in the Secretary's custody or to families of children in the Secretary's custody.

When an employee is given an assignment that is or could be construed as a conflict of interest, the employee shall notify the supervisor who shall, in consultation and concurrence with the Regional PPS Program Administrator, determine whether it is appropriate to continue the assignment in question or to reassign the work to another staff person.

Professional involvement with or case management responsibilities for a case involving a member of the family or a person with whom the worker has close personal or business ties, presents a conflict of interest.

0242 Electronic Communication

Communication with individuals involved with DCF/CWCMP in the form of electronic communication should not be the sole means of communication. In-person and phone contact should be considered prior to use of electronic communication. In situations where the circumstances of the case require communication via electronic communication the communication shall maintain confidentiality, occur within the boundaries of the professional relationship, and be limited to tasks specific to the individual’s case. Staff shall use agency supplied equipment for all communication via electronic communication.

0250 Removal from Home and Transporting Children Not in the Secretary's Custody.

DCF staff shall NOT take a child into physical custody without a written court order of custody. DCF staff shall NOT transport a child who is not in the Secretary's custody unless the child is accompanied by a parent or the parent has given written permission.

Only a law enforcement officer, court services officer, or the court has the authority to place a child in protective custody. When a law enforcement officer determines that protective custody is appropriate, the officer, not DCF, should place the child as provided by statute (K.S.A. 38-2232). It is important to remember that DCF staff or contractor staff acting on behalf of DCF, do not have authority to transport a child placed in protective custody by a law enforcement officer. If DCF staff were to transport a child in the protective custody of law enforcement a potential legal liability exists for the Department, and the DCF staff person. A law enforcement officer or the care provider with whom the police place the child may transport the child.

0260 Court Orders

Staff shall make every effort to comply with every court order. When a court order is received, which appears to exceed statutory authority or requires actions that the Department has no ability to perform, a referral shall be made to the regional attorney for guidance and any necessary action.

0270 Subpoenas and Testifying in Court

When served with subpoenas or other court orders to produce records and/or testify in court concerning confidential information, staff shall:

A. Notify the regional attorney immediately.
B. When appearing to testify concerning information not authorized to be disclosed, provide the court and each attorney with a copy of this statement:

> The information you seek is confidential and privileged, and I am authorized to disclose that information only upon an order from the court to do so.

Reference: K.S.A. 38-2209 et seq.; Chapter 39-709b;

Testify further according to the ruling and instructions of the court.

This statement is to be used only when DCF does not have a role in the court hearing which is specified by statute or DCF policy. It is not to be used when the court action is being taken under the Kansas Code for Care of Children (child protection services, foster care, etc.) at the request of DCF.

Whenever possible inform the court and the attorneys before the proceedings that this statement will be made and that upon instruction from the bench testimony will be given.

0271 Protocol to Request CINC Court Hearing be Closed

K.S.A. 38-2247(a) provides that proceedings pertaining to adjudications under the revised code for care of children shall be open to the public, unless the court determines closure or the exclusion of an individual is in the best interests of the child or is necessary to protect the privacy of the parents.

When circumstances appear to justify closure of a CINC adjudication hearing, a written request from DCF or the Child Welfare Case Management Provider shall be submitted to the Director of Prevention and Protection Services 10 calendar days before the scheduled hearing if at all possible. If the request is directly from the Child Welfare Case Management Provider, the Regional Director shall be copied. The request shall summarize the facts of the case and the basis for believing closing the hearing is in the best interest of the child or necessary to protect the privacy of the parents.

The Director will review and submit the request with a recommendation to the Deputy Secretary and General Counsel. Upon receipt of the decision by the Deputy Secretary and General Counsel, the Director will notify the person who submitted the request.

0280 Consents

Persons authorized to give consent for matters involving a child depends on the purpose of the consent and the legal status of the child. Consents for children who are or may be in need of care are controlled primarily by K.S.A. 38-2217 for health care and K.S.A. 38-2218 for educational decisions. (K.S.A. 38-2217).
See PPM 5244 for information regarding children in the custody of the Secretary.

0290 Policy on Discipline

Discipline is an essential part of child rearing and when used positively it contributes to the healthy growth and development of a child and establishes positive patterns of behavior in preparation for adulthood. The object of discipline is to promote behaviors beneficial to the child's development and welfare and to change and/or eliminate behaviors which are injurious to his or her well-being. Therefore, we encourage positive discipline as a most important aspect of child rearing practices for children and youth for whom the Department for Children and Families purchases and/or provides services and care.

Positive discipline when used for purposes of guiding and teaching the child, provides the child encouragement, a sense of satisfaction, and helps the child understand the

consequences of his/her behavior. Effective, positive discipline imposes behavioral limitations on the child which can provide the child a sense of security, engender a respect for order, and effectively enlists the child's help rather than locking the child and adult into a power struggle or adversary, punishing relationship, and promotes the child's discovery of those values that will be of the greatest benefit to the child, both now and in the future.

There are laws which protect adults against actions which many children must endure and suffer under the guise of discipline. Many children who are in the care of DCF have previously suffered too much physical pain, fear, humiliation, and emotional stress. We cannot perpetuate this when we assume the positive roles in our child-rearing practices - of which positive discipline is an essential part.

Therefore, DCF does not view as positive, acceptable discipline any action administered in a fashion which may cause any child to suffer physical or emotional damage. Disciplinary acts which cause pain, such as hitting, beatings, shaking, cursing, threatening, binding, closeting, prolonged isolation, denial of meals, and derogatory remarks about the child or his or her family or other acts of substantially the same nature or which have substantially the same effect are not acceptable.

IT IS THE POLICY OF THE DEPARTMENT FOR CHILDREN AND FAMILIES THAT WE NOT PURCHASE OR CONTINUE TO PURCHASE SERVICES FROM THIRD PARTY PROVIDERS WHO USE DISCIPLINARY ACTS WHICH CAUSE PAIN SUCH AS HITTING, BEATINGS, SHAKING, CURSING, THREATENING, BINDING, CLOSETING, PROLONGED ISOLATION, DENIAL OF MEALS, AND DEROGATORY REMARKS ABOUT THE CHILD OR HIS OR HER FAMILY. NOR SHALL SUCH DISCIPLINARY ACTS BE TOLERATED WHEN PRACTICED BY DCF EMPLOYEES IN REGARD TO CHILDREN IN CARE OF THE AGENCY.

A. Physical Restraint

The purpose of physical restraint in a Youth Residential Center is to prevent a youth from causing injury to self or others and is used only when other means of behavior control is unsuccessful.

It is expected that therapeutic relationships among staff and residents will usually be sufficient to de-escalate incidents of out-of-control behavior of youth in care. When it is not possible to avoid the use of restraint in helping a youth regain control, passive physical restraint may be used to:

1. end a disturbance which threatens physical injury to the youth
2. end a disturbance that threatens physical injury to others;
3. remove a dangerous object from a youth with which the youth has threatened harm.

Physical restraint shall not be used for the purpose of punishment or discipline.

The Department for Children and Families will not purchase or continue to purchase services from providers who use physical restraint in a manner contrary to methods jointly approved by the Department for Children and Families and the Department of Health and Environment or otherwise in violation of statute or regulations.

B. Use of Time Out in Residential Child Care Facilities
Time out is a procedure used to assist the individual to regain emotional control by removing the individual from his or her immediate environment and restricting the individual to a quiet area or unlocked quiet room.

1. A resident in time out must never be physically prevented from leaving the time out area.
2. Time out may take place away from the area of activity or from other residents.
3. Staff must monitor the resident while he or she is in time out.

C. Emergency Safety Intervention
An emergency safety intervention must be performed in a manner that is safe, proportionate, and appropriate to the severity of the behavior, and the resident's chronological and developmental age, size, gender physical, medical, behavioral health and personal history must be taken into consideration.

The use of emergency safety interventions must be performed only through the use of nationally recognized restraint procedures applicable to this population designed to prevent a resident from harming self or others by exerting external control over physical movement. The approved interventions are listed in the YRC Standards and General Guidelines.
Physical restraint is the application of physical force without any mechanical device, for the purpose of restricting the free movement of a resident's body. Physical restraint should be used only as last resort after all verbal de-escalation techniques have failed and when the resident is at-risk of harming themselves or others.

Mechanical restraint is the use of mechanical devices to restrict the free movement of the resident's body, most often for purposes of preventing self-destructive behavior. Mechanical restraints are not allowed in YRC group or residential facilities.

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0309 Public Records

Pursuant to the Kansas Open Records Act (K.S.A. 45-215 et seq.) it is Department policy to provide access to public records and, unless otherwise prohibited, all public records may be inspected and copied by any person.

Public records include manual provisions, contracts, and Secretary's Letters. Information concerning or identifying specific individuals are not public. Personnel records, social service case information, treatment records are examples of records which contain personal information about individuals and are not, therefore, public. Communications to or from agency attorneys are not public records.

A request for records must be responded to by DCF staff within three days indicating, if the records are not produced, the cause of any delay and the earliest date when the records shall be available.

It is permissible to require individuals seeking access to schedule a convenient time for review. Anyone inspecting a public record shall, upon request and payment of an authorized fee, be provided a copy. The DCF fee policy is set out at K.A.R. 30-2-12. However, the office need not provide the copies immediately upon demand, but as soon as possible without disrupting flow of essential operations.

0310 Information Regarding a Child Alleged or Adjudicated as a Child in Need of Care

The provisions of K.S.A. 38-2209 et seq. control the release of information from records and reports involving children alleged or adjudicated in need of care.

When investigating an allegation a child may be in need of care, K.S.A. 38-2210 requires a free flow of information with others involved in the investigation.

The Department is required by K.S.A. 38-2212(c) to disclose information concerning children alleged to be in need of care to the extent necessary to carry out a lawful responsibility for the child. The intent of this section is to facilitate the sharing of information with entities to the extent they have a responsibility to diagnose, treat, care for or protect the child. The Department must determine what information should be shared. Generally children benefit when the adults responsible for providing care or making decisions are fully informed. Disclosure of information which identifies the reporter is, however, prohibited. If in doubt, consult a supervisor, regional attorney or the Regional PPS program administrator. It is agency policy that information is freely

shared between DCF staff and contract staff involved with the family.

K.S.A. 38-134 specifically requires DCF to obtain information about the child and fully inform the foster parents.

0311 Case Record Requests of Child Abuse or Neglect Resulting in a Fatality or Near Fatality

The provisions of KSA 38-2212 (f) allows access to a case record of child abuse or neglect resulting in a fatality or near fatality. Except when the child was adopted and the record includes information about the child or birth parents prior to adoption, the record becomes a public record. A request to access a case record of a child abuse or neglect resulting in a fatality or near fatality needs to be provided in writing to DCF. The request shall contain the requester's name and address and information necessary to ascertain the records to which the requester desires access.

The person in receipt of the request shall ensure the Open Records Coordinator in the Secretary's Office, the Director of PPS, and the DCF regional Attorney and Program Administrator are notified of the request. The Director of PPS, or Designee and the DCF Regional Attorney and Program Administrator, or Designee(s) shall coordinate review of the case file and how to proceed

0312 Access to Information Regarding Closed Guardianship/Custodianship and Adoption Records

KSA 59-2122 provides for the opening of adoption records to parties of interest, their attorneys and the Department for Children and Families (DCF). Parties of interest include the adopted parents of a minor child and the adult adoptee. Interested party status does not apply to the birth parents, once the adoption is final. Birth parents are only permitted to update medical records per KSA 59-2122.

Case File Information is available to:

A. The adoptive parents of the minor child in the event of a health or medical need
B. The adult adoptee for any reason

Identifying information shall not be shared with the birth parent without permission of the adoptive parents of the minor child or of the adult adoptee. DCF may share medical information with the adoptive parent of a minor child or adult adoptee.

0313 Public Knowledge Case

KSA 38-2212 allows the agency to provide disclosure of procedural details related to the handling of a case in the event the investigation of a case or the filing of a CINC petition becomes public knowledge.

The person in receipt of the request shall ensure the Open Records Coordinator in the Secretary's Office, the Director of PPS, and the DCF regional Attorney and Program Administrator are notified of the request. The Director of PPS, or Designee and the DCF Regional Attorney and Program Administrator, or Designee(s) shall coordinate review of the case file and how to proceed.

0314 Adoption Records and Searches

A. Initiating Contact with Birth Relatives

It is the policy of the Department to offer all reasonable assistance to adults (age 18 or older) seeking information about:

1. Their own adoption and/or guardianship record
2. Their birth parents and birth siblings, (where a relationship had been established prior to out of home placement and birth sibling is currently 18 years old or older)

K.S.A. 59-2122 (b) gives DCF the authority to contact birth parents on behalf of an adult adoptee for any reason or the adoptive parents of a minor in the event of a medical or health need. Identifying information shall not be shared with the birth parents without the written permission of the adoptive parents of a minor child or the adult adoptee.

DCF may contact an adult adoptee at the request of the birth parents once the adult adoptee reaches age eighteen. An inquiry shall be made to ascertain whether the person is interested in establishing contact with the searching person. If everyone is in agreement, DCF staff shall facilitate the sharing of information between the two parties.

B. Requests for Information

There may be a charge for copies of case record material. The DCF fee policy is set out in K.S.A. 30-2-12.

If available at the local DCF or Child Welfare Case Management Provider office, the adult adoptee may obtain information from the agency record that was authored by either DCF or the Child Welfare Case Management Provider. Information written by someone other than DCF or Child Welfare Case Management Provider staff, shall not be shared without written permission from the author. If the required authorization is not

available, the adult adoptee shall be informed of the availability of this information and be referred to the author. When the Child Welfare Case Management provider or DCF receives a request for information:

1. Inform the person(s) the information is available from DCF by contacting:
   Prevention and Protection Services (PPS)
   555 S. Kansas Ave.
   Topeka, KS 66603

2. Provide the person(s) with one of the following forms, as appropriate:
   a) PPS 0330 Adult Adoptee Requesting Copy of Adoption Record
   b) PPS 0335 Birth Parent Requesting Contact with Adult Adoptee
   c) PPS 0340 Adult Requesting Search for Birth Sibling(s)
   d) PPS 0350 Authorization to Release Information

A copy of the original birth certificate is to be sent with the request to initiate the search and retrieval of adoption records. Inform the adult adoptee that if they were born in Kansas, they will need to obtain their original Birth Certificate (this birth certificate was issued prior to the adoption - it will be stamped void) by contacting:

Kansas Department of Health and Environment (KDHE)
Center for Health and Environmental Statistics
1000 SW Jackson Street, Suite 120
Topeka, KS 66612-2221

C. Information if available, shall be released includes:

1. Social history including names, birth dates, addresses, telephone numbers, social security numbers of the adult adoptee's birth parents;
2. All birth and medical information completed by DCF
3. Progress reports prepared by DCF or Child Welfare Case Management Provider, (delete information which identifies resource parents and others who may have an expectation of privacy);
4. Correspondence addressed to the adult adoptee from the birth family;
5. Pictures of the birth family or adult adoptee;
6. Decree of adoption

D. DCF shall not release the following information:

1. Adoptive names and addresses of birth siblings, if 18 years of age or older, without their written permission;
2. Adoptive names and addresses of birth siblings, if under 18 years of age;

3. Names and addresses of extended family members, without their written permission;

4. Copies of Third Party information or reports completed by persons other than DCF or those individuals or agencies with whom DCF has contracted for services, without written permission from the author. The name of the agency and, if available, contact information to obtain such information or reports, shall be provided to the adult adoptee.

0315 Confidential Records

Consumers of social services have an expectation of privacy which shall be respected. Information obtained in the course of determining eligibility and/or providing services is confidential. However, children are best served when involved adults are informed and communicating openly.

Consistent with federal law, K.S.A. 39-709b limits the disclosure of confidential information to: (1) that which is reasonably necessary to assist the client to obtain and participate in services (administration of the program); (2) situations when the client provides written consent; (3) some limited emergency situations; and (4) when the court has issued an order or subpoena.

Information provided by other DCF programs such as Food Assistance, Economic & Employment Services (EES), Rehabilitation Services, and Child Support Services (CSS) and are covered by the provisions of K.S.A. 39-709b.

Case information shall be disclosed when the information is needed in the performance of official duties.

It is agency policy that information is freely shared between DCF staff and contract staff involved with the family. (See 0600 regarding Coordination of Services) Additionally, case information shall be shared as necessary to facilitate delivery of the service or to carry out DCF responsibilities with other agencies and entities with which the Department has contracted to perform specific services.

All case information shall be disclosed to auditors performing official auditing duties after they have adequately identified themselves by showing official identification credentials.

Court reports by or on behalf of DCF shall be made available to the attorneys, guardian ad litem, CASA, citizen review board, juvenile justice personnel involved in the court case and anyone else authorized by order of the court and subject to the conditions in the court's order. (K.S.A. 38-2211)

DCF investigative reports shall not be made available unless the Secretary or the attorney to whom the case has been referred for legal action or a court (including

hearing officer) authorizes such disclosure in writing.

Third Party Information

Third party information is from non-DCF professionals/agencies and includes medical, psychiatric, investigative reports, social histories, substance abuse treatment records, school records, law enforcement reports etc. and DCF summaries of these documents.

Form MS 2122 (Community Mental Health Center Screening Assessment) or MS 2001 (Statement of Medical Necessity) and reports from family preservation, reintegration/foster care, and adoption providers under contract with DCF are not considered to be third party reports.

Records provided to DCF because a child is or may be in need of care become DCF records pursuant to K.S.A. 38-2209 and are subject to the same requirements for access, disclosure, re-disclosure as all other agency records whether maintained in paper or electronic form.

Although third party information may be disclosed, the best source for information remains the professional who compiled the information.

When there is some question about access to or disclosure, re-disclosure, or use of information, consult a supervisor, regional attorney or the Regional PPS program administrator.

0316 Inappropriate Disclosure of Confidential Information

An DCF employee who knowingly discloses confidential information concerning a present or past consumer of services is in violation of the provisions set forth in this section may be subject to:

A. Appropriate disciplinary action (official reprimand, suspension, demotion, dismissal, etc.); and
B. Criminal prosecution

0317 General Procedures Regarding Disclosure of Social Services Information

A. Review the rules and guidelines in this manual section to determine if disclosure of information is restricted, allowed or required. When there is doubt consult with a supervisor or regional attorney.

B. Prior to disclosure:

1. Obtain required clearance or consent to disclose the information.
2. Consider and weigh the benefit for the child with privacy concerns of those involved.
3. Provide adequate supervision of the record when the request is for case record inspection or copying.
4. Document in the case record when a request for information has been received, from whom, the information shared, the basis for decision, whom information was disclosed or refused and the date of disclosure.
5. Case information shall not be disclosed over the telephone unless the other party is positively identified.

0318 The Health Insurance Portability and Accountability Act (HIPAA)

The Department for Children and Families, as a single covered entity under HIPAA, understands that information we collect about our consumers and their health is personal. Keeping the health information of consumers private is one of our most important responsibilities. DCF and provider personnel will take all necessary precautions to ensure that consumer health information is kept private. Additional information is available at:

http://dcf.ks.gov/Agency/Pages/HIPPA%20Overview.aspx

A. Purposes of HIPAA

The federal Health Insurance Portability and Accountability Act of 1996 has two key purposes:

1. The "portability" portion protects health insurance coverage for workers and their families when they change or lose their jobs.
2. The "administrative simplification" portion requires national standards for electronic health care transactions, standard identifiers for providers, health plans and employers, privacy protection for health data in any medium, and security requirements for health data transmitted electronically. It addresses, through protections, the security and privacy of patient health data. The health data is referred to under HIPAA as "protected health information".

B. Protected Health Information

HIPAA regulations define health information as "any information whether oral or recorded in any medium that:

1. is created or received by a health care provider, health plan, public health authority, employer, life insurer, school or university, or health care clearinghouse; and

2. relates to the past, present, or future physical or mental health or condition of an individual; the provision of health care to an individual; or the past, present, or future payment of health care to an individual if there is a reasonable basis to believe the information can be used to identify the individual.

Protected health information (PHI) under HIPAA means individually identifiable health information. Identifiable health information refers not only to data that is explicitly linked to a particular individual but also includes health information with data items which reasonably could be expected to allow individual identification.

C. HIPAA Permitted Uses and Disclosures

1. Treatment - may use or disclose health information to provide the necessary treatment for individuals.

2. Payment Functions - may use or disclose health information about a customer to determine eligibility for plan benefits, obtain premiums, facilitate payment for the treatment and services, determine program responsibilities for benefits, and to coordinate program benefits.

3. Health Care Operations - may use information about customers to carry out necessary program related activities.

4. Required by Law - may share information required by a court order.

5. Public Health - may disclose health information to public health authorities.

6. Disclosures of Victims of Abuse, Neglect, or Domestic Violence - may disclose protected health information about an individual whom DCF reasonably believes is a victim of abuse, neglect, or domestic violence.

7. Health Oversight Activities - may disclose information to health agencies during the course of audits, investigations, inspections, and other proceedings related to oversight of the agency programs.

8. Judicial and Administrative Proceedings - may disclose information in the course of any administrative or judicial hearing.

9. Law Enforcement - may disclose health information to a law enforcement official.

10. Coroners, Medical Examiners, and Funeral Directors - may disclose information in the course of an autopsy or death.

11. Organ and Tissue Donation - may disclose information in the course of an organ or tissue donation.

12. Public Safety - may disclose health information to an appropriate person in order to prevent or lessen a serious and imminent threat to the health or safety of a particular person or the general public.

13. National Security - may disclose health information to an appropriate person in order to prevent or lessen a serious and imminent threat to the nation's security.

14. Correctional Institutions and Other Law Enforcement Custodial Situations - may share health information with a law enforcement official who has lawful custody of an inmate.

15. Workers Compensation - may disclose health information to an appropriate person in the event of an on-the-job injury.

16. Appointment Reminders - may use and disclose health information to contact a customer with appointment reminders for treatment and/or services.

0320 Expanded Criminal History Checks

Records may be requested on individuals DCF is considering to care for children. Individuals shall have fingerprints taken to access Federal/National records from the Federal Bureau of Investigation (FBI).

A. Individuals who have lived in Kansas less than 5 years shall have a child abuse and neglect registry check from each state where they have lived within those past 5 years.

Additionally, at the discretion of the Regional DCF Program Administrator, an FBI check may be requested when DCF becomes aware of an incident which occurred that meets:

1. have a reported relinquishment/termination of parental rights from out of state, OR,

2. reported convictions of offenses considered prohibitive per KSA 65-516, OR, 3) all references are from out of state.

B. DCF staff shall be required to:

Submit a request to the Regional PPS Program Administrator or designee that details the reason for a nationwide background check.

If the request is approved, the Regional PPS Program Administrator or designee will provide the staff that made the request with a packet of documents which will need to be completed. The staff shall do the following:

1. Provide the individual(s) on which the nationwide background check is being requested with a copy of the letter outlining DCF's authority to obtain a nationwide background check. (See appendix 0A.)

2. Have the individual(s) complete and sign the "DCF Security Clearance Form", PM-6619. This form allows DCF to request a nationwide background check and shall be enclosed in the envelope provided for Law Enforcement agency (maintain a copy for the file).

3. Complete the "Security Clearance Request Form", Form number PM-6620, identifying the Regional PPS Program Administrator or designee as the person to whom results shall be returned. This form shall be enclosed in the envelope provided for Law Enforcement agency (maintain a copy for the file).

4. Provide the individual(s) with a fingerprint card and information detailing process to be followed.

5. Arrange for the fingerprint process and send to DCF Administration Personnel staff who forwards to FBI via KBI.

6. DCF Administration staff will also check child abuse and neglect registries of other states.

7. Results will be shared with the DCF staff who requested the information (this person is designated on the "Security Clearance Request Form", Form number PM-6620).

DCF will be assessed the fees, which can include the costs for the taking of the fingerprints by the Law Enforcement agency and any costs associated with the submission to the FBI by the KBI, for the background checks.

C. Examples of circumstances that warrant a nation wide record search:

1. Child(ren) is in Police Protective custody, and the family identifies a person(s), who has recently moved to Kansas, who is able to provide care for the child(ren) in the effort to prevent DCF custody.

2. A child who is in DCF custody and placement with a specific relative or non-related kin is being considered, however, the relative or non-related kin has resided in the state for less than 12 months.

3. A child who is not in DCF custody, but the Court is involved in the case, and the court is requesting more information on a potential placement resource for the child.

0410 Case Open For Services

A case shall be opened, data entered into FACTS and case file established when:

A. A report is accepted by the Department for an investigation or assessment,

B. A journal entry is received placing a child in the custody of the Secretary.

The family record shall be open in the name of the head of household.

0420 Documentation

Documentation is integral to family centered services. Documentation is the foundation for professional accountability for the activities (investigation, assessment, and intervention), and the outcomes for safety, permanence and well-being for children and vulnerable adults.

A. General Documentation

Documentation shall be recorded in KIDS, KIPS, and on PPS forms or appendices. PPS forms shall be completely filled out using correct grammar and spelling. Documentation shall be completed in blue or black ink. When applicable, pages shall be numbered and “cont’d” shall be documented when narrative continues to the next page. Blank lines shall be marked through. Documentation of case activities and decisions shall occur as soon as possible for accuracy and availability of information when needed.

B. Contents of Documentation

Documentation shall be written so a person not familiar with the case is able to follow the writer’s logic and understand the basis for conclusions.

Documentation shall:

1. Include the full name of agency staff, identity and relationship of all individuals involved in the activity.
2. Include the date, time (begin and end), type of contact and location, if applicable.
3. Use clear, concise and descriptive language.
3. Document relevant facts, and observations supporting decisions/conclusions.
4. Document decisions and/or actions taken. Include the basis for each decision and/or action taken, or explain the reason for no action taken.

0421 Additions and Changes to Case Information

It is important that staff shall avoid any appearance of altering records. As new information is obtained or when information changes, the information on relevant forms shall be updated by adding the new or changed information, initialing and dating the change. If information requires a correction, the information shall be corrected by crossing through the incorrect information with a single line, writing the correct information next to it, initialing and dating the change. A brief explanation of the reason for the change shall be written on the form or, if explained elsewhere in the record, cross referenced. Erroneous or revised information may not be erased or covered with whiteout, felt tip-markers, etc.

0425 Contents of Assessment & Prevention, Family Services and Family Preservation Case Records

A. PPS Assessment & Prevention, Family Services and Family Preservation Case records shall contain the following sections:

Section 1: Logs, family contact sheets
Section 2: Legal Documentation
Section 3: Intake and Assessment
Section 4: Assessment and Case Planning
Section 5: Contracted Services
Section 6: Interstate Compact on the Placement of Children (ICPC) and Interstate Compact on Adoption and Medical Assistance (ICAMA)
Section 7: Eligibility and Financial Planning Payments
Section 8: Miscellaneous

Children within the family who are in the Secretary's custody shall have their own individual section containing court documents, case plans and medical documentation.

Within each required section, the material shall be organized in like groups, (e.g., All court reports together, all case plans together) depending on the case situation and the forms/documents used. Each section shall be labeled. The material within each section shall be maintained together in reverse chronological order with the most recent material on top. Duplicate material shall not be included in the case file~~.~~ with the exception of birth certificates and social security cards. Working copies shall be maintained in section 3 and originals in section 8.

The forms appearing under the section headings are a guide and not necessarily all the forms which might be appropriately filed in the section. Form numbers listed below are the forms currently in use. Forms which are equivalent or which serve the same function, shall be placed in the same sections as the current forms.

If a section is not applicable (e.g., interstate compact) a labeled placeholder shall be included to indicate the section has not been overlooked.

Forms completed shall be the order of case record sections:

B. Section 1: Logs, family contact sheets

All logs shall be page-numbered, contain month, date, year and full name of the worker.

1. PPS 3011 Visitation/Contact Log

2. PPS 1010 Social Service Case Activity Log

3. E-mails.

All e-mail correspondence shall be case relevant. When applicable, entire e-mail threads shall be included to avoid redundancy.

C. Section 2: Legal Documentation

1. Petition
   a. Applications, affidavits, or worksheets used in the preparation of the petition

2. Certified or file stamped copies of orders and journal entries
   a. Ex Parte Order of Protective Custody
   b. Temporary Custody Order
   c. Adjudication
   d. Dispositional Order
   e. Order of Informal Supervision
   f. Court order releasing child from DCF custody/jurisdiction of the court

PPS Forms:

1. PPS 0100 Authorization for Release of Confidential Information
2. PPS 5123 Consent to Medical Care (Parent)
3. PPS 5124 Consent to Medical Care (Supervisor)
4. External Releases of Information

D. Section 3: Intake and Assessment

Each report accepted for assessment shall be filed together as a separate packet of completed forms:

1. Copy of Birth Certificates
2. Copy of Social Security Card or verification of social security number
3. PPS 1000 - Face Sheet
4. PPS 1001- Report/Request for Services
5. PPS 1001A - Summary Results Preliminary Inquiry
6. PPS 1002 - Initial Assessment
7. PPS 2000 - Request to Interview a Child at School
8. PPS 2003 - Family Based Safety Plan
9. PPS 2005 - UNCOPE
10. PPS 2011 - Case Findings
11. PPS 2012 - Notice of Department Finding
12. PPS 2015 - Infant-Toddler Referral
13. PPS 2017- ANE Cover Sheet
14. PPS 2018- Review of Repeat Maltreatment in Six Months
15. PPS 2025- Agency Response (Facility and Third Party Response)
16. PPS 2030A - Agency Response (Family Based Assessment)

17. PPS 2030B - Safety Assessment
18. PPS 2030C - Risk Assessment (short form)
19. PPS 2030D - Risk Assessment
20. PPS 2030E - Child in Need of Care - Non-Abuse/ Neglect Assessment
21. PPS 2030F - Family Based Assessment Summary
22. PPS 1006 - Report of Unexcused School Absences
23. Emergency Shelter Referrals

E. Section 4: Assessment and Case Planning

1. PPS 2035- Family Service Risk and Safety Assessment
2. PPS 3003- Court Report other reports required by District court
3. PPS 5140 - Educational Advocate Referral Form
4. PPS 3050 - Family Case Plan
5. PPS 3051 - Permanency Plan
6. PPS 3052 - Administrative Requirements
7. PPS 3054 - Visitation Schedule
8. PPS 3055 - Permanency Plan Review
9. PPS 3056 - Permanency Plan Desk Review
10. PPS 3057 - Service and Codes
11. PPS 3057A – Independent Living Service Descriptions
12. PPS 3058 – Permanency Plan Checklist
13. PPS 4005- Family Service Case Status
14. Behavior Contract
15. Consultation notes
16. Service Provider Reports
17. Court Service Officer Reports
18. Law Enforcement Reports
19. Medical and Dental assessments, evaluations, and service records
20. Mental/Behavioral Health

F. Section 5: Contracted Services

1. PPS 4005 - Family Service Case Status
2. PPS 5000 - Family Preservation Referral and Transmittal Sheet
3. PPS 5110 - Initial Referral to Out of Home Service Provider
4. PPS 5000A Family Preservation Acknowledgement of Referral/Change
5. PPS 5002 Request for Retraction

G. Section 6: Interstate Compact

1. PPS 9110 - ICAMA Form 6.01, Notice of Medicaid Eligibility/Case Activation
2. PPS 9115 - ICAMA Form 6.02, Notice of Action
3. PPS 9120 - ICAMA Form 6.03, Report of Change in Child/Family Status

H. Section 7: Eligibility and Financial Planning
Social Security Eligibility Packet
All correspondence with Social Security Administration.

1. Appendix 5U - Disability Determination Referral to Kansas Legal Services

Additional Information Packet:

1. ADM 3465 - Invoice and Timesheet: Purchase of Service.
2. Client Service Agreements
3. Flex Funds requests
4. Receipts for goods or services
5. Other eligibility or financial information

I. Section 8: Miscellaneous

Correspondence [Other than reports or evaluations in letter format. Correspondence may optionally be kept in a separate folder within the miscellaneous section.]
Newspaper articles
The following items shall be placed in an envelope and attached to the back, right side of the folder:

1. Birth Certificates
2. Social Security Card or verification of social security number
3. Copy of Insurance Cards
4. Photographs/Electronic media

FACTS Printouts

FACTS face sheets and other printouts may be kept in a manner which best serves the continuity of the case activities and management functions. They may be kept in the section to which they pertain or in a separate folder, clearly identified, and maintained where convenient within the case record.

0430 Contents of Foster Care, Adoption and Independent Living Services Case Records

A. PPS Foster Care, Adoption and Independent Living Services Case records shall contain the following sections:

Section 1: Logs, family contact sheets
Section 2: Intake and Referral
Section 3: Legal Documentation
Section 4: Incident/Investigative Reports
Section 5: Case Planning
Section 6: Placement Information (Subsection: ICPC/ICAMA)
Section 7: Mental/Behavioral Health, Drug & Alcohol
Section 8: Medical
Section 9: Education
Section 10: Adoption
Section 11: Independent Living
Section 12: Correspondence
Section 13: Eligibility and Financial Planning
Section 14: Miscellaneous

Children within the family who are in the Secretary's custody shall have their own individual file.

Within each required section, the material shall be organized in like groups, (e.g., All court reports together, all case plans together) depending on the case situation and the forms/documents used. Each section shall be labeled. The material within each section shall be maintained together in reverse chronological order with the most recent material on top. Duplicate material shall not be included in the case file.

The forms appearing under the section headings are a guide and not necessarily all the forms which might be appropriately filed in the section. Form numbers listed below are the forms currently in use. Forms which are equivalent or which serve the same function, shall be placed in the same sections as the current forms.

If a section is not applicable (e.g., interstate compact), a labeled placeholder shall be included to indicate the section has not been overlooked.

Forms completed shall be the order of case record sections:

B. Section 1: Logs, family contact sheets

All logs shall be page-numbered, contain month, date, year and full name of the worker.

1. PPS 3011 Visitation/Contact Log
2. PPS 1010 Social Service Case Activity Log
3. E-mails.

All e-mail correspondence shall be case relevant. When applicable, entire e-mail threads shall be included to avoid redundancy.

4. PPS 3061 Monthly Individual Contact

C. Section 2: Intake and Referral

1. Copy of Birth Certificates
2. Copy of Social Security Card or verification of social security number
3. PPS 2030A - Agency Response (Family Based Assessment)
4. PPS 2030B - Safety Assessment
5. PPS 2030C - Risk Assessment (short form)
6. PPS 2030D - Risk Assessment
7. PPS 2030E - Child in Need of Care - Non-Abuse/ Neglect Assessment
8. PPS 2030F - Family Based Assessment Summary
9. PPS 5110 - Initial Referral to Out of Home Service Provider
10. PPS 5110A - Initial Referral to Out of Home Placement Provider for Child in DCF Custody-Consideration of Relative Placement
11. PPS 5120 - RE/FC/AD Acknowledgement of Referral
12. PPS 0100 - Authorization for Release of Confidential Information
13. PPS 5123 - Consent to Medical Care (Parent)
14. PPS 5124 - Consent to Medical Care (Supervisor)
15. Appendix 5M- Referral to DCF for Continued Services

D. Section 3: Legal Documentation

1. Petition
   a. Applications, affidavits, or worksheets used in the preparation of the petition

2. Certified or file stamped copies of orders and journal entries
   a. Ex Parte Order of Protective Custody
   b. Temporary Custody Order
   c. Adjudication
   d. Dispositional Order
   e. Order or Journal Entry resulting from a permanency hearing
   f. Order of Informal Supervision
   g. Termination of Parental Rights
   h. Guardianship/permanent custodianship
   i. Adoption Decree
   j. Court order releasing child from DCF custody/jurisdiction of the court

PPS Forms:

1. Appendix 5J - Voluntary Relinquishment to the Department of DCF
2. PPS 3003 - Court Report

E. Section 4: Incident/Investigative Reports

1. Provider Critical Events
2. PPS 0550 Critical/Significant Incident
3. Law Enforcement Reports
4. Child Abuse/Neglect Reports
5. Safety Plans

F. Section 5: Case Planning

1. PPS 3051 - Permanency Plan
2. PPS 3052 - Administrative Requirements
3. PPS 3053 - Parent and Child Interaction Schedule
4. PPS 3054 - Visitation Schedule
5. PPS 3055 - Permanency Plan Review
6. PPS 3056 - Permanency Plan Desk Review
7. PPS 3057 - Service and Codes
8. PPS 3057A – Independent Living Service Descriptions
9. PPS 3058 – Permanency Plan Checklist
10. PPS 3059 - Transition Plan for Successful Adulthood
11. Case Plan Invites
12. Case Plan Waivers
13. PPS 3070 Aftercare Contact Agreement
14. PPS 3071 Aftercare Monthly Report
15. Social History
16. Genogram
17. Ecomap
18. Timeline

G. Section 6: Placement Information (Subsection: ICPC/ICAMA)

1. PPS 5144 - Proposed Placement with Relative
2. PPS 5145 - Relative Home Study

3. Respite information
   a) PPS 5120 - RE/FC/AD Acknowledgement
   b) Placement Agreements
   c) Placement Reports
   d) Placement Disruption Reports
   e) Placement Discharge Summaries
   f) Appendix 5K OPPLA Commitment Agreement
   g) Appendix 5L Custodianship Commitment Agreement

4. PPS 9110 - ICAMA Form 6.01, Notice of Medicaid Eligibility/Case Activation
5. PPS 9115 - ICAMA Form 6.02, Notice of Action
6. PPS 9120 - ICAMA Form 6.03, Report of Change in Child/Family Status
7. PPS 9130 - Interstate Compact Placement Request (100A)
8. PPS 9140 - Interstate Compact Financial/Medical Plan If Child is Placed Out-of-State
9. PPS 9100 - Case Manager Statement
10. PPS 9135 - ICPC Report on Child's Placement Status (100B)
11. Appendix 9G – ICPC Regulation 7 Expedited Placement
12. PPS 9145- ICPC - Priority Home Study Request
13. ICPC Supervision Reports
    a) Appendix 9B – ICPC Supervision Report – 90 Days
    b) Appendix 9C – ICPC Supervision Report – 30 Days
    c) Appendix 9E – ICPC Residential Supervision Report

H. Section 7: Mental/Behavioral Health, Drug & Alcohol

Screenings
Evaluations
Referrals
Treatment Plans
Progress Reports

I. Section 8: Medical

1. PPS 5340 - Medical and Genetic Information for Child

2. Kan Be Healthy

3. Immunization Records

4. Medical and Dental assessments, evaluations, and service records

J. Section 9: Education

1. IEP and follow-up reports
2. School progress, grade reports and attendance

3. Disciplinary reports
4. Awards and recognitions
5. PPS 5140 Education Advocate Referral Form
6. Appendix 5H Consent for Release of Information
7. Appendix 5Q Authorization for Disclose Information
8. Appendix 5P Education Enrollment Information Form

K. Section 10: Adoption

1. PPS 5350 Adoption Consent (Committed)
2. PPS 5355 Adoption Consent (Relinquished)
3. PPS 5360 Adoption Consent (Committed and Relinquished)
4. Individual recruitment plan
5. Adoptive family assessments/home studies
6. Best Interest Staffing documents
7. Adoption process documents
8. Sibling split/separation documentation
9. Child specific recruitment information
10. PPS 5310 Adoption Exchange Information
11. PPS 5315 Adoption Exchange Case Status Update

L. Section 11: Independent Living

1. Casey Life Skills Assessment
2. Final version of PPS 3059 Transition Plan for Successful Adulthood
3. PPS 7000 Self Sufficiency Plan
4. PPS 7000A Independent Living Monthly Budget Plan
5. PPS 7001 Education and Training Voucher Program Plan
6. PPS 7210 Independent Living Subsidy Payment Unit Notification
7. PPS 7215 Independent Living Monthly Mentor Report
8. PPS 7220 Independent Living Mentor Agreement
9. PPS 7260 Application for Foster Child Education Assistance Program
10. PPS 7300 Independent Living Program Violation Notice
11. PPS 2833 Client Purchase Agreement
12. Employment and Post-Secondary Education Records
13. PPS 1010 Social Service Case Activity Log for the Self-Sufficiency Case / Emails / Written Correspondence- All email correspondence shall be case relevant. When applicable, entire email threads shall be included to avoid redundancy.

M. Section 12: Correspondence

1. PPS 5125 Relative Notice Letter
2. Letters

N. Section 13: Eligibility and Financial Planning Payments

Each region will determine the color of the file folder for the financial packet for both IV-E and State only eligible cases. There will be one colored file folder for IV-E eligible packets and a different colored file folder for State only eligible. There will be a separate file folder for each foster care episode. The file folders will be located in the Section 7 of the social service file which will be kept by the eligibility specialist until the case is closed and then Section 7 will be placed with the rest of the social service file for archiving.

Foster Care IV-E Eligibility Packet

Section I

1. PPS 5435 - Eligibility Tracking Summary
2. Logs

Section II - Initial Eligibility

1. Cover Sheet/or Log supporting eligibility determination
2. PPS 5410A
3. PPS 5410B
4. FOCA
5. CLPR
6. Documentation of AFDC group
7. PRIP Screen
8. PPS 1000
9. Screen Prints to Support Income and Resources
    a. BARI
    b. BASI
    c. VEHI
    d. UNIN
    e. OTAP
    f. LIRA
    g. VIQM
    h. CHILD CARE
    i. PACC
    j. PAYR
    k. COMN
    l. COLL
    m. Kansas Payment Center Screens
    n. LCDA
    o. Any other information which supports the initial determination

(Items a-o will be fastened together)

10. Citizenship
    a. TPQY
    b. Birth Certificate

Section III - Court Documents

1. Affidavit
2. Petition/Complaint
3. Initial Court Order placing child in State's custody
4. Journal Entries showing ongoing custody

Section IV - Redetermination

1. Cover Sheet/or Log supporting eligibility determination
2. PPS 5425A
3. PPS 5425B
   (Items 1- 3 will be fastened together for each redetermination)

Section V - Permanency Hearings

Section VI - Placements

1. PPS 5440 - Placement Tracking for IV-E Eligible Youth
2. FACTS Face Sheet (printed only at time of an audit or closure
3. Acknowledgements of Placement Changes/PPS 5460
   Attached to this is the CLARIS print outs to verify the placement meets IV-E criteria for Payment. The first print out after the Acknowledgement /PPS 5460 verifies when the youth first entered the placement eligibility. The next CLARIS print out verifies that during the redetermination the placement did or did not continually meet the eligibility criteria.

Foster Care State Only Eligibility

Section I

1. PPS 5435 - Eligibility Tracking Summary
2. Logs

Section II - Initial Eligibility

1. Cover Sheet
2. PPS 5410A
3. PPS 5410B
4. FOCA
5. CLPR

6. Documentation of AFDC group
7. PRIP Screen
8. PPS 1000
9. Screen Prints to Support Income and Resources
    a. BARI
    b. BASI
    c. VEHI
    d. UNIN
    e. OTAP
    f. LIRA
    g. VIQM
    h. CHILD CARE
    i. PACC
    j. PAYR
    k. COMN
    l. COLL
    m. Kansas Payment Center Screens
    n. LCDA
    o. Any other information which supports the initial determination
        (Items 1-9 will be fastened together)
10. Citizenship
    TPQY
    Birth Certificate

Section III - Court Documents

1. Affidavit
2. Petition/Complaint
3. Initial Court Order placing child in State's custody
4. Journal Entries showing ongoing custody

Section IV - Redetermination

1. Cover Sheet
2. Medicaid redetermination

Section V - Permanency Hearings

Section VI – Placements
Acknowledgements of Placement Changes/PPS 5460

Social Security Eligibility Packet
All correspondence with Social Security Administration.

Permanent Custodianship Eligibility Packet

1. PPS 6160 – Permanent Custodian Subsidy Agreement
2. PPS 6155 – Referral for Payment: Permanent Custodianship Subsidy
3. PPS 6150 – Request for Permanent Custodianship Subsidy
4. PPS 6165 – Permanent Custodianship Annual Report
5. PPS 6170 – Permanent Custodianship Change in Status

Adoption Subsidy Eligibility Packet

Place a copy of all documentation required used for the determination of adoption assistance in a separate adoption assistance folder in both the financial section of the youths' case file. and in the child's permanent case file.

The Adoption Assistance financial section of the youth's case file shall include:

1. The PPS 6115 - Eligibility for Adoption Assistance
2. A copy of the adoption petition; and the PRT Journal Entry or voluntary relinquishment
3. The PPS 6110 - Referral for Adoption Assistance
4. The Adoption Placement Agreement
5. The PPS 6130 - Adoption Assistance Agreement
6. The child's social history or case planning documentation related to the determination of the child's special needs
7. The family assessment of the adoptive family
8. Documentation of attachment to a foster parent, placement with a relative, or individual recruitment plan or case planning conference notes related to the reasonable efforts to place without adoption assistance
9. All foster care eligibility determination documentation
10. Documentation of eligibility or receipt of SSI
11. HCBS Waiver Information Packet, if applicable
12. Adoption decree
13. Disability documentation from a physician, hospital, clinic or other qualified licensed medical or professional practitioner of the youth's physical or mental disability
14. The PPS 6135 Adoption Assistance Review
15. PPS 1010 and documentation of the negotiation process
16. Documentation from post adoption requests

Additional Information Packet:

1. ADM 3465 - Invoice and Timesheet: Purchase of Service, not associated to Independent Living, Permanent Custodianship or Adoption Subsidy will be filed in the back of the file
2. PPS 5135 - Acknowledgement of Parental Obligation
3. Past FACTS face sheets
4. Other Miscellaneous information

O. Section 14: Miscellaneous

Newspaper articles
Personal articles, letters, awards,
The following items shall be placed in an envelope and attached to the back, right side of the folder:

1. Birth Certificates
2. Social Security Card or verification of social security number
3. Copy of Insurance Cards
4. Photographs

B. Child Welfare Case Management Provider Case Records

Cases referred to the Child Welfare Case Management Provider on or after October 1, 2014 shall have case records consistent with PPS required case record order. Files shall be child specific and in reverse chronological order Each Child Welfare Case Management Provider shall use the same format for case record organization.

Cases will be re-ordered by the Child Welfare Case Management provider at the DCF PPS office for the purpose of audits, if requested by DCF PPS.

0431 Records of Consultations Between DCF Staff and DCF Attorney

The records of consultations between DCF staff and the DCF attorney are protected by attorney/client privilege. Records of consultations with the attorney are to be clearly marked as attorney/client contacts and maintained separately from the social services file or in a separate folder within the file and identified in a manner that the information shall not be shared with third parties.

0432 FACTS Printouts

FACTS face sheets and other printouts may be kept in a manner which best serves the continuity of the case activities and management functions. They may be kept in the section to which they pertain or in a separate folder, clearly identified, and maintained where convenient within the case record.

0440 Archiving and Storage of Records

The Division of Prevention and Protection Services is responsible for records archiving and storage.

Each region shall designate a Records/Archive Liaison.

Records To Be Maintained at the Local Office:

Records still in use, including Independent Living Subsidy, Adoption Assistance, Foster Care documentation, Adoption documentation, and Custodianship Subsidy. These records are maintained in the appropriate office until no longer needed by DCF staff. When these records are no longer needed, they shall be sent to Archiving or to Storage following the directions below.

Records To Be Sent to the DCF Record Center:

1) Records for archiving/microfilming; which are included in the DCF Record Center ”Juvenile Services” numbering system:

- All adoptions finalized in Kansas, and
- Guardianship/State Ward cases; cases with children in the custody of the Secretary and both parents' parental rights have ended.

DCF Regional Archive/Records Liaison Responsibilities:

a. Assure DCF service case file information, all DCF Foster Care, Adoption, Permanent Custodianship Subsidy, SSI case file information, and all Child Welfare Case Management Provider’s case file information are merged; duplicate information purged; obtain and include any missing case file information. For exceptions, see section above.

b. Assure case file includes:

1. All social history and background information
2. DCF case file information
3. DCF IV-E Foster Care information
4. Permanent Custodianship Subsidy information
5. Independent Living Subsidy information
6. SSI case file information
7. Child Welfare Case Management Provider case information
8. School records
9. Birth and health information
10. Medical, dental, and hospital records
11. Psychological reports and/or evaluations
12. All legal documents and reports to the court
13. All reports prepared by the Child Welfare Case Management Providers
14. Reports prepared by resource parents or facility staff
15. Case logs

16. Pictures, letter from family, keepsakes, (if not already provided to the child).
17. Case planning documents
18. Financial Records
19. Adoption Assistance Information
20. Initial Intake and Assessment Reports
21. Genetic and Health Information
22. All pertinent case information

c. Tape torn pages; tape small pieces of paper to a standard 8 ½ X 11 sheet of paper.
d. Copy onion-skin and carbon documents on to standard 8 ½ X 11 sheet of paper.
e. Complete one Archive Face Sheet, PPS Form 0400, for each case file. Place Archive Face Sheet in front of each case file. If there is more than one folder per child in a box, label each folder accordingly. Example: # 1 of 3, # 2 of 3.
f. Put pictures, letters, and keepsakes from family in separate envelope, immediately after Archive Face Sheet.
g. Complete a Case File Box Contents form, PPS Form 0415. Place this form inside each box with birth names in alphabetical order. Files inside each box shall be in alphabetical order.
h. Use the designated boxes, which are ”Storage File-Letter/Legal”. The address to order the boxes is warehouse@dcf.ks.gov
i. Notify the DCF Record Center, via e-mail when you plan to deliver boxes, and cc the PPS Records Contact. The delivery location is:
DCF Record Center, 406 Jefferson Street, Topeka, KS, 66607.
j. There is no limit to the number of boxes per delivery.
k. The contents of each box will be verified by DCF Record Center staff. A ”JS” number will be annotated on the Case File Box Contents form as confirmation of delivery. The DCF Record Center shall mail a copy of this form to sending DCF office Records/Archive Liaison and to the PPS Records Contact.
l. Files received that have not been properly prepared per these instructions will not be processed and will be returned to the sending DCF office for appropriate preparation.
m. Assure the Box Contents Form is received back from the DCF Record Center with the new ”JS” box number. This number shall be maintained in the regional office tracking system, this is the number needed to retrieve the file at a later time if needed. The DCF Records Center will also send a copy of the Box Contents Form with the DCF Record Center assigned number to the PPS Record Contact. The PPS Records Contact shall maintain a database for tracking all PPS records transferred to the DCF Record Center. Each DCF regional office shall maintain a tracking system.
n. Track locations of files, retrieve and copy when requested.

2) Case Files for Storage and Later Destruction; which are included in the DCF Record Center ”Foster Care" records ("FC") numbering system. These are further labeled for each DCF office (for example FCR-LAW1234 or FCR-CHA 1234):

a. Foster care cases, which are not in the category above and have been closed, shall be maintained in the service county for at least two years. When the DCF Regions no longer need the case or no longer wish to continue storing the files, the DCF Regions shall prepare the cases for transfer to the DCF Record Center where files shall be kept until the child is at least 21 years of age and the case has been closed for at least 72 months. When the DCF Regions keep the cases until the child is at least 21 years of age and the case has been closed for at least 72 months, the Regions can then shred the file.

DCF Regional Archive/Records Liaison Responsibilities:

a. Assure DCF service case file information, all DCF IV-E Foster Care, Permanent Custodianship Subsidy, SSI case file information, and all Child Welfare Case Management Provider’s case file information are merged; duplicate information purged; obtain and include any missing case file information. For exceptions, see section above.

b. Assure case file includes:

1. All social history and background information
2. DCF case file information
3. DCF IV-E Foster Care information
4. DCF IV-E Adoption information
5. Permanent Custodianship Subsidy information
6. Independent Living Subsidy information
7. SSI case file information
8. Child Welfare Case Management Provider case information
9. School records
10. Birth and health information
11. Medical, dental, and hospital records
12. Psychological reports and/or evaluations
13. All legal documents and reports to the court
14. All reports prepared by the Child Welfare Case Management Providers
15. Reports prepared by resource parents or facility staff
16. Case logs
17. Pictures, letter from family, keepsakes, (if not already provided to the child).
18. Case planning documents
19. Financial Records
20. Adoption Assistance Information
21. Initial Intake and Assessment Reports
22. Genetic and Health Information
23. All pertinent case information

c. Complete one Records Face Sheet, PPS Form 0410, for each case. The birth name shall be on the case file folder. Place Records Face Sheet in the front of each case folder.
d. Put pictures, letters, and keepsakes from family in separate envelope, immediately after Records Face Sheet.
e. Complete a Case File Box Contents form, PPS Form 0415. Place this form inside each box with birth names in alphabetical order. The files inside each box shall be in alphabetical order.
f. Use the designated boxes, which are ”Storage File-Letter/Legal”. The address to order the boxes is warehouse@dcf.ks.gov
g. Notify the DCF Record Center, via e-mail when you plan to deliver boxes, and cc the PPS Records Contact. The delivery location is:
DCF Record Center, 406 Jefferson Street, Topeka, KS, 66607.
h. There is no limit to the number of boxes per delivery.
i. The contents of each box will be verified by DCF Record Center staff. A "FC" number will be annotated on the Case File Box Contents form as confirmation of delivery. The DCF Record Center shall mail a copy of this form to sending DCF office Records/Archive Liaison and the PPS Records Contact.
j. Files received that have not been properly prepared per these instructions will not be processed and will be returned to the sending DCF office for appropriate preparation.
k. Assure the Box Contents Form is received back from the DCF Record Center with the new "FC" box number. This number shall be maintained in the regional office tracking system, this is the number needed to retrieve the file at a later time if needed. The DCF Records Center shall also send a copy of the Box Contents Form with the new assigned box number to the PPS Records Contact. The PPS Records Contact shall maintain a database for tracking all PPS records transferred to the DCF Record Center. Each DCF regional office shall maintain a tracking system.
l. Track location of files, retrieve and copy when requested.
m. After foster care records are maintained in storage at the DCF Record Center until the child is at least 21 years of age AND the case has been closed for at least 72 months, the DCF Record Center shall contact the DCF regional sending office to verify the files can then be destroyed, or should be given a later destroy date. The DCF Regional Office Records/Archive Liaison shall notify in writing the DCF Record Center and cc the PPS Record Contact of all approved destruction of records, by box number and destroy date. If the Regions maintain the files in the regional offices until the appropriate time for destruction, then the regions can shred the files at that time.

Also, refer to Section 0441, Retention of Records.

0441 Retention of Records

Reports to DCF alleging a child in need of care that were not assigned for further investigation or assessment may be destroyed after 2 years from the date report is received.

DCF Regional Records: of all cases accepted for investigation or services not included in section 0440 shall be retained for six years following case closure with the following exceptions:

A. When a report of abuse and/or neglect has been confirmed, validated, substantiated, or affirmed, even if later expunged, the record shall not be destroyed.

B. No case record shall be destroyed while an audit or appeal is in process or has been filed.

C. If a youth previously in the custody of the Secretary becomes a parent and incurs a substantiated finding prior to their foster care file being destroyed, their foster care file shall not be destroyed and shall be kept with their intake and assessment file(s).

The regions shall keep incoming ICPC cases which are not adoptions finalized in Kansas for six years after closure, and then the files may be destroyed. This allows relevant information to be kept available should a subsequent home study referral be received for the same family. All adoptions finalized in Kansas, and State Ward cases shall be archived.

The regions shall keep outgoing ICPC cases maintained in the child's case file.

PPS Administration ICPC Files

PPS Administration will keep incoming and outgoing ICPC foster care, relative, residential, and adoption cases for 6 months after closure, and after that time it shall be destroyed. All information in the ICPC file is also maintained in the DCF Regional Office file and/or the Provider file.

Also, refer to Section 0440, Archiving Records, for additional information.

0510 Defining Critical Incident

The term critical incident shall include an adult death, child death, child near death, or any incident which may draw public, legislative, or media concern.

A. Adult Death: An adult who is the subject of an APS investigation whose death is related to an allegation of abuse, neglect, and/or exploitation, or an adult who received adult services and dies under suspicious circumstances.

B. Child Death: A child who dies from alleged abuse or neglect or a child who received services from PPS and dies for any reason.

C. Child Near Death: A child who received services from PPS and a physician determined this was a "near death".

References:

A. See PPM 0512 for Defining Significant Incident.
B. See PPM 0513 for Reporting a Critical or Significant Incident.

0512 Defining Significant Incident

A Significant Incident is an unanticipated event which does not rise to the level of a critical incident, but has the potential risk of a serious adverse outcome.

A. Significant Incident involving a child in the custody of the Secretary include but are not limited to:

1. death of a parent/primary caregiver (provide date of death)
2. runaway or missing from placement. PPM 5245 shall be followed.
3. arrested for a juvenile offense
4. alleged abuse or neglect
5. child is an alleged perpetrator or victim of a criminal assault of any kind
6. attempted suicide
7. serious physical illness
8. unanticipated medical attention that requires treatment beyond first aid
9. pregnancy. See PPM 0513 D. 2.
10. birth. See PPM 0513 D. 2.
11. emergency change in placement
12. use of illegal drugs

13. suspension of the license of a group or residential facility used by children
14. alleged victim of human trafficking
15. alleged perpetrator of animal abuse
16. Other. Document specifics.

B. Significant Incidents involving a child with an open Family Preservation or Family Services Case, who is not in the custody of the Secretary include but are not limited to:
   1. death of a parent/primary caregiver (provide date of death)
   2. unanticipated medical attention that requires treatment beyond first aid
   3. alleged abuse or neglect
   4. child is an alleged perpetrator or victim of a criminal assault of any kind
   5. attempted suicide
   6. unplanned placement away from the family home
   7. runaway

C. Significant Incidents involving a child or adult with an open Investigation and Assessment case include but are not limited to:
   1. death of a family member (provide date of death)
   2. runaway

D. Significant Incidents involving DCF or Child Welfare Case Management Provider staff:
   1. work related serious injury or death of DCF staff or incidents in which staff safety was seriously compromised
   2. work related serious injury or death of Child Welfare Case Management Provider staff or incidents in which staff safety was seriously compromised

E. References:
   1. See PPM 0510 for Critical Incident.
   2. See PPM 0513 for Reporting a Critical Incident or Significant Incidents.

0513 Reporting a Critical or Significant Incident

Information regarding Critical Incidents and Significant Incidents may be received by the Kansas Protection Report Center (KPRC), by DCF staff or by Child Welfare Case Management Provider (CWCMP) staff.

If there is a question as to whether or not a situation should be defined as a critical or significant incident, the incident shall be reported. Incidents need not be reported more than once.

A. Initial Notification

When KPRC, DCF regional staff or CWCMP are the first to become aware of an incident, they shall complete the Initial Notification verbally or by e-mail as soon as practical, but no later than 12 hours of knowledge of the critical or significant incident.

1. Critical or Significant Incident Information Received by the Kansas Protection Report Center

   a. Critical Incidents:

      If a critical incident is reported during DCF business hours, the KPRC specialist shall send the report to the PPS Director, Regional Director, Assistant Regional Director, KPRC Supervisors email mailbox (via PRCSups), KPRC Program Administrators, Regional PPS Assessment and Prevention Administrator, and Foster Care Contract Administrator. The Initial Assessment shall be completed on the report per section 1000.

      Outside of DCF business hours, the KPRC intake worker may receive reports involving a critical incident. The report shall be documented per normal procedures. The report shall be immediately e-mailed to the PPS Director, Regional Director, Assistant Regional Director, KPRC Supervisors email mailbox (via PRCSups), KPRC Program Administrators, Regional PPS Assessment and Prevention Administrator, and Foster Care Contract Administrator.

   b. Significant Incident

      Reports involving a Significant Incident which are not assigned for further assessment are forwarded to the DCF worker with the open case. DCF staff shall notify his/her immediate supervisor per A. 3. See PPM 1432.

2. Critical or Significant Incident Information Received by the CWCMP:
   If a family has been referred to the CWCMP, critical and significant incidents shall be reported to DCF until the end of the aftercare period. The CWCMP shall notify DCF verbally or by e-mail of the critical or significant incident as soon as practical, but no later than 12 hours of the Provider's knowledge of the incident, followed by a written report by the next working day of the Provider's knowledge of the incident. The exceptions are as follows:

   a. A child who has been reported to the CWCMP as missing from placement for any reason shall be reported to DCF and law enforcement within 2 hours of the CWCMP being informed of the child's missing status, with written report submitted to DCF by the next working day of the Provider's knowledge of the incident.

b. Acritical or significant incident involving suspected child abuse/neglect shall be reported to DCF through the Kansas Protection Report Center immediately after the provider is aware of the incident. A written report shall be submitted by the next working day of the Provider's knowledge of the incident.

3. Critical or Significant Incident Information Involving Investigation and Assessment, Family Service and Family Preservation Cases Received by DCF staff

   a. DCF staff shall notify his/her immediate supervisor of the critical or significant incident who shall notify the Assessment and Prevention Administrator verbally or by e-mail as soon as practical, but no later than 12 hours of DCF's knowledge of the incident, with a written report completed by the next working day of DCF's knowledge of the incident.
   b. WhenDCF is notified of a critical or significant incident by the CWCMP the DCF staff shall notify his/her immediate supervisor who shall notify the Assessment and Prevention Administrator.
   c. DCFshall notify the CWCMP verbally or by e-mail as soon as practical, but no later than 12 hours of DCF's knowledge of the incident when DCF becomes aware of a critical or significant incident prior to the CWCMP.

4. Critical or Significant Incident Information Involving Reintegration, Foster Care, Adoption and Independent Living Cases Received by DCF staff

   a. DCF staff shall notify his/her immediate supervisor of the critical or significant incident who shall notify the Foster Care Contract Administrator verbally or by e-mail as soon as practical, but no later than 12 hours of DCF's knowledge of the incident, with a written report completed by the next working day of DCF's knowledge of the incident.
   b. When DCF is notified of a critical or significant incident by the CWCMP the DCF staff shall notify his/her immediate supervisor who shall notify the Foster Care Contract Administrator.
   c. DCF shall notify the CWCMP verbally or by e-mail as soon as practical, but no later than 12 hours of DCF's knowledge of the incident when DCF becomes aware of a critical or significant incident prior to the CWCMP.

B. Critical or Significant Incident Written Report:

A written report shall be submitted for all critical and significant incidents by no later than the next working day of the knowledge of the critical or significant incident.

1. Required Information:

The written report shall describe the incident, immediate actions taken, the condition of the child and/or adults, potential next steps and shall include the following, if applicable:

a. Reports involving the death of a parent/primary caregiver shall include the date of death. DCF shall provide the parent/primary caregiver name and date of death to the FACTS unit for data entry.
b. Reports involving a child in the custody of the Secretary becoming pregnant or giving birth shall include documentation of due diligent efforts to determine paternity.

2. Documenting:

a. CWCMP
If CWCMP staff is the first to become aware of the incident, a written report containing all required information shall be completed and submitted by CWCMP staff. The Critical/Significant Incident PPS 0550 may be used to submit the written report.
b. DCF
If DCF staff, excluding KPRC, is the first to become aware of the incident the DCF staff shall complete the Critical/Significant Incident PPS 0550.

3. Communication:

Once DCF staff either receives the written report from CWCMP, or completes the PPS 0550, the written report shall be forwarded to his/her immediate supervisor. The DCF supervisor shall forward to the Assessment and Prevention Administrator or Foster Care Contract Administrator who shall determine whether the incident is a Critical or Significant Incident.

a. Critical Incidents:
The Assessment and Prevention Administrator or Foster Care Contract Administrator shall provide the written report to the Regional Director or designee. The Regional Director or designee shall review the written report and if warranted submit to the Critical Incident Team.

If the incident is not submitted to the Critical Incident Team, the Assessment and Prevention Administrator or Foster Care Contract Administrator shall determine and coordinate any needed follow-up.

b. Significant Incidents:
The Assessment and Prevention Administrator or Foster Care Contract Administrator shall determine and coordinate any needed follow-up.

0514 Critical Incident Case Review

Upon request by the PPS director or designee, the Regional Director or designee coordinates gathering of specific information regarding the case. Critical/Significant Incident PPS 0550 Section 4 shall be completed and provided to the Critical Incident Team, using the DCF_Critical_Incident email group address list, as soon as possible and no later than the next business day after the formal request is made. The DCF_Critical_Incident mailbox includes; the PPS Director, PPS Deputy Directors, PPS Legal Counsel. Information sent to the DCF Critical Incident team shall include:

1. Type of critical incident (adult death, child death, child near death, or any incident which may draw public, legislative, or media concern)
2. Legal status of child(ren)/ adult including, but not limited to, legal custodian of child(ren), adjudications, and status of court proceedings, and guardian/conservator information.
3. Service Provision and Case Status (open or closed)

   If the case was open at the time of the critical incident, document the reason the case was open, and whether it was open for any of the following reasons:

   a. this critical incident,
   b. investigation/assessment prior to this critical incident/fatality or,
   c. family services, family preservation services, foster care, or adult service case.

4. Previous Case History
   a. Briefly describe all events regarding the adult/family involved in the critical incident.
   b. Describe any other events each adult in the home may be associated with as an alleged perpetrator.
   c. Describe any other events each adult in the home may be associated with as a child either as a victim or an alleged perpetrator.
5. Current Status or condition of children and/or adults
6. Status of Law Enforcement, KDADS, or KDHE involvement, as applicable
7. Status of DCF Provider Agreement and number of children served, as applicable.

A. Review of Critical Incident by DCF Critical Incident Team:

If the Initial Critical Incident Response involves a death as the result of abuse, neglect or exploitation there shall be a review of the facts within 2 working days, or as soon as practical, from the receipt of the Initial Critical Incident Response.

The review may occur via teleconference or in person. The review shall be coordinated by the PPS Director or designee. Participants include; the PPS Director or designee, the PPS attorney, the Regional Director or designee, other members of the DCF Critical Incident Team as deemed appropriate by the Regional Director or PPS Director.

If the Initial Critical Incident Response does not involve a death, the PPS Director or Regional Director may request a Critical Incident Review if it is believed the incident warrants review by the DCF Critical Incident Team.

B. Providing Additional Information and Updates:

The DCF critical Incident Team may request additional information or updates to case status. This information shall be provided as requested through the DCF Critical Incident email address within 2 business days of the request, or within a timeframe designated by the Regional Director or designee. The subject line of the email shall state, Case Name-“Attorney/Client Privileged Information”.

0520 Notice of Child Death to Kansas State Child Death Review Board KSCDRB

The assigned CPS specialist or supervisor will complete the Kansas State Child Death Review Board Case Information Summary PPS 0500 and send it to the PPS Director within 5 business days of the discovery of any child death involving a child currently being served by DCF or from a family with DCF history. The Director or designee will forward the summary to the Executive Director of the KSCDRB within one business day of receipt

0600 Coordination of Services within DCF

Legally, all DCF agencies are considered one entity. Everyone who works for the Department is considered a part of the whole. When the Secretary has entered into a contract or memorandum of agreement or understanding the terms are binding on the entire agency. All DCF staff and all contract staff are expected to work together in a coordinated fashion to carry out the agency mission. This requires communication among the various divisions, regions, contract agencies and individuals. Disputes within DCF or with DCF contractors are settled via our chain of command and grievance procedure. Use of the courts to settle internal disputes diminishes, and perhaps destroys our ability to carry out our responsibility as an equal branch of government.

0601 Kansas Department for Aging and Disability Services (KDADS)/Behavioral Health Services (BHS) for Addiction and Recovery

Substance use disorders treatment and child welfare are overlapping areas of practice. The Family Based Assessment includes questions regarding substance use disorders to assist staff in determining the need for further screening and assessment services. Families in need of a more comprehensive assessment may be referred to the Pre-Paid Inpatient Health Plan (PIHP) associated substance use disorders assessment and treatment provider.

A. To be eligible for KDADS/BHS funded services the individual must:

1. Be a State of Kansas resident
2. Have income that is less than 200% of Federal Poverty Guidelines.
3. Have no other means of paying for treatment

Families referred to the PIHP associated substance abuse assessment and treatment provider by DCF staff, and meeting the above criteria, may be eligible to receive assessment services at no charge. Families with available insurance coverage should seek services first through the process established by that company.

B. Addiction and Prevention Services provides funding for an array of programs across the state including these specialized services:

1. Social Detoxification for customers under the influence of drugs or alcohol or experiencing acute withdrawal. (Individuals may access those services directly)
2. Residential and outpatient programs for pregnant women and women with dependent children.
3. Residential and outpatient programs for adolescents.

Those individuals qualifying for medical cards enter the treatment system by the same process as KDADS/BHS funded customers and covers assessment and treatment services with the exception of detoxification.

0602 Child Support Services (CSS)

Kansas law entitles the State to collect child support payments up to its total foster care and medical expenditure. When there is an out-of-home foster care placement, child support payments are used to reimburse the State. The parents of foster care children have a legal obligation to pay for their children's cost of care. The DCF CSS program

collects court ordered child support and medical support for the time period children are in DCF custody.

A. Cooperation with CSS

PPS staff shall provide parental information, location/type of placement, sources of funding (Federal Title IV-E "AF" or State funded "GA") and any other relevant data requested by CSS staff. CSS works out details with the obligated parent(s) to establish a child support and medical support court order for repayment of the State expenditure. Any Social Security, Veterans Affairs, retirement or insurance benefits must be noted and a "Change of Payee" making DCF the payee, will be processed by PPS staff and then efforts coordinated with CSS staff for correct retention and distribution of these benefits.

The parents' current address, employment and health insurance information are of particular importance to CSS and should be shared whenever known. If paternity has not been established, PPS will work with CSS to identify putative fathers and arrange for paternity testing. PPS staff will inform CSS staff if the tests need to be expedited.

DCF is not reimbursed dollar for dollar by the parent(s) in most cases because child support orders are based on the obligated parent's income and other court guidelines. CSS and the courts determine exactly how much child support DCF will collect. If there is already a child support order in existence before the out-of-home placement, then that order will be followed and may be modified by CSS legal action. Uncooperative parents may have to repay DCF 100 % of their child's foster care expense. Therefore, it is in the parent's best interest to cooperate because CSS can take steps to make the child support order affordable.

B. Mandatory Referrals to CSS

Because CSS is responsible for establishing and enforcing child support/medical support court orders for children in DCF custody, it is mandatory that PPS staff refer all out-of-home placement cases to CSS via the KAECSES system at the time the out-of-home placement occurs. A separate CSS referral is required for each parent.

CSSthen pursues both parents or any legal guardian for a child support and medical support court order to have the obligated parent(s) reimburse DCF for their child's foster care expense.

Exceptions: PPS staff shall request that CSS suspends work on a foster care case when all of the following are true:

1. The child came into foster care from the home of adoptive parents who had adopted the child through DCF adoption services;
2. Prior to adoption the child met the definition of a special needs child;
3. In the opinion of the CPS Specialist the events that led to the child being placed in foster care can be attributed either directly or indirectly to the child's special needs.

Occasionally "good cause" for no CSS activity on a foster care case is applicable. This is especially true for cases with an adoption permanency goal. There may also be times when the amounts of the child support need to be adjusted because the parents do not have the funds they need to access services to meet the objectives outlined in the case plan, need to save money to prepare for a child's return to their residence, or the child is reintegrated and the parent(s) owe back child support. PPS staff should communicate with CSS so that decisions will be in the child's best interest. See the Kansas Economic and Employment Services Manual for good cause procedures.

C. Required Form and Procedure

A PPS 5135 "Acknowledgment of Parental Obligation" form must be completed by the obligated parent(s) and CPS Specialist when the child is removed from the home. This form may be mailed to the parent(s) with the DCF worker statement portion filled in.

If one or both of the parents are not readily available, a PPS 5135 with the DCF worker statement portion filled in shall be mailed to the unavailable parents at their last known address.

This form should only be signed by males who have legal paternity established.

D Change in Placement or Status

The Eligibility Specialist shall notify CSS via the KAECSES system of the following:

1. Change in placement
2. Return Home
3. Change in funding source
4. Placement in a State Institution (Juvenile Correctional Facility or State Hospital)
5. Foster Care case closed (DCF relieved of custody by the court)
6. Change in Legal Status (parental rights terminated, adoption, custody granted to another party by the court)

CSSmust be given this information timely and accurately in order to update the CSS case accordingly and distribute money correctly. CSS has internal policies for any of the above changes in foster care status. CSS may request written verification documenting a change in placement or status from PPS.

E Federal Parent Locator Service (FPLS) for Child Welfare

The FPLS, which the DCF Child Support Services (CSS) has access to, may be used for PPS efforts to locate absent parents. PPS staff shall be provided with FPLS information from CSS upon request.

FPLS data can assist PPS staff with locating a parent or relative for program purposes such as: reintegration, terminating parental rights, adoption etc. The Adoption and Safe Families Act of 1997 lifted the restrictions which prevented CSS from sharing FPLS data with PPS in the past.

0603 Economic and Employment Support (EES)

PPS staff should have knowledge of DCF resources and economic assistance programs which may be available to persons having PPS involvement. PPS staff

should refer families with whom they are working to EES when it is identified that a family needs income support.

A. EES Programs

EES staff have eligibility determination expertise which they can share with PPS staff regarding the following programs:

1. Temporary Assistance to Needy Families (TANF) (cash assistance for families)
2. Elderly and Disabled Medical Assistance (E and D)
3. Child Care subsidy payments (necessary for employment or education)
4. Food Assistance (SNAP)
5. Work Program Services (job training, job search and related employment assistance)
6. Low Income Energy Assistance Program, LIEAP (helps pay heating and cooling bills)

EES staff work closely with Child Support Services (CSS) and Social Security Administration (SSA) staff, giving EES the ability to direct low income persons to even more resources. CSS collections or SSA benefits can stabilize an otherwise unstable, low income family. The income support options listed here can be vital to PPS staff helping a family achieve reintegration or some other planned permanency goal.

B. Cooperation with Work Related Requirements

To comply with changes resulting from welfare reform, Kansas DCF has implemented policies which provide for sanctions when persons fail to meet work related requirements for refugee, case assistance and food assistance. PPS, CSS and EES staff must share information and the EES supervisor must review the case circumstances before a penalty is applied. This is required for first time and subsequent penalties on TANF, but not food assistance.

1. Description of Penalties

   Penalties are utilized only when customers have clearly chosen not to cooperate and the consequences are understood. A minimum 10 day notice is required before a penalty action can occur. See http://content.dcf.ks.gov/ees/KEESM/current/Home.htm

2. Good Cause

   The EES worker must check with PPS to determine if the family has any PPS involvement that might support a "good cause" claim which created the family's non-cooperation. If "good cause" for non-cooperation with program requirements is not established, then EES can proceed with a penalty.

3. Notice of Penalty

   Notices from EES will be sent to the client informing them of the penalty action.

4. Child in Need of Care

   The fact that a family is under a penalty resulting in stoppage of benefits is not, in and of itself, a basis for making a child protection referral to PPS. However, if CSS, EES or other agency staff have reason to suspect a child is in need of care, a report shall be made.

0604 Rehabilitation Services

Kansas Rehabilitation Services (KARS) shall facilitate the transition of students who are receiving special education services to vocational rehabilitation services under KARS responsibility. This transition must be planned before the youth leaves school.

Youth age 14 and older that are in the custody of DCF may be eligible for KARS services. Regional PPS staff will:

A. Consult the Rehabilitation Services Manual for information about eligibility and services.

B. Coordinate the inclusion of Kansas Rehabilitation Services in the case conferences of potentially eligible youth, as needed.

0606 HCBS Services by Waiver

A Waiver is an exception to the Medicaid State Plan which provides services beyond the scope of services available to Medicaid consumers. It is intended to provide services to a consumer in their own home and community, the least restrictive environment, at a cost savings to the Medicaid program. Home and Community Based Services include a variety of medical and non-medical services which meet the needs of those served by the waiver.

Children and youth who are, being served through DCF or one of the DCF PPS contracts are eligible to participate in the Waivers and receive services on the same basis as any other child.

For types of waivers, eligibility requirements and application information, see waiver overview chart at http://csp.kdads.ks.gov/agency/css/Documents/WaiverDescription.pdf.

0607 Psychiatric Residential Treatment Facility Services

Psychiatric Residential Treatment Facility (PRTF) services are included in the Medicaid State Plan, and therefore, can be accessed by all children who are receiving Medicaid benefits including non-custody youth and those served by KDOC-JS, if they meet the screening criteria for accessing this service.

The following prior authorization process is specific to children served by DCF when authorizing PRTF services. See Section 5251 for the prior authorization process specific for children being served by one of the Child Welfare Case Management Providers of Family Preservation or Reintegration/Foster Care.

PRTF services must be provided by a Medicaid enrolled provider of the service. To obtain information about becoming a Medicaid enrolled provider of PRTF services, please access the following website: http://www.kdheks.gov/

A. Community Based Services Team Process

Community Based Services Team (CBST) recommends screening for Psychiatric Residential Treatment Facility. The CBST consists of the youth, parents (if not PRT) and support persons the parents choose to have attend, DCF, Community Mental Health Center (CMHC), PRTF Screener, Managed Care Organization (MCO) Care Coordinator, and may include other parties who can provide information to assist in determining the most appropriate treatment choice for the child. Parent involvement in these meetings is very important, as they have the most complete information about the child's history. Every effort shall be made to ensure parent participation. If the parent(s) has been provided adequate opportunity to be involved in the CBST meeting and they do not appear, the CBST meeting and process shall continue. Efforts should continue to involve them in the treatment process.

The CMHC shall be the lead agency in setting up the CBST meeting, in collaboration with DCF staff. The tasks of the CBST team are to:

Review the treatment history and current needs of the child

1. Ensure all community based treatment services have been explored and/or utilized or
2. Document the services required by the child cannot be provided in a community setting
3. Determine if the child requires a screen for PRTF treatment.

B. The CBST will request a screen through Kansas Health Solutions (KHS).

Screening results are provided by the CMHC to Kansas Health Solutions (KHS).

1. If the screening determines necessity for PRTF placement, placement in a PRTF facility is authorized.
2. The PRTF completes and sends to KHS and the relevant MCO the admission/discharge form.
Initial authorization for Psychiatric Residential Treatment Facility (PRTF) services is for a period of time up to 60 days.

DCF staff may participate in the PRTF treatment planning and discharge meetings which will happen within approximately the first 10 days and then at least every 30 days or whenever needed thereafter. The PRTF continued stay will be reviewed and authorized by the MCO and be based on medical necessity.

Discharge planning begins upon admission to the PRTF. The MCO Care Coordinator will work continuously upon admission with the PRTF team, CMHC team, other state services systems, and the family to plan for discharge. They will make sure all appropriate community based mental health services are available and accessible to all youth and their families.

If medical necessity is not met, the child may continue in placement only if the family or DCF office serving the child assumes responsibility for payment of the per diem.

For information regarding children who are placed in a PRTF from another state, refer to PPM Section 9000.

0610 Coordination with Kansas Department of Health and Environment – Division of Health Care Finance (KDHE – DHCF)

KAN Be Healthy is the Kansas name for the federally mandated Medicaid Program, Early Periodic Screening Diagnosis and Treatment, (EPSDT).

0611 KAN Be Healthy Program Participation

A. KAN Be Healthy is a preventive health care program for Medicaid eligible children under the age of 21.
B. It encourages parents and other care givers to obtain periodic well-child visits to the doctor for their children. Thereby keeping immunizations up to date and treating medical conditions when they first appear.
C. It promotes good health by identifying and treating medical, dental, developmental and emotional conditions to prevent them becoming disabilities, develop into an illness, slow the child's growth rate and possibly hamper school work of performance.
D. Children in the custody of the Secretary, shall participate in the KAN Be Healthy Program.
E. To participate in the Program a child must have a health screening preformed by their primary care provider (family practice physician, pediatrician, or the Health Department).
F. The primary provider will refer to other providers for any treatments needed.
G. The Child's first screening date and the next screening due date will appear on the Medical Card.

0620 Coordination with Addiction and Prevention Services (AAPS)

Substance abuse treatment and child welfare are overlapping areas of practice. The Family Based Assessment includes questions regarding substance abuse to assist staff in determining the need for further screening and assessment services.

Families in need of a more comprehensive assessment may be referred to the Pre-Paid Inpatient Health Plan (PIHP) associated substance abuse assessment and treatment provider.

To be eligible for AAPS funded services the individual must:

1. Be a State of Kansas resident
2. Have income that is less than 200% of Federal Poverty Guidelines.
3. Have no other means of paying for treatment

Families referred to the PIHP associated substance abuse assessment and treatment provider by DCF staff, and meeting the above criteria, will receive assessment services at no charge. Families with available insurance coverage should seek services first through the process established by that company.

Addiction and Prevention Services provides funding for an array of programs across the state including these specialized services:

1. Detoxification for customers under the influence of drugs or alcohol or experiencing acute withdrawal. (Individuals may access those services directly)
2. Residential and outpatient programs for pregnant women and women with dependent children.
3. Residential and outpatient programs for adolescents.

Those individuals qualifying for medical cards enter the treatment system by the same process as AAPS funded customers and covers assessment and treatment services with the exception of detoxification.

0621 Kansas Department of Health and Environment-Division of Health Care Finance (DHCF)

KAN Be Healthy is the Kansas name for the federally mandated Medicaid Program, Early Periodic Screening Diagnosis and Treatment, (EPSDT).

Health screenings are required for children to be participants in the Kan Be Healthy Program and eligible to receive expanded services. The screenings are at specific intervals, which consist of, but not limited to a health history, developmental assessment, complete physical exam, vision screening, hearing test, urinalysis, blood test, immunizations, other tests as needed, and referrals for treatment. Refer to Kansas Department of Health and Environment/ Division of Health Care Finance website for more details).

A. Medicaid Mental Health Service Delivery

Medicaid mental health/substance abuse services are provided to Medicaid eligible recipients through a Managed Care Organization (MCO) and provided by a Community Mental Health Center (CMHC) or individual practitioner, who is enrolled as a KanCare provider.

B. Orthodontia Services

Orthodontia may be a Medicaid covered expense if deemed medically necessary. Prior authorization is required through the assigned MCO. The dentist is responsible for submitting requests for prior authorization. Orthodontia is not to be authorized as a special service payment.

C. Medical Services through Public Schools

Certain services provided by the school districts in Kansas are covered by Medicaid. For every child with an Individual Education Plan (IEP) which identifies a medical need, the school will be reimbursed for providing the service or necessary equipment. These services are not available to those children who are home schooled or attend privately funded schools.

D. Equipment

Medicaid will provide medically necessary equipment, e.g. hearing aids, glasses, wheel chairs, etc., prior authorization is required. There may be program limitation on the type, style and frequency of equipment provided. The Medicaid Liaison in each Regional DCF Office can provide guidance regarding these services.

0622 Kansas Department of Corrections - Juvenile Services (KDOC-JS)

The Kansas Legislature has made provisions for the Kansas Department of Corrections - Juvenile Services (KDOC-JS) and DCF to share information when appropriate. The Kansas Code For Care Of Children - K.S.A. 38-2210 states:

To facilitate investigation and ensure the provision of necessary services to children who may be in need of care and such children's families, the following persons and entities with responsibilities concerning a child who is alleged or adjudicated to be in need of care shall freely exchange information. This includes the Commissioner of KDOC-JS.

K.S.A. 38-2212(c)(2) provides KDOC-JS shall have access to information, records or reports received by DCF as reasonably necessary to carry out their lawful responsibilities to maintain personal safety of KDOC-JS staff and the personal safety of individuals in their care or to diagnose, treat, care for or protect a child alleged or adjudicated to be in need of care.

A. DCF Responsibilities:

1. Investigation of Abuse/Neglect:

Conduct investigations and make findings on alleged abuse and neglect of adjudicated juvenile offenders. Upon an affirmed or substantiated finding of abuse or neglect, DCF will notify the county or district attorney and the Commissioner of KDOC-JS.

2. Non Abuse/Neglect Reports:

DCF shall make a referral to the Commissioner of KDOC-JS when a report is received that an adjudicated juvenile offender is alleged to be a child in need of care for reasons other than abuse or neglect. DCF shall take no further action. See MOA with KDOC-JS at Appendix 0001.

3. Interstate Compact Cooperation:

DCF administers the Interstate Compact of the Placement of Children (ICPC) and shall cooperate with KDOC-JS to assist in the interstate placement of juvenile offenders who are referred to Kansas or from Kansas to another state for placement in a licensed residential treatment facility. Placement referrals will be made without regard to adjudication.

4. IV-E Eligibility Determination:

Juvenile offender services are provided under the auspices of the Kansas Department of Corrections - Juvenile Services. DCF determines eligibility for Medicaid and IV-E funding for children placed in KDOC-JS custody. Juvenile offenders in KDOC-JS custody who are removed from their homes but are not incarcerated, remain part of the overall Kansas foster care population.

B. KDOC-JS Responsibilities

1. Notify DCF for eligibility determination or redetermination whenever a Juvenile Offender: enters the custody of the Commissioner of KDOC-JS for an out of home placement; obtains a juvenile offender adjudication; has changes affecting Title IV-E or Title XIX Medicaid eligibility; or is discharged from KDOC-JS custody. Please reference sections 5940, 5941, 5943, and 5944 of the PPS Policy and Procedure Manual for details.

2. Providing Data to DCF

KDOC-JS shall provide DCF with data regarding juvenile offenders which is deemed necessary for DCF to maintain updated information in the DCF information system.

0631 Foster Care Referrals to CSS

Kansas law entitles the State to collect child support payments up to its total foster care and medical expenditure. When there is an out-of-home foster care placement, child support payments are used to reimburse the State. The parents of foster care children have a legal obligation to pay for their children's cost of care. The DCF CSS program collects court ordered child support and medical support for the time period children are in DCF custody.

0700 Indian Child Welfare Act Jurisdiction

The Indian Child Welfare Act (ICWA) 25 U.S.C. 1901 et seq. recognizes the sovereignty of Indian Tribes and Nations including their jurisdiction over Indian children. ICWA applies to child in need of care cases. It does not apply to divorce and juvenile offender cases.

The Indian Child Welfare Act supersedes the Multi-Ethnic Placement Act/Interethnic Adoption Provisions.

If the child is of Native American and is a member of a federally recognized tribe or is eligible for membership in an Indian tribe and is the biological child of a member of an Indian tribe, the Indian Child Welfare Act controls. Determination of the child's heritage and eligibility shall be made at the earliest possible time it appears likely the child will come into custody. If the tribe has elected not to intervene in the child in need of care case, the agency is responsible to follow the placement preference as articulated in the Indian Child Welfare Act.

The order of placement preference for Native American Children is as follows:

A. a member of the child's family;
B. another family of the same tribe
C. a family of another Native American tribe;
D. a non-Native American family

The case managing staff shall provide documentation of their efforts to adhere to the placement preference.

Definitions:
An Indian is any person who is a member of an Indian tribe, or who is an Alaska Native and a member of a Regional Corporation.
An Indian child is any unmarried person under age 18, and either a member of an Indian tribe or the biological child of a member and eligible for membership. Tribes determine membership. Children adopted by non-Indians may still be members or eligible for membership.
An Indian custodian is any Indian person who has legal custody of an Indian child under tribal law, custom or state law.

0710 Multiethnic Placement Act./ Inter Ethnic Placement Act (MEPA/IEPA)

Congress enacted the Multiethnic Placement Act (MEPA) in 1996 and modified it with Interethnic Adoption Provisions (IEP) in 1997. The intent is:

A. reduce the length of time to adoption

B. facilitate the diligent recruitment and retention of foster and adoptive families, and

C. eliminate discrimination on the basis of the race, or national origin of either the prospective parent of the child.

Race or color or national origin may not be used as the basis for any denial of placement, nor may such factors be used as a reason to delay or deny any foster or adoptive placement.

Kansas is required to provide for the diligent recruitment of potential foster and adoptive families that reflect the ethnic and racial diversity of children in the state for whom foster and adoptive homes are needed.

It is the policy of the Department not to delay the placement of any child for adoption or foster care based on race, color or national origin of the adoptive parent, foster parent, or the child. The Department will not deny any person the opportunity to become an adoptive or foster parent on the basis of race, color or national origin. This means that the Department cannot delay the placement of a child searching for a family of the same racial or ethnic background when there are families of other racial or ethnic background

available who otherwise would be appropriate for the child and would meet the child's social, emotional, and physical needs.

Non-compliance to this act constitutes a violation of the Civil Rights Act.

The Indian Child Welfare Act supersedes the Multi-Ethnic Placement Act/Interethnic Placement Act.

0812 Identification of Indian Children

It is presumed that a child is an Indian child if the child or any other person informs the worker that the child is Indian. If the child's tribal affiliation is known, notice shall be made to that tribal agency. If the identity or location of the parent or Indian custodian and the tribe cannot be determined, a letter shall be sent to the Secretary of Interior requesting assistance.

The following tribes have reservations located within Kansas borders: the Iowa Tribe of Kansas and Nebraska, Sac and Fox Tribe of Missouri in Kansas, Prairie Band of Pottawatomi and Kickapoo. All Kansas tribes have agreed to assist with identifying Indian children and their tribal affiliation.

0813 Reports Involving Indian Children

If, during the investigation of a report of child abuse or neglect, information is obtained which indicates that a child is or may be a member of an Indian tribe or eligible for tribal membership, that fact and available supporting information shall be documented in the case record.

When conducting an investigation involving an Indian family, the family shall be informed that they may request an Indian interpreter. Assessment of the family must take into account the prevailing social and cultural conditions and way of life of the Indian community.

If an out-of-home placement or loss of parental custody is being considered, the requirements of the Indian Child Welfare Act apply. The court of the child's tribal affiliation must be contacted immediately to determine whether the tribal court elects to assume jurisdiction.

The Department has entered into agreements with Native American Family Services (for the Iowa), Sac and Fox Tribe of Missouri in Kansas, Prairie Band of Pottawatomi and the Kickapoo Social Services to provide protective and/or family services to Native Americans of the tribes located in Kansas. If in doubt whether these arrangements apply, contact the PPS Program Administrator in that region.

0814 Court Custody Proceedings

The tribal court has exclusive jurisdiction over any child custody proceeding involving an Indian child who resides or is domiciled on the reservation. If the child is a ward of the tribal court, the tribe retains exclusive jurisdiction regardless of the residence or domicile of the child.

In any state court proceeding concerning the custody of an Indian child, the state court shall transfer jurisdiction to the tribal court at the request of either parent, the Indian custodian or the child's tribe unless the court finds there is "good cause to the contrary"; either parent objects; or the tribal court declines jurisdiction.

The tribal court has the right to intervene at any point in a state court custody proceeding. The state court must notify the parent, Indian custodian and the Indian child's tribe of any pending proceeding, information about the proceeding and of their right to intervene, when the court knows or has reason to know that an Indian child is involved.

The DCF worker shall provide to the district or county attorney, when known, the following information:

A. full name and birth date of the child or children involved;

B. the maiden names of all females;

C. tribal affiliation; and

D. the identity of a qualified expert witness who can testify that continued custody with the Indian custodian is likely to result in serious emotional or physical damage to the child.

If the tribal affiliation is not known and cannot be determined using available resources, notice must be given pursuant to 25 C.F.R. 23.11.

0815 Parental Rights Termination

No termination of parental rights may be ordered by a state court unless a judicial determination is made that the continued custody of the child by the parent or Indian custodian is likely to result in serious emotional or physical damage to the child. This determination must be supported by evidence beyond a reasonable doubt and must include testimony of a qualified expert witness. The existence of community or family poverty, crowded or inadequate housing, alcohol abuse, or non-conforming social behavior do not constitute grounds for the termination of parental rights.

0817 Adoptive Placement of Indian Children

In any adoptive placement of an Indian child under state law, preference shall be given to placement with: (1) a member of the child's extended family as defined by the tribe; (2) other members of the Indian child's tribe; or (3) other Indian families.

The Indian child's record shall reflect that a child is placed according to the preferences or document why this did not occur.

0818 Voluntary Consent to Adoption

Where an Indian parent or Indian custodian voluntary consent to adoption the consent must be before a judge of a court of competent jurisdiction, who certifies that the terms and consequences of the consent were fully explained and fully understood.

Any consent given prior to, or within 10 days after the birth of the Indian child is not valid.

A consent may be withdrawn at any time prior to the entry of a final decree of adoption and the child shall be returned to the parent or Indian custodian.

DCF staff shall consult with the regional attorney before accepting a relinquishment from an Indian parent or custodian.

0900 Eligibility and Payment Procedures

To fund services for families who are clients of Prevention and Protection Services (PPS), it is necessary to establish three categories of eligibility: a) customer eligibility, b) service eligibility, and c) provider eligibility.

PPS provides services to children and families through contracted child welfare case management provider. DCF pays providers predetermined case rates per child or per family. DCF claims federal funds, not exceeding this case rate, for eligible services to eligible children from eligible providers. Title IV-E Foster Care is a significant source of federal funds. Most federal funding sources require individual eligibility determination. Accurate eligibility determinations helps assure DCF receives federal funds when the State is entitled to them.

Services are provided to children and families whether or not they can afford to pay. Individual customer eligibility determines what source of federal funding may be claimed by DCF for services. Families are expected to participate in determining eligibility and paying for services based on their ability. However, needed services are provided regardless of family income or ability to pay.

0901 Federal Funds Are Vital to DCF

The state has the primary responsibility to pay for services needed by eligible children and families when they have insufficient resources but the federal government also shares these costs. These federal funds are a substantial share of the annual DCF

budget. Maintaining the state's eligibility for these funds is vital to providing quality services.

Kansas must demonstrate eligible customers are provided eligible services from eligible providers in order to document State entitlement to federal funds.

0902 Claiming Federal Funds

In order to access federal funds, the customer served must be eligible, the service received must be an eligible service, and the provider providing the service must be an eligible provider. The federal government does not share service and administration costs for all customers.

It is imperative that the requirements for determining customer eligibility for the various funding sources are followed, as well as making payments for eligible services provided to the eligible customer. To claim our share of federal dollars for services provided, Kansas shall track the services it provides to federally defined groups of customers.

When children or families have private health insurance which pay for services, this source shall be utilized before agency governmental funds are expended. Due to the populations served by DCF, other divisions within the agency also have funding resources and manuals guiding staff. This manual does not repeat the detail eligibility and process information available in other manuals. These manuals are cross-referenced as appropriate.

0910 Child Welfare Contract Management Provider Service Delivery and Encounter Data

Encounter data reported through the Statewide Contractor Reimbursement Information and Payment Tracking System (SCRIPTS) is the method DCF uses to support federal and state expenditures for services delivered by the Child Welfare Contract Management Provider. These services provided by the contractor are paid by DCF at established rates.

0920 REST (Random Employee Sampling Technique) and RMTS (Random Moment Time Study)

REST (Random Employee Sampling Technique) is a time study completed by DCF staff. RMTS (Random Moment Time Study) is completed by Child Welfare Case Management Provider (CWCMP) staff. In these studies, agency and Child Welfare Case Management Provider (CWCMP) staff document time they spend working on case related activities. These results are included in the formula for the DCF Cost Allocation Plan which is used to calculate the federal funds received for DCF programs, including IV-E administrative and training costs.

Eligibility for federal reimbursement of administrative costs has a close relationship to the REST and RMTS surveys. When customers are eligible for federal sources of funding, federal financial participation (FFP) is available for the salaries of the staff serving those customers. In order to claim the FFP for staff (administrative and training) costs, DCF must determine the amount of time staff spend administering the different programs.

REST/RMTS are techniques developed to save staff the administrative burden of completing comprehensive time logs. The concept uses statistical techniques to sample "random moments" of time. REST /RMTS greatly reduces the paperwork required of staff. Federal reimbursement for worker's salaries is captured by a very small sample of "moments".

1000 Intake

1000 Intake

The Intake process begins upon contact with a reporter alleging a circumstance of child in need of care. The report date and time shall be the start of a reporter's call with an intake staff. For reports received via letter or fax, the report date and time shall be the time the information is transferred to the PPS 1000 series intake forms.

The intake process ends with the Initial Assessment decision of Not Assigned For Further Assessment, the decision to accept the report for investigation and/or further assessment, or with the decision to place the report on Preliminary Inquiry for the purpose of gathering additional information

1011 Interstate Compact for the Placement of Children (ICPC)

ICPC referrals accepted from other states shall be opened on the PPS 1000 series by the Kansas Protection Report Center (KPRC). For the purpose of intake, the reason for case assignment is documented as ICPC on the PPS 1002. See policies and procedures for ICPC are addressed in PPM section 9000.

1012 Requests for Child Protective Service (CPS) Courtesy Interviews From Other States

Requests for a courtesy interview from another state shall be forwarded to the KPRC. For the purpose of intake, these requests shall be processed by the KPRC. The intake shall have an initial assessment decision of not assigned due to courtesy interview. KPRC shall send an email to the regional mailbox in the region responsible and provide the KIPS report number. The intake is available in KIPS for the CPS specialist completing the courtesy interview.

Kansas City Region: KCPRC@dcf.ks.gov
East Region: EastIntake@dcf.ks.gov
Wichita Region: WIC Intake@dcf.ks.gov
West Region: WPRC@dcf.ks.gov

1013 Requests for Courtesy Contact or Interview Between DCF Offices

A DCF office with investigation responsibilities may request a courtesy contact or interview from a different DCF office to assist with the assessment of an assigned report. The office requesting the contact shall document in the notes section of the intake the specifics of the request. The office requesting the contact shall send an email to the regional mailbox in the region responsible and provide the KIPS report number. The intake is available in KIPS for the assigned CPS specialist.

See PPM section 2800 for entering these cases in FACTS.

Kansas City Region: KCPRC@dcf.ks.gov
East Region: EastIntake@dcf.ks.gov
Wichita Region: WIC Intake@dcf.ks.gov
West Region: WPRC@dcf.ks.gov

1014 Court Order or Request from an Entity Other than DCF for a Home Study

Court ordered home studies will be completed by DCF.

Home studies not court ordered but requested by the court or other entities will be completed at the discretion of the Program Administrator. The decision of the Program Administrator should be based on current case load activity and availability of other resources in the community to complete the home study. The requesting entity should be provided with information of other agencies who could provide the services.

Request from an entity other than DCF or ICPC which are accepted for a home study shall be forwarded to KPRC to complete the PPS 1000 with CINC/NAN as the assignment reason. The local DCF office may assess a fee. The fee should be based on the current rate in the community for similar services.

1015 Child Protection Service (CPS) Alerts

A. CPS Alerts Received From Other States

   CPS alerts are received from a child welfare or law enforcement agency in other states by Prevention and Protection Services or the local DCF office. For the purposes of intake, these alerts are not required to be documented on the PPS 1000 series. When an alert is received, it shall be forwarded to the Kansas Protection Report Center. KPRC staff shall search FACTS, KAECSES and

KEES upon implantation of KEES to determine any current or past agency involvement. If the family has current or past agency involvement, the alert shall be forwarded to the local office with the most recent involvement. If no previous agency involvement is found, KPRC shall transmit the contents of the alert either electronically or by other means to all regional mailboxes, the KPRC supervisor's email mailbox (PRCsups), and other service programs as indicated by the nature of the presenting concern. Appendix 1-C may be used to forward the information received from another state.

B. CPS Alerts to Other States

When DCF needs to send a CPS alert, critical information relating to the protection concern shall be forwarded to any state's child welfare and/or law enforcement agency by the local office as needed. The alert shall contain identifying information for the family, summarize the protection concern, and list a DCF contact person. Appendix 1-C may be used to forward the information to the receiving state.

Name and addresses of child welfare agencies in other states can be located in *The National Directory of Children, Youth and Families Services* or on-line from the American Public Human Services Association web site. Search for the current web site location using the entire name of the association. When the current web site is located, click on links and select state contacts.

1016 Central Registry Requests

A. Checks to be completed by Local/Regional DCF Office

The following Central Registry Checks may be completed by the local/regional DCF Office:

1. Assessment activities on a current open case.
2. Emergency/same day relative/kinship placement during working hours.
3. Planned, but not same day, possible relative placement.

B. Checks to be completed by Central Registry Unit

Requests for adoption home studies/packets shall be completed by the Central Registry Unit. This request requires a signed release of information from the individual being checked on Central registry and a fee may be applied (examples include employment or volunteer requests).

C. Checks to be completed by the Kansas Protection Report Center

The Kansas Protection Report Center shall complete after hours Central Registry checks for the Child Welfare Case Management providers if the check will facilitate an immediate/emergent placement of a child with a relative or non-related kin. The Child Welfare Case Management provider shall submit the request on the PPS 1011 including a signature from the person to be checked. The request shall include a fax cover sheet on the provider letterhead which shall state the purpose of the registry request including why the request is needed after hours. Fax the request to: KSPRC (Kansas Protection Report Center) 1-866-317-4279. When possible, a phone call to the Kansas Protection Report Center notifying the fax has been sent will assist in facilitating the registry check. Kansas Protection Report Center shall contact the Child Welfare Case Management provider with the results of the registry check no more than two hours from the receipt of the fax. No fee shall be assessed for these checks for a child in the custody of the Secretary.

1017 Central Registry Requests received from other States

State Child Welfare Agencies; not to include sub-contracting agencies, may submit Child Abuse/Neglect Central Registry requests. These requests shall be made in writing and can be received via mail or fax.

In order to process a request for Central Registry, the following information is required for the person being checked:

A. name;

B. alias, other names used, and/or maiden name, if applicable;

C. date of birth;

D. social security number

Results of the Central Registry Request can be mailed or faxed to the State requesting the information. Administration or Regional Office staff, with access to the Registry, can process these requests. The PPS 1011 does not need to be completed, and a fee does not apply.

1100 Recording Intake Information on the Face Sheet PPS 1000

DCF receives reports of Child Abuse/Neglect 7 days/week, 24 hours/day. Reports are made to the Kansas Protection Report Center via the toll free number, email or fax.

All reports and allegations received by the department shall be recorded on form PPS 1000 series via the KIPS system. The FACTS and KAECSES Statewide information systems are utilized to complete identifying information and information regarding prior DCF involvement.

All household members, non-custodial/residential parents, current live-in partner and alleged perpetrator, shall be listed on the PPS 1000, Face Sheet. The PPS 1000, Face Sheet, shall be updated as additional information becomes available regarding the family. Updates shall be dated, initialed, and entered into FACTS.

A FACTS search shall be completed on all reports. If there is a prior or current open case, CASE screen information for each case number from FACTS shall be added to the “Prior DCF Involvement” section of the PPS 1001. If there is prior history of assessment or finding decisions regarding the family in FACTS, the FAMS screen shall be added to the “Prior DCF Involvement” section of the PPS 1001.

If the reporter has provided partial information regarding a child or adult subject of a report who can later be identified via FACTS, information shall be added to the PPS 1000. Additional household members identified on the open CASE screen in FACTS are added to the PPS 1000 page 1.

A KAECSES search shall be completed on all reports. If the KAECSES search identifies dates of birth or social security numbers for participants, these shall be added whether the case is open or closed. If the KAECSES case is open and the address conflicts with information provided by the reporter, the KAECSES address shall be indicated on the “Prior DCF Involvement” section of the PPS1001 with the address source cited.

Collateral contacts, service providers, relatives, and kin shall be listed on page two of the PPS 1000, Face Sheet. Page two of the PPS 1000, Face Sheet shall be updated as additional information becomes available. Updates shall be dated and initialed. Individuals listed as Collateral Contacts shall be entered into FACTS.

1200 Reports Alleging Child in Need of Care

A. If the report alleges a child to be a Child in Need of Care, the reporter shall be asked questions to elicit the information needed to make decisions related to safety of the child(ren). Questions asked shall cover the six domains of family life.

1. Extent of situation- includes description of harm/injury; location and severity of injury; how the injuries were inflicted (e.g., open hand, closed fist or with an object); when and where this occurred and any previous occurrences.
2. Circumstances surrounding the situation- including the caregiver’s explanation; the child(ren)’s condition; history and duration of the situation; co-existing factors such as substance abuse, mental health issues or domestic violence; contextual issues such as, use of instruments, acts of discipline, threats, caregiver(s)

intentions; and the caregiver(s) acknowledgement and attitude about the maltreatment.

3. Child functioning- Description of the how the child functions on a daily basis including: capacity for attachment; general mood and temperament; intellectual functioning; communication and social skills, expressions of emotions/feelings; behavior; peer relations; school performance; physical and mental health; and vulnerability.

4. Discipline approaches and typical context- including disciplinary methods; concept and purpose of discipline; context in which discipline occurs; and cultural practices.

5. Parenting practices- includes satisfaction in being a caregiver; caregiver knowledge and skill in parenting and child development; caregiver expectations and empathy for a child; decision making in parenting practices; parenting style; history of parenting behavior; and protectiveness.

6. Caregiver functioning (with respect to daily life management and general adaptation including substance use and mental health functioning)- includes communication and social skills; coping and stress management; self control; problem solving; judgment and decision making; independence; home and financial management; employment; rationality; physical health and capacity and functioning within cultural norms.

B. Additional information which shall be gathered includes:

1. Age of child(ren).

2. Name of person alleged to be causing the harm/injury, and information regarding access of this person to the child.

3. Other individuals or agencies who have information about this incident and how to contact them;

4. When and where can the child be located (e.g., school, parents, home, etc.).

5. Availability of a non-abusing adult to protect child from further harm.

If the report meets criteria for acceptance for further assessment, PPS 1002, Initial Assessment, which guides and documents the level of response and time frame for department response, shall be completed.

1212 Reports Alleging Methamphetamine Labs in the Home

When allegations of meth labs in a home where children are present or reside are reported, the reporter should be asked additional questions, as applicable, regarding the allegation.

The following questions shall be asked, as applicable, regarding the reported information:

A. What are the indicators that a meth lab exist in the home?

B. What have you observed?

C. Where are these ingredients being stored?

D. What kind of containers are ingredients stored in?

E. Do the children have access? And to what?

F. Is the meth lab active? (Is meth currently being produced?)

G. Have law enforcement been called regarding the meth lab (today or in the past)?

H. What type of meth ingredients have been observed?

I. Where are the meth ingredients being stored?

J. Do the children have access to any explosive, flammable, and/or toxic ingredients?

K. What are the conditions of the home?

L. Is there a presence of loaded weapons or booby traps in the home?

M. Are there people going in and out of the home frequently?

N. Do you know anything about the people going in and out of the home? What do you know about the people observed?

O. Are the adults in the home exhibiting any of the following behaviors and if so, please explain the behavior in detail:

1. extreme mood fluctuations
2. violent behavior
3. depression
4. poor impulse control
5. bizarre behaviors as applicable,
6. lack of attention to hygiene
7. psychotic episodes
8. other drug use

P. What are the adults' behaviors toward the children?

Q. What is the current condition of the children?

R. Do the children have any health (including dental) issues?

S. Are the children getting fed?

T. Do the children appear to be underweight, extremely thin, or in poor physical health?

U. Do the children have any developmental disabilities?

V. Do the children have any behavioral disorders (e.g., ADHD)?

W. If the children are school age, are the children attending school?

X. How are the children performing in school?

Y. Have the children been harmed? If so, how?

Z. Are you willing to report your concerns re: the meth lab to law enforcement?

1213 Domestic Violence Related Information on Reports

A. Information for all reports

In order to elicit information regarding potential domestic violence between the child's caretakers, the reporter shall be asked the following question.

Are you aware of any verbal and/or physical fights between the adults in the home?

B. Information for reports indicating the presence of domestic violence

If the reporter alleged domestic violence or the previous questions indicate the presence of domestic violence the following information shall be asked of the reporter:

1. How does the reporter know this information?
2. Have there been any recent injuries or accidents to anyone in the household? If yes, ask for a description of the injury or accident.
3. Have the police been involved?
4. What were the children doing during episodes of violence in the home?
5. Have there been any threats to hurt or kill family members or pets?
6. Has anyone used a weapon or other objects to threaten or harm someone in the family? If yes, describe the weapons in the house.
7. Has the abuser ever threatened to leave with the children? If yes, describe the circumstances.
8. Describe any effects of domestic violence on the children.
9. Describe any assistance the adult victim has tried to access in the past.
10. Describe any contacts the victim has with family members or community members.
11. Do you have any fears or concerns for the safety of anyone in the household if DCF makes contact with the family directly and/or if law enforcement gets involved?

1215 Intakes Involving a Pregnant Woman Using Substances

When a reporter contacts the agency with information a pregnant woman is using substances, the intake worker shall record the information on the PPS 1000 and 1001 forms. Information regarding all children in the household is included in the report. Information that should be gathered from the reporter includes, but is not limited to:

A. The week, month or trimester of the pregnancy

B. The drug(s) of choice

C. The frequency of substance use

D. The timeframe of most recent use of substances

E. Behaviors exhibited when there is drug use

F. Statements or desire for treatment

G. Details on any prior substance abuse treatment

H. Status of children currently in the home

I. Impact of the use of substances on the safety and wellbeing of the children

J. Information on other children removed into state custody for drug or alcohol related issues and jurisdictions as applicable

K. History of law enforcement contact related to her drug or alcohol use

1221 Confidentiality for Reporters

Agency policy requires protection of information which would identify a person who reports suspected child abuse or neglect. However, the protection is not absolute. DCF can make no promises beyond our responsibility to follow the law. Form PPS 1001, Report or Request for Services, contains information identifying the reporter and shall not be copied or disseminated in any manner which violates the confidentiality requirements of the Kansas Code for Care of Children (K.S.A. 38-2209-2213 and 38-2210 et seq.).

1222 Notice of Action to Reporters

Persons who have reported that a child may be a child in need of care may be notified of agency action regarding their report. Upon request, reporters shall be informed of agency action either by verbal contact or mailing of the PPS 1005, Notice of Action to Reporters. This notice summarizes the agency's decision to accept the report for further investigation and assessment or not following the Initial Assessment decision. Verbal notices shall be documented in the case record.

1230 Reports From Law Enforcement Agencies

Law enforcement agencies are authorized and required by statute to "receive and investigate reports of child abuse or neglect for the purpose of determining whether the report is valid and whether action is required to protect a child" [K.S.A. 38-2226(a)] and to report the investigation to DCF [K.S.A. 38-2223(c)]. DCF may and should accept conclusions of a law enforcement officer at face value unless there is evidence to do so would jeopardize the safety of a child.

When a report is received from law enforcement, the department determines if further assessment is needed even if the law enforcement agency has already acted on the report. The same criteria for deciding DCF action applies to reports from a law enforcement agency as from any other source. Staff should take steps necessary to assure that reports requested from law enforcement agencies are received and reviewed without delay.

If law enforcement requests assistance from DCF in the investigation of third party (non-family/unregulated care giver) child abuse or neglect, the department will assist.

When a report is received from law enforcement orally, DCF staff shall request a written report of the situation and any action taken by the law enforcement agency.

Delay or failure of the law enforcement agency to investigate or to provide a written report does not relieve the department from the responsibility to determine whether abuse or neglect has occurred or if further steps are necessary to protect a child. The Initial Assessment decision and assignment of the report should not wait on a written report from law enforcement.

1240 Reports Involving Native American Children

Children enrolled or eligible to enroll as members of a Native American tribe require referral to Native American tribal authorities in some situations. Whenever it appears that a child may come into the custody of DCF or whenever a child has been placed in DCF custody by a court, it is very important that the worker ask whether the child or parent is enrolled in a Native American Tribe. It is the responsibility of the assigned DCF office to notify appropriate parties of reports involving Native American Children. See PPM section 0800.

1300 Initial Assessment of Report Alleging a Child is in Need of Care

The Initial Assessment is to determine when there are reasonable grounds to believe abuse or neglect exists and immediate steps are needed to protect the health and

welfare of the abused or neglected child. An Initial Assessment is made on all abuse/neglect and non-abuse/neglect reports received by the agency.

The Initial Assessment is completed when the licensed Kansas Protection Report Center (KPRC) specialist at KPRC makes one of the following determinations:

A. Not Assigned for Further Assessment
B. An investigation and/or further assessment is indicated

1301 Initial Assessment by the Protection Report Center

The KPRC specialist shall assess all reports received by the agency. The assessment shall determine the agency's response to the reported allegations based on specific safety and risk factors including, but not limited to:

A. age of the children,

B. perpetrator's access to children,

C. physical or mental condition of care giver,

D. location of the injury,

E. seriousness of incident,

F. medical needs of the child,

G. the child's ability to protect self,

H. others ability to protect child,

I. recency of an injury,

J. current condition or behavior of the child,

K. agency action needed to protect children from harm and

L. action needed to preserve evidence,

M. prior department involvement

N. other

The KPRC specialist shall read the written report, ask for clarification from the intake worker regarding any information not readily understood in the written report, and review abuse, neglect and non-abuse/neglect definitions to determine if there are reasonable grounds to believe abuse, neglect or non-abuse/neglect issues exist, and whether the report should be assigned for further assessment, not assigned for further assessment, or placed on preliminary inquiry.

1302 Search for History on any Family Member and Alleged Perpetrator

If the report is not immediately accepted for further investigation and/or assessment, the KPRC specialist shall conduct a search for history on any family member and alleged perpetrator on the report prior to completing the Initial Assessment with the decision to Not Assign for Further Assessment.

A. The search for history shall, unless assigned, include, but is not limited to, the following:

1. Search for previous cases regarding all family members on FACTS.
2. Search for previous cases regarding all family members on KIDS.
3. Search alleged perpetrator on the UNIS screen and the CERS screen in FACTS.
4. Search by individual name of the alleged perpetrator on the KIDS system.
5. Search for the alleged perpetrator using the offender search on the Kansas Department of Corrections web site.
6. Search for the alleged perpetrator using the Kansas Bureau of Investigations, Kansas Registered Offender web site and the National Sex Offender web site.

If, at any point during the search process, the KPRC specialist determines there is reason to assign, the searches may be discontinued and the report assigned for further assessment.

If the search indicates history is available on the family members or alleged perpetrator, the KPRC specialist shall use the Preliminary Inquiry to review available history regarding the family and/or alleged perpetrator. Prior to completing the Initial Assessment, the KPRC specialist shall review history necessary to make an informed Initial Assessment decision.

B. The following types of reports do not require a search of history prior to completing the Initial Assessment with the decision to Not Assign for Further Assessment:

1. After thorough questioning of the reporter by the DCF intake worker and a determination is made by the KPRC specialist that the care giver's behavior does not directly harm a child or place a child in a likelihood of harm. See PPM1310A.

2. DCF is prohibited by statute from accepting. See PPM 1310D and 1340.

3. Incident Has Been or Is Being Assessed by DCF and/or Law Enforcement. See PPM 1310E and 1430.

4. A new CINC/NAN allegation on a current open case. See PPM 1431.

1303 Search for Kansas Department of Corrections-Juvenile Services (KDOC-JS) Custody Status

When a report is received alleging abuse or neglect occurred in a facility subject to regulation by KDHE, a KAECSES search shall be completed to determine if the alleged victim is in the custody of the KDOC-JS. Upon implementation of KEES the status shall be reviewed in KEES. If the alleged victim is in the custody of the KDOC-JS send the report to KDOC-JS per PPM 1381.

If the alleged perpetrator is a juvenile resident of the facility, a KAECSES search shall be completed to determine if the alleged perpetrator is in the custody of the. If the alleged perpetrator is in the custody of the KDOC-JS, a copy of the report shall be sent electronically to KDOC-JS at: DCFincident@doc.ks.gov.

1310 Criteria for Determining no further PPS action needed

If following the Initial Assessment, a determination is made the report may not meet criteria to assign for further assessment, the following criteria shall be used to determine if the report may be completed with the decision to Not Assign for Further Assessment:

A. The Statutory Definition of a CINC or PPM Directives are not met for the following reasons:

1. No indication the child has been harmed or is likely to be harmed or endangered.
2. Care giver's behavior does not harm a child or place a child in a likelihood of harm or being endangered.
3. Reports Alleging Abuse or Neglect in the Past. See PPM 1370.
4. Report concerns child care licensing standards only. See PPM 1381

B. Report Fails to Provide the Information Necessary to Locate Child:

The KPRC specialist shall make reasonable efforts to locate the child/family by assessing all possible options based on the information provided in the report. A report may contain information such as a location near a known landmark or the name of a relative who knows the whereabouts of the child/family.

When a KPRC specialist determines a report may not meet criteria to assign due to lack of information to locate the child/family, the KPRC supervisor shall be consulted to verify all resources have been exhausted to locate the child/family. The KPRC specialist shall document the reasonable efforts to locate the child and family; and the consultation with the KPRC supervisor on the PPS 1001a.

C. DCF Does Not Have Authority to Proceed and/or a conflict of interest (See PPM1340)

1. Incidents occurring on a Native American reservation or military installation.
2. Alleged perpetrator is a DCF employee.
3. Alleged incident took place in an institution operated by DCF or KDOC-JS.
4. Alleged victim is age 18 or older.

D. Incident Has Been or Is Being Assessed by DCF and/or Law Enforcement

If a previous report with the same allegations, same victims and same perpetrators has been assessed or is currently being assessed the Initial Assessment of the current report can be completed with the decision to Not Assign for Further Assessment. The Basis for the decision to Not Assign for Further Assessment on the PPS 1002 should reference the event number of previous report.

1311 Documenting no further PPS action needed

The specific reasons for not completing further assessment shall be documented in the "Basis" in Section V of the PPS 1002, Initial Assessment. When an Initial Assessment is completed with the decision to Not Assign for Further Assessment the KPRC specialist responsible for the Initial Assessment decision shall sign and date, including the time, to document when the assessment decision was made.

The Basis shall address each of the allegations in the report, any risk factors identified in review of history and the specific reasons no further assessment is necessary. The Basis shall be written in such a manner that a person unfamiliar with the case could, by reading this narrative section and the areas noted with a check mark on the PPS 1002, determine the reason the case was being completed with the decision to Not Assign for Further Assessment. Considering the reported information, information from preliminary inquiry and past DCF history, the documentation needs to provide a sufficient basis for the decision to Not Assign for Further Assessment.

1320 Preliminary Inquiry

The Kansas Code for Care of Children provides for DCF to conduct a Preliminary Inquiry as a result of the department having received information that a child appears to be in need of care [K.S.A. 38-2230]. Preliminary Inquiry is for the purpose of determining whether an allegation of abuse or neglect is known to the agency through a current completed investigation, gaining additional information regarding an allegation or non-abuse/neglect circumstance, and/or whether the interests of the child require further assessment.

The Preliminary Inquiry information shall be obtained as soon as practical and shall not exceed three (3) working days from the date the report is received by the agency. For the purpose of Preliminary Inquiries, three working days begin the first working day after the report is received by the agency according to the date recorded on the PPS 1000 page 1.

If it appears from a reporter's information that a child may be harmed within the preliminary inquiry time frame, the report shall be assigned for investigation and/or assessment. If actions to gather additional information requires in person contact with a child, family, or caregiver by DCF or a Child Welfare Case Management Provider the report shall be assigned for investigation and/or further assessment based on information from the reporter.

Preliminary Inquiry may include any of the following activities relative to the case situation.

A. Reports Alleging Abuse or Neglect:
    1. Gathering additional information from the DCF or Child Welfare Case Management Provider staff assigned to a current open case or a recently closed case regarding the family subject to the report.
    2. Gathering information to locate or identify a child.
    3. Gathering additional information from other DCF programs.
    4. Coordinating a referral to law enforcement, another public agency or community service.
    5. Contacting reporter to clarify information received or request additional information.
    6. Contacting any person in the report identified with possessing additional information.

7. Contacting schools, health care providers or any agency identified as providing services to the family.

B. Report Indicating Requests for Services or Other Non-Abuse/Neglect Concern
   1. Gathering additional information from DCF programs, other public agency, and/or community contact via either telephone or in person.
   2. Connecting the family to a public agency or community service.

1321 Reports Requiring a Preliminary Inquiry

If a report is not immediately accepted for further investigation and/or assessment based on information from the reporter, a Preliminary Inquiry shall be completed for any one of the following reasons in order to complete an Initial Assessment Decision:

A. Report of a family with a current case open for investigation, family services, family preservation, reintegration foster care or adoption case management services excluding adoption subsidy, custodianship subsidy and previous reports with the same allegation, same alleged perpetrator and same alleged victim; or
B. Report involves an alleged perpetrator previously investigated for abuse/neglect and/or found on the abuse/neglect central registry; or
C. Reported information is vague and additional information may be available from other sources such as schools, health care providers, DCF Programs, Child Welfare Case Management Providers or other agencies; or
D. Reported information identifies persons with additional information necessary to make an assessment decision; or
E. Reports alleging a child has been abused or neglect by a non-family/unregulated care giver requiring coordination with law enforcement to complete the Initial Assessment; or
F. Reported cause of injury does not match the description of the injury; or
G. Reported injury is typical of a child abuse injury with no explanation given to the cause of injury; or
H. The KPRC specialist assessing the report identifies any other source of additional information to form the Initial Assessment Decision.

1322 Preliminary Inquiry to review PPS History of Family Members and/or Alleged Perpetrator

If the search of KIDS, KIPS and/or FACTS finds any family member and/or alleged perpetrator has previous PPS or Child Welfare Case Management provider involvement, the KPRC specialist shall determine what, if any, history is relevant to the Initial Assessment Decision of the current report. When the KPRC specialist has determined history is not relevant to the assignment to the current report, an explanation shall be documented in the Basis of the PPS 1002.

A. Sources For History:

The KPRC specialist shall review any of the following sources necessary to make an informed Initial Assessment decision:

1. Review each event associated with any family members listed on the FACE screen in FACTS.
2. Review agency response, safety assessment, risk assessment, case finding and FBA summary on KIDS from previous reports involving any family member or alleged perpetrator.
3. Review service history on any family member or alleged perpetrator found on FACTS.

B. Information To Consider:

The KPRC specialist shall consider the following in review of history:

1. Are the past allegations affirmed, substantiated, validated or confirmed?
2. If unsubstantiated, consider the severity and seriousness of the allegations of abuse or neglect, and safety or risk concerns.
3. Is the current report an isolated incident of abuse or neglect or a pattern of abuse?
4. How recent was the last report or case closure?
5. Does history indicate one or more risk factors such as domestic violence, care giver and/or alleged perpetrator has an untreated mental illness, substance use or abuse and/or history of abuse, neglect or physical violence?
6. Any additional information which informs the current report.

C. Information Requested From Child Welfare Case Management Provider:

Based on the KPRC specialist's judgment, a request may be made for information from the DCF or Child Welfare Case Management Provider paper file if the information could be relevant to the Initial Assessment. Additional information from DCF or Child Welfare Case Management provider may include but is not limited to:

1. Were services or treatment provided to the family members and/or alleged perpetrator in the past?
2. Did the family member and/or alleged perpetrator successfully complete services provided or reasons services were not successfully completed?
3. What has changed for the family members and/or perpetrator since the prior involvement?

1323 Initial Assessment of Reports Regarding Methamphetamine Labs

If DCF receives a report alleging a methamphetamine lab in a home where children are present or reside, the report shall receive an initial assessment based on the information contained in the report.

If the report is not assigned, the KPRC specialist shall forward the report to the appropriate law enforcement agency.

1324 Documenting the Preliminary Inquiry

The PPS 1001 shall document the request for a Preliminary Inquiry, specify the information requested, establish the time within which it is required, and document the decision. Information obtained shall be recorded on the PPS 1000 A, Summary of Results of Preliminary Inquiry.

1325 Initial Assessment of Reports Indicating Human Trafficking

Reports received by the Kansas Protection Report Center (KPRC) which indicate sexual abuse with concerns for commercial sexual exploitation or aggravated human trafficking

per K.S.A. 38-2202 and Appendix 1-A, are referred to in policy as human trafficking (HT). Reports concerning human trafficking shall be assigned for further assessment, unless criteria per PPM 1430 Report of the Same Specific Abuse/Neglect Incident by a Different Reporter on an Open Case are met.

When concerns for human trafficking are indicated in a report, the KPRC specialist shall determine whether there is an alleged perpetrator who is a family member, or whether all the alleged perpetrators are non-family/unregulated caregivers per PPM 1350.

A. Human Trafficking Non-Family/Unregulated Caregiver

Reports concerning human trafficking with all alleged perpetrators identified as non-family/unregulated caregivers shall follow policy PPM 1352 for referral to the appropriate law enforcement.

B. Human Trafficking Family Report

Reports concerning human trafficking with an alleged perpetrator who is a parent, relative, custodian/care giver or member of the household shall be assigned for further assessment as abuse/neglect. The Allegation Subtype shall be Sexual Abuse (SEA). See PPM 1521 for Response Time Assignment.

The KPRC specialist shall document “assigned for HT-Sex Trafficking Assessment” and/or “assigned for HT-Labor Trafficking Assessment” in the basis statement on the PPS 1002. The determination for assignment for Sex Trafficking and/or Labor Trafficking is based on the concerns contained in the report. See Appendix 1A for guidance.

All HT Assignments shall be entered in the Human Trafficking database by the KPRC specialist.

1330 Timeframe for Initial Assessment

All reports, including CINC/NAN, shall have an Initial Assessment made without delay. The maximum time allowed to make an Initial Assessment decision or request a Preliminary Inquiry is the end of the next half work day from the time the report is received.

A. The KPRC specialist makes one of the following determinations during this time frame:

1. Not assigned for further assessment
2. A preliminary inquiry is needed to gather additional information
3. An investigation and/or further assessment is indicated

When a Preliminary Inquiry is requested, the Initial Assessment decision shall not be delayed beyond the requested time frame. Following the completion of a Preliminary Inquiry, the KPRC specialist shall make an Initial Assessment decision by the end of the next half work day from the time the report is returned following the preliminary inquiry.

B. Examples of when Initial Assessments should be completed:

1. Report received between 8:00 am and 12 noon will need an Initial Assessment decision made by 5:00 pm of the same day.
2. Report received between 12:01 pm and 5:00 pm will need an Initial Assessment by 12 noon the following work day.
3. Report received by KPRC after 5:00 pm, including reports received during week-ends will need an Initial Assessment decision by 12 noon the following work day.

1340 Reports Which DCF is Prohibited by Statute from Accepting

The following are referrals and reports that DCF is not permitted by K.S.A. 38-2226 to investigate. In such cases, the information taken by the KPRC shall be transmitted promptly to the appropriate person or agency. The reporter may also be encouraged to make such report directly to the appropriate person or agency in order to ensure all the relevant information is provided to the correct agency.

The report shall not be accepted for investigation and/or further assessment when:

A. The information alleges abuse/neglect occurred in an institution operated by the Kansas Department for Aging and Disability Services (KDADS) or the Kansas Department of Corrections-Juvenile Services (KDOC-JS). The report shall be forwarded to the Attorney General. See PPM 1341 or 1342;

B. The information alleges abuse/neglect by an employee of DCF. The report shall be forwarded to the law enforcement agency with jurisdiction. See PPM 1343; or

C. The alleged victim is age 18 or older reporting current abuse and the adult victim is not in the custody of the Secretary. An Adult Protective Services report shall be completed. A report forwarded to the law enforcement agency with jurisdiction is discretionary. For reports of abuse occurring in the past see PPM 1370;

D. Incidents involving families residing on a Native American reservation or military installation. See PPM 1345

1341 Child Residing in DCF Operated Institutions

Reports of alleged abuse or neglect of children residing in an institution operated by the Kansas Department for Aging and Disability Services (KDADS) shall be made to the Office of the Attorney General, Division of Criminal Investigation, e-mail reports to: General@ksag.org with the subject line: SISI; or Phone (785) 296-2215 ask for Division of Criminal Investigation. Additionally, a copy of the report shall be forwarded to the Risk Manager of the facility identified in the report.

A KPRC specialist shall complete an initial assessment on any allegation that a child who resides in a state institution is suspected of having been abused or neglected while on a home visit.

State Institutions include:

A. Parsons State Hospital and Training Center (PSH/PSHTC)
B. Osawatomie State Hospital (OSH)
C. Larned State Hospital (LSH)
D. Kansas Neurological Institute (KNI), Topeka, and
E. Rainbow Mental Health Facility, Kansas City, KS

1342 Child Residing in Kansas Department of Corrections - Juvenile Services (KDOC-JS) Operated Institutions

Reports of alleged abuse or neglect of children residing in an institution operated by the Secretary of KDOC-JS shall be made to the Office of the Attorney General, Division of Criminal Investigation, e-mail reports to: General@ksag.org with the subject line: SISI; or Phone (785) 296-2215 ask for Division of Criminal Investigation. Additionally, a copy of the report shall be forwarded to the KDOC-JS by sending it via e-mail to: DCFincident@doc.ks.gov.

KDOC-JS Institutions include:

A. Kansas Juvenile Correctional Complex

B. Juvenile Correctional Facility at Larned

DCF/KDOC-JS institutions do NOT include foster homes, day care providers, group homes, or others who contract with DCF.

1343 DCF Employee Is an Alleged Perpetrator of Abuse/Neglect (victim does not reside in an institution operated by DCF)

Reports with a DCF employee identified as the alleged perpetrator shall be referred to the local law enforcement agency [K.S.A. 38-2226 (c)]. The referral shall contain a request for a report of the completed law enforcement investigation returned to the PPS Assessment and Prevention Administrator for the purposes of a case finding.

DCF employees include any employee of any division or branch of DCF including, but not limited to:

A. Economic and Employment Service Specialist
B. Social Workers
C. Child Support Service staff
D. Vocational Rehabilitation staff
E. Administrators
F. Support staff
G. Program Support Workers

Foster parents, day care providers, or others who are employed by agencies that contract with DCF are not considered employees of DCF.

In some cases a person may not technically be a DCF employee but has such a close working relationship that the appearance of a conflict of interest is created (such as a work/training participant, Child Welfare Case Management Provider). In those cases it is preferable to request assistance from a law enforcement agency or a worker from another DCF office/ area may be requested to assess the report.

1345 Incidents of Abuse/Neglect Regarding Families Living on Native American Reservations or Military Installation

Reports regarding a family living on a Native American Reservation or military installation shall follow procedures established in the current Memorandum of Understanding with the Native American Reservation or Memorandum of Agreement with the Military Installation.

1350 Non-family/Unregulated Care Giver Reports - Third Party Reports

A non-family/unregulated care giver report is a report alleging a child has been abused or neglected by a person other than the child's parent, relative, custodian/care giver or

member of the household. Such persons may include, but are not limited to the following:

A. Teachers, administrators, or other employees of a school, other than a home school, in which the child who is the subject of a report of abuse or neglect is enrolled or attends [K.S.A. 21-3520 (8)]; See PPM 1353
B. Employees and administrators of recreational and/or character building organizations in which a child who is the subject of a report of abuse or neglect participates;

C. Babysitters;

D. Acquaintances of the family;

E. Strangers.

F. Human trafficking related “boyfriend”/”pimp”/”controller”/”manager”/”daddy”.

1351 Initial Assessment Decisions

If DCF receives a report alleging a child has been abused or neglected by a non-family/unregulated care giver, the department shall complete the Initial Assessment using the same criteria as reports involving parents and caregivers; with the exception of:

A. Reports involving abuse or neglect in schools, refer to PPM 1353;
B. Reports referred to law enforcement agency, refer to PPM 1352.

All non-family/unregulated care giver reports shall be assessed to determine if there is evidence or suspicion of parental involvement or failure to protect the child meeting criteria to assign for further assessment regarding the parental action or inaction.

1352 Non-family/ Unregulated Care Giver -Third Party Reports Accepted by a Law Enforcement Agency

Reports of alleged abuse or neglect by a non-family/ unregulated caregiver may be placed on preliminary inquiry and referred to the appropriate law enforcement agency. KPRC specialist shall contact the law enforcement agency to verify whether or not:

A. The law enforcement agency will investigate the allegation; and
B. The law enforcement agency is requesting DCF assistance with the investigation.

The following shall be considered for the Initial Assessment decision:

A. Law enforcement accepts the report for investigation and is not requesting DCF assistance with the investigation:

The Initial Assessment may be completed with one of the following decisions:

1. If there are concerns for human trafficking, the initial assessment decision shall be Assigned for Further Assessment as a CINC/NAN (WPC) for Human Trafficking (HT) assessment. The purpose of a CINC/NAN-HT assessment is to determine whether the child may be a child in need of care and whether services/treatment needs (per K.S.A. 38-2287) for the child and family are indicated. The report shall be assigned with the Allegation Subtype of Without Parental Control (WPC). See PPM 1670 for Response Time Assignment.

   The KPRC specialist shall document "assigned for HT-Sex Trafficking Assessment" and/or "assigned for HT-Labor Trafficking Assessment" in the basis statement on the PPS 1002. The determination for assignment for Sex Trafficking and/or Labor Trafficking is based on the concerns contained in the report. See Appendix 1A for guidance.

   All HT Assignments shall be entered in the Human Trafficking database by the KPRC specialist.

2. If there are no concerns for human trafficking, the initial assessment may be Not Assigned for Further Assessment for the reason the incident has been or is being assessed by DCF and/or law enforcement [AAS].

B. Law enforcement accepts the report and requests DCF assistance with the investigation:

The report shall be assigned for further assessment. Reports containing concerns for human trafficking shall be Assigned for Further Assessment as abuse/neglect. The Allegation Subtype shall be Sexual Abuse (SEA). See PPM 1521 for Response Time Assignment.

The KPRC specialist shall document "assigned for HT-Sex Trafficking Assessment" and/or "assigned for HT-Labor Trafficking Assessment" in the basis statement on the PPS 1002. The determination for assignment for Sex Trafficking and/or Labor Trafficking is based on the concerns contained in the report. See Appendix 1A for guidance.

All HT Assignments shall be entered in the Human Trafficking database by the KPRC specialist.

C. Law enforcement does not accept the report for investigation:

The report shall be accepted for further assessment if it otherwise meets criteria to assign for further assessment.

Reports containing concerns for human trafficking shall be Assigned for Further Assessment as abuse/neglect. The Allegation Subtype shall be Sexual Abuse (SEA). See PPM 1521 for Response Time Assignment.

The KPRC specialist shall document "assigned for HT-Sex Trafficking Assessment" and/or "assigned for HT-Labor Trafficking Assessment" in the basis statement on the PPS 1002. The determination for assignment for Sex Trafficking and/or Labor Trafficking is based on the concerns contained in the report. See Appendix 1A for guidance.

All HT Assignments shall be entered in the Human Trafficking database by the KPRC specialist.

1353 Investigation Involving Reports of Abuse Neglect in Schools

A. Reports Resulting From Actions Within School Policy

Reports of disciplinary action within school policy are generally a matter for resolution by the administration or Board of Education. As such it is not a matter for an investigation by DCF. The Initial Assessment shall be completed with the decision Not Assigned for Further Assessment and forwarded to the appropriate school administrator and to the county/district attorney. If requested by the county/district attorney or law enforcement agency, DCF will assist in an investigation.

Examples of such reports include: excessive force used while administering corporal punishment, unreasonable detention or isolation otherwise permitted by school policy.

B. Reports Resulting From Actions Not Within School Policy

Reports of abuse/neglect which are not within or the result of school policy are, in most cases, a matter for law enforcement investigation as a Non-family/Unregulated Care Giver Report. Refer to PPM 1352.

Examples of such reports include: sexual misconduct of a teacher toward a child or physical injuries to a child not occurring as a result of the school's discipline policy

1354 Documentation of Case Acceptance and Timelines for Non-family Unregulated Care Giver Reports

The Initial Assessment, PPS 1002, shall be used to determine whether the report meets the criteria for acceptance. If DCF accepts a non-family/ unregulated care giver report for investigation and assessment or assists law enforcement with an investigation, a case shall be opened. A report of a non-family/ unregulated care giver is opened in FACTS for each family in which there is a child who is alleged to have been abused or neglected. The case is opened as with any other case but the parents role type will be coded in FACTS as "FAM" (family).

The time line for a non-family/ unregulated care giver investigation is the same as for any other case. Document if the time assigned cannot follow normal procedures because of the need to cooperate with a law enforcement investigation.

1360 Reports Concerning a Youth Who Has Been Adjudicated as a Juvenile Offender

DCF is responsible for receiving and completing an Initial Assessment of reports of youth who have been adjudicated as a juvenile offender and who are alleged or suspected to be in need of care.

1361 Reports in Which Abuse or Neglect is Alleged or Suspected

Reports alleging abuse or neglect of youth adjudicated as juvenile offender are subject to the same Initial Assessment policies as other reports. Notice of the acceptance of a report and the result of DCF investigation shall be provided to the Kansas Department of Corrections - Juvenile Services (KDOC-JS) by e-mailing the report to DCFincident@doc.ks.gov.

1362 Reports alleging a Child In Need of Care other than Abuse or Neglect

DCF shall refer to the Kansas Department of Corrections - Juvenile Services (KDOC-JS) at DCFincident@doc.ks.gov when a report is received that a youth adjudicated as a juvenile offender is alleged or suspected to be a child in need of care for reasons other than abuse or neglect. DCF shall not take further action.

1370 Reports Alleging Abuse or Neglect in the Past

All reports received which occurred in the past shall receive an Initial Assessment, regardless of the current age of the child/adult. There is no specific time period in which a report of child abuse or neglect is received by the Kansas Protection Report Center to consider allegation(s) which occurred in the past for further assessment.

The department may occasionally receive a report from a person who is now an adult, alleging they were abused or neglected as a child. The law is silent regarding reports from or concerning a person 18 years of age and older about an incident that occurred during childhood. The adult victim should be encouraged to make a report to a law enforcement agency, especially if it is within 5 years after the alleged abuse or neglect occurred or was discovered, whichever is later. The adult victim may also wish to contact an attorney regarding whether there may be any other actions, including civil lawsuit, available to the adult victim.

The issue of whether a report of prior abuse or neglect shall be investigated is within the discretion of the KPRC specialist responsible for completing the Initial Assessment on the report. A report shall not be completed with the decision to not assign for further assessment needed for the sole reason it occurred in the past.

Guidelines for deciding whether to accept a report of past abuse or neglect:

A. Does it appear likely, without investigation, that the same child or other children under the same care are currently being maltreated or likely to be maltreated?

Factors to be considered in making this determination are: current allegations of abuse, other reports or incidents regarding the alleged perpetrator based on a FACTS search, any affirmed, confirmed, substantiated or validated findings regarding the alleged perpetrator, and the age or ages of any children currently under the care of the alleged perpetrator.

B. Does it appear likely at this time an investigation would be able to obtain enough information to determine a case finding decision using the preponderance standard of evidence?

Factors to be considered in making this determination are: how old the participants are, where do the participants currently reside, and is it reasonable to believe participants can be located?

If the answer to one or both of these questions is "Yes", the need for an investigation is presumed unless the alleged perpetrator is not known or the current whereabouts of the alleged perpetrator are unknown. If the answer to both questions is "No", the case may be completed with the decision to not assign for further assessment for the reason the report does not meet the definition of a child in need of care.

For reports received regarding an alleged victim 18 years old or older, if the report is assigned for further assessment, the adult may or may not be considered an alleged victim but will likely be a collateral contact or witness in any event. If there is no current abuse or neglect or suspicion of abuse or neglect of a child, the department is neither obligated to respond with an investigation and assessment nor prohibited from doing so.

1381 Reports Regarding a Facility Subject to Regulation

The Department for Children and Families has the responsibility to receive, investigate and assess allegations of abuse or neglect which are alleged to have occurred in a child care or residential care facility. Kansas Statutes (K.S.A. 38-2226(e)) requires DCF staff to promptly report to the Kansas Department of Health and Environment (KDHE) of "any investigation involving a facility subject to licensing or regulation by the Secretary of Health and Environment."

An initial assessment shall be completed for all reports received with allegations of abuse or neglect of a child involving a facility subject to licensing or regulation by KDHE, DCF Foster Care and Residential Facility Licensing or the Kansas Department for Aging and Disability Services (KDADS).

A. Allegation of Abuse

Reports alleging physical, emotional or sexual abuse in a facility with the care giver or other person within the facility as the alleged perpetrator receive an Initial Assessment decision based on the same criteria of all other reports.

B. Allegation of Neglect

If a report alleges neglect in a facility it is necessary to determine whether the reported information involves only lack of compliance with a regulatory requirement or whether the alleged infraction rises to the level of neglect which has resulted in harm or a likelihood of harm to a child. The KPRC specialist shall complete an Initial Assessment and document the reasons for the decision.

Reports which indicate a regulatory requirement appears to have been violated, but no harm has occurred or is likely to occur in the immediate future, are not considered neglect for the purpose of a DCF investigation. The Initial Assessment shall be completed with the decision to not assign for further assessment.

Reports which indicate neglect, lack of supervision or other regulatory infraction identifying a care giver or other person within the facility as the alleged perpetrator, and has resulted in harm to a child or which will likely result in harm in the immediate future, shall be accepted for investigation by the DCF.

C. Initial Assessment Assigned for Investigation

When a report has been assigned, the Kansas Protection Report Center shall send the notification as specified below within five working days of receiving the report. A report which a reasonable person would conclude is an emergency requiring prompt intervention by KDHE, DCF Foster Care and Residential Facility Licensing or KDADS shall be referred within two hours of the Initial Assessment decision or when KDHE, DCF Foster Care and Residential Facility Licensing or KDADS are next open for business.

Reports shall be sent electronically. The reporter information shall be included in the notification.

The notification includes the following with some exceptions as noted below:

1. PPS 1000, Face Sheet
2. PPS 1001, Report/Request for Services
3. PPS 1001A, Summary of Results of Preliminary Inquiry
4. PPS 1002, Initial Assessment

D. Reports on Child Care Facilities

The Kansas Protection Report Center shall forward notification to parties identified below on reports involving Licensed Day Care Homes, Group Day Care Homes and Child Care Centers. Notification of reports regarding the care giver or other person within the facility as the alleged perpetrator at these child care facilities shall be forwarded as specified below:

1. KDHE Administration via e-mail. See PPM 1381 I.
2. DCF Child Care Provider Manager.

E. Reports on Family Foster Homes

The Kansas Protection Report Center shall forward notification to parties identified below on reports involving Family Foster Homes. Notification of reports regarding the care giver or other person within the home as the alleged perpetrator shall be forwarded as specified below:

1. DCF Foster Care and Residential Facility Licensing via e-mail. See PPM 1381 J.
2. Child Placing Agency sponsoring a family foster home.
3. DCF worker identified on the open FACTS CASE screen if the child is being served by a Child Welfare Case Management Provider
4. Kansas Department of Corrections- Juvenile Services (KDOC-JS) when the alleged victim/perpetrator is in the custody of the Commissioner of KDOC-JS. See PPM 1381 K.

F. Reports on Residential Care Facilities

The Kansas Protection Report Center shall forward notification to parties identified below on all reports involving Group Boarding Homes and Residential Centers. Notification of reports regarding the care giver or other person within the facility as the alleged perpetrator shall be forwarded as specified below:

1. DCF Foster Care and Residential Facility Licensing via e-mail. See PPM 1381 J.
2. DCF worker identified on the open FACTS CASE screen if the child is being served by a Child Welfare Case Management Provider
3. Kansas Department of Corrections- Juvenile Services (KDOC-JS) when the alleged victim is in the custody of the Commissioner of KDOC-JS. See PPM 1381 K.
4. DCF Support Services in the region where the facility is located:

Region	**Send Reports to**
East	Robert Byers
Kansas City	KCPRC
West	Terri Martinez
Wichita	WIC Intake

G. Reports on Psychiatric Residential Treatment Facilities

The Kansas Protection Report Center shall forward notices involving Psychiatric Residential Treatment Facilities (PRTF) to parties identified below. Psychiatric Residential Treatment Facilities are licensed by Kansas Department for Aging and Disability Services (KDADS). Notification of reports regarding the care giver or other person within the facility as the alleged perpetrator shall be forwarded as specified below.

1. KDADS via e-mail. See PPM 1381L.
2. DCF worker identified on the open FACTS CASE screen if the child is being served by a Child Welfare Case Management Provider
3. Kansas Department of Corrections- Juvenile Services (KDOC-JS) when the alleged victim is in the custody of the Commissioner of KDOC-JS. See PPM 1381 K.

H. Initial Assessment with the decision to Not Assign for Further Assessment

When the Initial Assessment determines the decision to not assign for further assessment, the Protection Report Center shall send the notification as specified below within five working days of receiving the report. Reports shall be sent electronically. The reporter information shall be included in the notification.

Notification shall include:

1. PPS 1000, Face Sheet
2. PPS 1002, Initial Assessment
3. PPS 1001A, Summary of Results of Preliminary Inquiry, as applicable

On child care facilities notification shall be sent to:

1. KDHE Central Office via e-mail. See PPM 1381 I.

On residential care facilities notification shall be sent to:

1. DCF Foster Care and Residential Facility Licensing via e-mail. See PPM 1381 J.
2. DCF worker identified on the open FACTS CASE screen if the child is being served by a Child Welfare Case Management Provider

On Psychiatric Residential Treatment Facilities, notification shall be sent to:

1. KDADS via e-mail. See PPM 1381L.
2. DCF worker identified on the open FACTS CASE screen if the child is being served by a Child Welfare Case Management Provider

I. Electronic Notification of Reports to KDHE

Kansas Protection Report Centers shall send all notices of an intake regarding concerns in a child care facility to KDHE electronically with the following procedures.

The forms to be sent shall be converted to .pdf file format and sent to: cclrreports@kdheks.gov

The subject line of the e-mail shall contain specific information necessary to identify the type of report for KDHE.

1. Type of communication: Intake
2. Type of facility: Child Care (CC)
3. County where the facility is located: Two letter county code.
4. Name of Facility: The name of the facility or the last name of the licensee

J. Electronic Notification of Reports to DCF Foster Care and Residential Facility Licensing

Kansas Protection Report Centers shall send all notices of an intake regarding concerns in a family foster homes and residential facilities to DCF Foster Care and Residential Facility Licensing electronically with the following procedures.

The forms to be sent shall be sent to: DCFCCLReports@dcf.ks.gov

The subject line of the e-mail shall contain specific information necessary to identify the type of report for DCF Foster Care and Residential Facility Licensing.

1. Type of communication: Intake
2. Type of facility: Foster Care (FC), or Residential Facility (RF)
3. County where the facility is located: Two letter county code.
4. Name of Facility: The name of the facility or the last name of the licensee

K. Electronic Notification of Reports to KDOC-JS

Kansas Protection Report Centers shall send all notices of an intake to KDOC-JS electronically with the following procedures.

The forms to be sent shall be converted to .pdf file format and sent to: DCFIncident@doc.ks.gov

The subject line of the e-mail shall contain specific information necessary to identify the type of report for KDOC-JS.

1. Type of communication: Intake
2. Type of facility: Foster Care (FC), or Residential Facility (RF)
3. County where the facility is located: Two letter county code.

4. Name of Facility: The name of the facility or the last name of the licensee

L. Electronic Notification or Reports to Mental Health/KDADS

Kansas Protection Report Center shall send all notices of an intake to Mental Health Performance Improvement Field Staff/KDADS electronically with the following procedures.

The forms to be sent shall be converted to .pdf file format and sent to: MHPRCReports@dcf.ks.gov

The subject line of the e-mail shall contain specific information necessary to identify the type of report for Mental Health or PRTF.

1. Type of communication: Intake
2. Type of Facility: Residential Facility (RF), Community MH Center (CM)
3. County where the facility is located: Two letter county code
4. Name of facility: The name of the facility or the last name of the licensee

For cases where multiple agencies require notification, it is appropriate to send one e-mail including copies to all involved agencies. This will allow for transparency between agencies; assuring all, the appropriate notices have been sent.

1382 Reports of a Person Known to Work, Reside or Regularly Volunteer in a Licensed/Regulated Facility Suspected of Abusing or Neglecting His or Her Own Child

When a report is received alleging that a person who works, resides or regularly volunteers in a licensed/regulated facility is suspected of abusing or neglecting his or her own child or another child not connected with the facility, an Initial Assessment of such allegation is completed based on the context of allegation and relationship

between that person and alleged victim. A report is not made to KDHE at the time of intake; however notice of findings may be required. See PPM 2544.

1383 Reports Regarding Approved Family Foster Homes

Although not required to be licensed, approved family foster homes are required to meet licensing standards. If it is known or suspected that such a home does not meet these standards, a report should be made to KDHE.

1384 Reports Regarding Kinship Placements

If a report is received of abuse/neglect with a care giver in a Kinship placement as the alleged perpetrators, the Protection Report Center needs to determine if the home is licensed or approved. If the home is licensed or approved by KDHE, a notice shall be made to KDHE. Kinship placements not licensed or approved by KDHE are investigated as a family report.

1385 Reports Involving Adults Under 21 Years of Age and in Custody of the Secretary of DCF

When PPS receives a report involving an Adult under 21 years of age and in custody of the Secretary of DCF, the report shall be assessed as a child report and assigned per the PPS Policy and Procedure Manual.

1386 Investigations involving DCF Licensed Facilities

For the purposes of this policy, KDADS Licensed Facilities shall include Community Mental Health Centers, Affiliated Community Mental Health Service Providers and Private Psychiatric Hospitals only. KDADS licensed facilities are not the same as "DCF institutions".

Child abuse/neglect reports received with the alleged perpetrator being a provider of CMHC services shall be referred to Law Enforcement as a non-family/unregulated care giver per PPM 1350 - 1352. Notification of the reports shall be forwarded as outlined in 1386.D.

Child abuse/neglect reports received with the alleged perpetrator residing in the home shall be assessed and assigned per policy based on the PPM definitions of abuse/neglect. Notification of the reports shall be forwarded as outlined in 1386.D

A. Reports with the decision to not assign for further assessment

Initial Assessment completed with the decision to not assign for further assessment on all reports regarding KDADS licensed facilities shall be forwarded by the Kansas Protection Report Center to Mental Health Performance Improvement Field Staff.

B. Reports involving KDADS Licensed Facilities accepted for investigation by Law Enforcement

If law enforcement accepts the report of child abuse/neglect for investigation, the KPRC specialist shall complete the Initial Assessment decision to not assign for further assessment. The Kansas Protection Report Center shall:

1. forward a copy of the report including the "Basis" to Mental Health Performance Improvement Field Staff.
2. forward a Notification of Investigation, PPS-1008, to the KDADS Licensed Facility, attention: Director of Children Services, identified in the report as a notification of a report being investigated and identify the alleged facility staff and agency responsible for investigation

C. Reports accepted for investigation by DCF

Reports assigned for investigation as a 3rd Party Perpetrator and forwarded for assessment according to regional procedures. The Kansas Protection Report Center shall:

1. forward the Notice of Investigation, PPS-1008 and a copy of the report to the Mental Health Performance Improvement Field Staff.

2. forward a Notification of Investigation, PPS-1008, to the KDADS Licensed Facility, attention: Director of Children Services, identified in the report as a notification of a report being investigated and identify the alleged facility staff and agency responsible for investigation with a copy to the assigned CPS specialist or the case file.

D. Notification to Mental Health Performance Improvement Field Staff shall be made by sending a copy of the report

to: MHPRCReports@dcf.ks.gov

Notification shall include:

1. PPS 1000, face sheet
2. PPS 1001, Report/Request for Services
3. PPS 1001A, summary of Results of Preliminary Inquiry, as applicable

The subject line of the email shall contain specific information necessary to identify the type of report to MH.

4. Type of Communication: Intake
5. Type of Facility: CMHC
6. County where the facility is located: Two letter county code
7. Name of Facility: The name of the facility (if it is a 3rd party report)

1387 Case Opening on Any Facility Report

If the report is accepted for investigation/assessment on any facility, a case shall be opened for each child or sibling group who is alleged to have been abused or neglected and only on those children. For the purposes of the case file and FACTS, the parent(s) or other caregiver in the home of each child or sibling group and not the facility is listed as head of household and becomes the case name. See KIDS manual for procedures for creating a file in KIDS on facility reports.

1388 Reports Requiring Notification to Department for Aging and Disability Services (KDADS) or Community Support Services (CSS)

A. Child subject of the report with a disability or on a waiver:

When a report is received which alleges the child subject of the report is on an HCBS waiver or has a disability, related to physical or cognitive development, autism or traumatic brain injury, the report shall be sent to the CSSPRC@dcf.ks.gov mailbox.

The subject line of the email shall contain specific information necessary to identify the report for KDADS.

1. Type of communication: Intake
2. Two letter county code with dashes: -Wy-
3. Case head last name: Smith
4. Intake id number: 1006983

For example; Intake-Wy-Smith 1006983

If the reporter is unsure if the child is on an HCBS waiver, the KPRC intake worker shall check waiver status on the CAP2 screen in KAECSES. Upon implementation of KEES the status shall be reviewed in KEES. If the reporter is unsure of disability status, but believes the child has a disability as specified above, the report shall be sent to the CSSPRC@dcf.ks.gov mailbox.

B. Child or family member receiving mental health services:

If a report is received which identifies anyone in the family as receiving mental health services, the report shall be sent to the MHPRC Reports@dcf.ks.gov mailbox. The subject line shall read: Intake-two letter facility code-two letter county code-facility name. For example: Intake-CM-DG-Bert Nash. Facility codes for PPS are outlined in PPM 1381.

The subject line of the email shall contain specific information necessary to identify the report to CSP.

1. Type of communication: Intake
2. Two letter facility code: CM
3. Two letter county code with dashes: -Dg-
4. Facility name: Bert Nash

For example; Intake-CM-DG-Bert Nash

1390 Reports Alleging Abuse/Neglect Out of State

A report alleging abuse or neglect may be assigned in the following circumstances:

A. If the incident occurred in Kansas, regardless of where the victim is currently found or resides, or

B. If the incident occurred in Kansas, regardless of where the perpetrator is currently found or resides, or

C. If the child resides in Kansas or is found in Kansas, regardless of where the incident occurred.

1400 Assignment of Reports

When there is no current open PPS case established, procedures for opening a case are to be followed as indicated in PPM section 1410. Other listed procedures apply when the subject of the report is a child in custody of the Secretary of DCF, the family is currently receiving family services or family preservation services, or when there is an open case for investigation/assessment.

1410 Assignment of Reports Not Currently Open for Investigation/Assessment

A report alleging a child may be a child in need of care which is accepted by DCF shall be assigned to the local DCF office where the child resides or shall be available for investigation and assessment and services.

If the report of abuse/neglect at a child care facility is accepted for investigation, the local DCF office where the facility is located is responsible for the investigation of the allegations, regardless of where the child resides.

If services by another state or DCF office are required, the assigned DCF office is responsible for coordinating the requests for services.

In situations which do not appear to fit this policy, the Assessment and Prevention Administrators in the involved Regions shall determine which region shall take responsibility for the report.

1415 Assignment of Reports Indicating Pregnant Woman Using Substances

Reports concerning pregnant woman using substances shall receive an initial assessment using the information gathered per PPM 1215 and the risk and safety factors per PPM 1301 to determine the assignment decision. The initial assessment may consider a pregnant woman currently using substances, or has a history of substance use and is at risk of relapse.

A. Reports Involving Nicotine Use

If the only substance reported is nicotine, the report shall not be assigned for further assessment.

B. Reports Received With No Children Residing In The Home

Reports indicating a pregnant woman is using substances, or has a history of substance use and is at risk of relapse with no children residing in the home shall have a KAECSES system search completed at the time of intake to determine if the pregnant woman is receiving TAF cash benefits. If the Pregnant Woman is receiving TAF cash benefits, the report shall not be assigned for further assessment. A copy of the report shall be provided to the assigned EES worker.

If the pregnant woman is not receiving TAF cash benefits, the report will be assigned as a Pregnant Woman Using Substances (PWS) with a 72 hour response time.

C. Reports Received With Children Residing In The Home

Reports indicating children in the home shall be assessed based on the reporters allegations or indications of need for services. If the reported allegations do not warrant assignment as abuse/neglect or CINC/NAN, the report shall be assigned as a Pregnant Woman Using Substances (PWS) with a 72 hour response time.

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1420 Assignment of a Report Involving a Child in the Custody of the Secretary and the Custody Case is Opened in a Region Other Than Where the Incident Occurred

An abuse/neglect report received when a child is in placement in a region different from the region with an open case, both offices must be involved in the investigation.

The region where the case is open is designated as the "responsible office", and the county in the region in which the incident occurred is the "investigating office".

1421 Tasks of the Responsible Office

The responsible office is the office where the case is open in FACTS. When it is necessary to have an event investigated by another office, the responsible office is responsible to:

A. Provide the investigating office with relevant information as requested.

B. Provide notices of the report to appropriate persons (e.g., parents, assigned CPS specialist, GAL, CA/DA, Judge).

C. Accept reports, findings and forms from the investigating office.

D. Complete the Repeat Maltreatment Review if the case finding is second substantiation on the victim within six months.

See PPM section 2000.

1422 Tasks of the Investigating Office

The tasks of the investigating office are to accept the report of abuse/neglect. Assess the report per policy and make appropriate findings.

A. Make necessary FACTS entries for assessment and findings.

B. Investigate the report.

C. Take emergency protective action if necessary.

D. Keep the responsible office informed of the progress of the case.

E. Determine and give notice of findings regarding the incident and the perpetrator as required in PPM section 2000.

F. Referral to Infant-Toddler Services PPS-2015 for a substantiated finding of child under the age of 3. See PPM section 2000.

G. Forward report (PPS 1000 series), assessment (PPS 2030 series) and case finding (PPS 2011) to responsible office.

H. Forward the notices of findings to the responsible office.

The intent of this policy is for the office with the incident (for a child in DCF custody) or facility in their area to be aware of any protection issues for the child reported or other children in placement or in the facility and facilitate local involvement in any KDHE regulatory action. If there are situations where this policy is not appropriate, the Assessment and Prevention or Foster Care Contract Administrator in the Region of the "responsible office", in consultation with the Assessment and Prevention or Foster Care Contract Administrator of the "investigating office", shall determine how best to handle the report.

1430 Report of the Same Specific Abuse/Neglect Incident by a Different Reporter on an Open Case

When a report is received from a second or subsequent reporter, and the allegations describe the same specific incident containing no new allegations of Abuse/Neglect as in the report currently being investigated/assessed by DCF, the Initial Assessment shall be completed with the decision not to assign for further assessment.

Situations of ongoing abuse/neglect providing a description of the families' circumstances rather than a specific incident, such as, but not limited to ongoing conditions of the home, ongoing yelling or name calling, or ongoing domestic violence are not subject to this policy and shall receive an initial assessment decision based on the information contained in the report.

1431 Initial Assessment of a CINC/NAN Event on an Open Case

Reports received indicating Child in Need of Care/Non-Abuse/Neglect (CINC/NAN) concerns shall receive an initial assessment to determine whether criterion is met to assign for further assessment.

A. Subsequent CINC/NAN Search for History Not Required

When the Initial Assessment decision is to not assign for further assessment, a search of history is not required prior to completing the Initial Assessment with the decision to not assign for further assessment. Refer to PPM 1432 for requirements to forward report.

B. Subsequent CINC/NAN Search for History Required

When the initial assessment determines the report meets criterion to assign for further assessment the KPRC specialist shall complete a search of history in

FACTS and/or KIDS to inform the initial assessment decision. A preliminary inquiry to the worker with the open case may provide information to inform the initial assessment decision.

When it is determined the case is open to PPS for assessment, family services, family preservation, or foster care the initial assessment may be completed with the decision to not assign for further assessment and addressed as part of the open case. The report may be assigned for further assessment when there is a request from the assessment and prevention supervisor to assign. Some cases remaining open on FACTS may warrant assignment of a CINC/NAN event when it is determined the Child Welfare Case Management Provider (CWCMP) is not responsible for services. Such cases may include, but are not limited to, reports received with an open foster care case on a newborn in the removal home, or on children in the removal home with the case plan of adoption. The case plan goal in FACTS may not always indicate adoption when there is concurrent planning. A preliminary inquiry to the worker with the open case may inform this initial assessment decision.

All reports containing human trafficking concerns per K.S.A. 38-2202 shall be assigned for further assessment regardless of the current open case type, unless, criteria per PPM 1430 Report of the Same Specific Abuse/Neglect Incident by a Different Reporter on an Open Case are met.

1432 Forwarding Subsequent Not Assigned Reports on an Open Case

All subsequent reports received on an open case shall receive an Initial Assessment by the Kansas Protection Report Center. If the initial assessment decision is to not assign the report for further assessment, the report shall be forwarded by the KPRC specialist completing the initial assessment via a note in KIPS in the event not assigned to the CPS specialist with the open case in FACTS and to the appropriate regional administrators. See PPM 0513 Reporting a Critical or Significant Incident.

1450 Additional Children in the Family identified in an ongoing investigation

If during the course of an investigation/assessment, there is reason to believe other children under the same care are possible victims of the same allegations in the assigned investigation/assessment, the additional children shall be added to the current investigation and does not require a new report.

1451 Additional Perpetrator Identified after Initial Assignment

If during the course of an investigation/assessment of a report, there is reason to believe that there is another perpetrator for the same allegation and incident reported, the additional perpetrator shall be added to the current investigation and does not require a new report

1452 Additional Concerns Related to the Child(ren) in the Family identified in an ongoing investigation

During the course of an investigation/assessment if PPS staff become aware of abuse or neglect issues, other than those contained in the assigned report, a new report is required. An Initial Assessment decision shall be completed based on the content of the new report.

1453 Child(ren) from another Family identified in an ongoing investigation

If during the course of an investigation/assessment, PPS staff become aware that a child from another family may also be abused or neglected, a new report is required. If necessary, the CPS specialist shall take appropriate protective action, pending the KPRC initial assessment of the new report.

1454 Children in Facilities Subject to Regulation by KDHE identified in an ongoing investigation

During the course of an investigation, if PPS staff have reason to suspect other children under the same care are abused or neglected, a new report is required. An Initial Assessment is completed and assigned based on the content of the new report.

1460 Initial Interview Indicates No Evidence to Support Allegations of Abuse/Neglect

In rare circumstances, information gathered during the initial contact with alleged victim(s), may negate the need for further assessment. The parent or caregiver should be notified of the interview with the child as soon thereafter as feasible.

A. Sufficient Information Needed to Request an Override:

Sufficient facts and circumstances gathered during the initial interview and observation with the alleged victim(s), shall address the alleged abuse/neglect and all indicated risk and safety concerns for the child contained in the report, to support the decision to not assign for further assessment.

1. In situations when the alleged victim(s) denies the allegations, or does not disclose abuse or neglect, the CPS specialist or investigator shall gather sufficient facts and circumstances at the initial interview and observation. The sufficient facts and circumstances shall address the abuse/neglect allegations and all reported information indicating risk and safety concerns for the child to support the decision to not assign for further assessment and override the initial assessment decision.

2. In situations when there is an indication interviews with siblings, care givers, or collateral witnesses, may provide additional information regarding the allegations of abuse/neglect; or is needed to sufficiently address the risk or safety concerns for the child, the investigation and assessment shall continue.

B. Submitting Request to Override the Initial Assessment Decision:

1. Prior to submitting a request to override the Initial Assessment Decision, the CPS specialist shall consult with the PPS supervisor.

2. The PPS supervisor shall review the facts and circumstances gathered to determine whether a request may be submitted to the Kansas Protection Report Center to override the Initial Assessment Decision.

3. The PPS supervisor shall submit the request to the Kansas Protection Report Center supervisor's email address PRCsups@dcf.ks.gov. The subject line of the email shall indicate a 1460 Request. Supporting documentation shall be attached to the intake as a Note in the Kansas Intake/Investigation Protection System (KIPS).

4. The request shall only be applicable within five working days of the Case Acceptance Date on the PPS 1002, page1.

C. Overriding the Initial Assessment Decision:

1. A Kansas Protection Report Center supervisor shall determine whether the documentation submitted provides facts and circumstances meeting criteria to change the Initial Assessment Decision to, Not Assigned for Further Assessment.

2. Upon review of the information, the Kansas Protection Report Center supervisor may request additional information from the PPS supervisor.

3. Upon determining the submitted information is sufficient, the Kansas Protection Report Center supervisor shall make a decision by the next working day.

4. The Kansas Protection Report Center supervisor responsible for overriding the Initial Assessment Decision shall add documentation supporting the decision in the Basis of the PPS 1002 Section V. The original basis statement indicating the acceptance of the report shall not be deleted.

5. The CPS specialist assigned to the report shall complete the PPS 1007 and mail to the parents or caregiver on the same day the decision is made or no later than the following working day.

1500 Response Time Assessment

The Kansas Code for Care of Children in K.S.A. 38-2230 mandates that when there are reasonable grounds to believe abuse or neglect exists, immediate steps shall be taken to protect the health and welfare of the abused or neglected child as well as that of any other child under the same care who may be in danger of abuse or neglect.

When a report alleging a child is abused or neglected is assigned for assessment the Kansas Protection Report Center specialist shall determine the appropriate response time consistent with the information reported.

Completion of form 1002, Initial Assessment documents the response time assigned.

1520 Response Time

Response time begins with the time of the assignment as designated on the PPS 1002, Initial Assessment. Response time ends when the department has determined the safety of the child or made reasonable efforts to make such determination.

1521 Criteria for Establishing Response Times

Reports assigned for abuse/neglect concerns shall be assigned with either a same day or 72 hour response time. The KPRC specialist shall determine the response time for abuse/neglect assignments according to the following criteria:

A. Same Day:

When there is reason to believe that a child has been seriously harmed or is in immediate serious danger, DCF shall ascertain the safety of the child and take action necessary to protect the child or cause action to be taken by emergency personnel such as law enforcement officers the same day the report is received. See PPM 1530 for determination of joint investigation with law enforcement.

Examples of reports which shall be assigned for same day response:

1. Any alleged abuse or neglect of a child under one year of age.
2. Any child with current marks or bruises.
3. Life threatening situation for a child of any age.
4. Sexual abuse of a child with the alleged perpetrator in the home.
5. Child without minimal care to prevent loss of life or serious physical injury.
6. Child expresses fear of returning home.
7. Child in protective custody of law enforcement.

B. 72 Hours:

Any allegation or suspicion of abuse or neglect not assigned a same day response. DCF must ascertain the safety of the child within 72 hours excluding week-ends and state holidays of acceptance of the report.

In any case where evidence may be lost through delay, such as bruises or body fluids, use of law enforcement or medical personnel to document the condition of the child or environment should be arranged for or the department should promptly respond.

1522 Exceptions to Response Times

A. Best Interest of the Child

When the safety and best interests of a child require an exception to the established time line and not solely for the convenience of the department or another entity, the exception to the time line may be made and documented, on the PPS-2030A Agency Response, Section 1. E.

Examples of exceptions to response times:

1. Time is needed to plan and execute a joint investigation with law enforcement so it will not place a child in greater jeopardy from a suspected perpetrator.
2. A multiple victim report is received regarding a day care center and DCF, law enforcement and KDHE require time to coordinate the investigation to prevent investigation errors or loss of evidence.

B. Child Hospitalized

An exemption to the response time can be made when information indicates a child is currently hospitalized. Hospital personnel should be contacted to verify the child will not be discharged until a face to face visit can be arranged.

1523 Basis for Decision Regarding the Assignment of Report

Briefly describe the reasons for assigning the report for assessment and response time selected. The decision must be understandable to the person to whom the case may be referred and to outside case reviewers, including the court if the record is subpoenaed. This field spells out the "why" and the "when" the assessment will be conducted.

The basis should identify the alleged victim and alleged perpetrator associated with each allegation type assigned. If there is an allegation of abuse/neglect identified which is not being assigned for assessment, the basis shall indicate an allowable reason according to policy that the allegation will not be assessed. Refer to 1360.

1530 Determination of Joint Investigation With Law Enforcement

Joint investigations between DCF and the appropriate law enforcement agency or agencies are mandated by statute (K.S.A. 38-2226(b)) when a report alleges serious physical harm to, serious deterioration of or sexual abuse of the child; and action may be required to protect the child.

The KPRC specialist shall assess all abuse/neglect assignments to determine whether a joint investigation with law enforcement is required.

A. When this criterion is met, the KPRC specialist will complete PPS 1002 Section IX, indicating a joint investigation is required according to statute.

B. If a joint investigation is not required, an explanation shall be documented.

1540 Reports to a Law Enforcement Agency for Criminal Investigation

DCF may report a case to a law enforcement agency if the department determines no action is necessary to protect a child but criminal prosecution should be considered. All reports which require DCF intervention and possible criminal violations should be coordinated with law enforcement. DCF shall cooperate with law enforcement to maintain integrity of any criminal investigation.

1600 Initial Assessment on Reports Which Allege a Child is in Need of Care Non-Abuse or Neglect (CINC/NAN)

Non-Abuse/Neglect Reports are reports which allege that a child is in need of care because of reasons other than abuse or neglect, such as:

A. A child who is without care and control necessary for the child's physical, mental or emotional health,

B. A runaway child (with or without a court order against running),

C. A child under the age of 13 who is reported as not attending school as provided by law (truant),

D. A child under 10 years of age who commits an act which would be a felony or misdemeanor for an adult, or a child who is in criminal possession of a firearm

Such reports shall be accepted for assessment unless it meets criteria to complete the Initial Assessment with the decision to not assign for further assessment.

CINC:NAN reports shall have an Initial Assessment decision within the time frames outlined for reports of abuse and neglect. See PPM 1300.

1610 Criteria for Completing an Initial Assessment with no further PPS action needed on CINC:NAN Reports

Criteria for completing an Initial Assessment with the decision to not assign for further assessment listed for abuse/neglect reports in PPM 1310 are also applicable to CINC:NAN reports. In addition, the following reasons apply to CINC:NAN reports.

A. Report indicates family is receiving services on their own.
B. Report indicates the concern has been referred to or is the responsibility of another agency.

If a referral is made to another agency, the basis for not assigned for further assessment shall indicate the agency where the information was sent.

1630 School Attendance

The Kansas Code for Care of Children [K.S.A. 38-2202(d)(6)] includes children who are not attending school as required by law in its definition of "child in need of care". The statutes on compulsory school attendance [K.S.A 72 -1113] place responsibility with the schools for determining the validity of excuses for absences and require the schools to designate one or more employees as responsible for notifying DCF or the county/district attorney of unexcused non-attendance.

1631 Non-attendance of Child Age 7 or More but less than 13

A report from a person designated by a school system to report the non-attendance of a child age 7 or more but less than 13 shall be accepted by DCF for assessment. The school district has the authority to schedule additional school days for a student, including summer months. [K.S.A. 72-1111] Inexcusable absences from any additional school days required for a student, including summer school are also considered a violation to the compulsory school attendance requirement. Therefore, DCF should verify reports of non-school attendance with the school even during the summer school session.

A report of non-attendance of a child age 7 or more but less than 13 from a person other than designated school system staff is taken and placed on Preliminary Inquiry. As part of the Preliminary Inquiry, the school shall be contacted to determine if the information from the reporter regarding non-school attendance is accurate. If the information is determined by the school district as accurate, the report shall be assigned for assessment. If the information regarding non-school attendance is determined by the school district to be inaccurate, and there is no other Child in Need of Care concern or request for services, the Initial Assessment of the report may be completed with the decision to not assign for further assessment as additional information gathered during Preliminary Inquiry from a school indicates the report does not meet the statutory definition of Child in Need of Care.

1632 Non-attendance of a Child Age13 or More and Less Than18 Years Old

Reports of non-attendance of children age 13 or more but less than 18 are to be made to the county or district attorney. If a report is made to DCF for reasons of non-attendance only (there is no other allegation or suspicion that the child may be in need of care), DCF shall take the information and forward it to the county or district attorney. Such reports may be completed with the decision to not assign for further assessment for the reason that DCF does not have authority to investigate the report.

1633 Enrollment of Exceptional Children

Children receiving special education services as an exceptional child are subject to compulsory attendance at an age that may differ from the ages of children required to attend school under the provisions of K.S.A 72-1111. If a child has been determined to be an exceptional child, is receiving special education services, and a determination has been made that special education services are necessary for such child, the child shall attend school. This compulsory attendance for exceptional children does not apply to children who fall in to the gifted category of exceptional as defined in K.S.A 72-962.

1634 Home Schools

The schooling of children in private/home schools is not defined in statutes, but Kansas recognizes Non-Accredited Private Schools/Home Schools. Registration of Non-Accredited Private Schools/Home Schools is required per K.S.A. 53,100-102. If a report is received by DCF that a child is not attending school as required by law for the reason the child is being home schooled, DCF shall determine whether the private/home school is registered with the Kansas Board of Education to provide private or home instruction. Verification with Kansas Board of Education can be made by calling (785)296-6066. If the private/home school is not registered, or there is reason to believe the child may otherwise be in need of care, the report will be assigned for assessment.

1635 Truancy Reporting Procedures

DCF offices should develop written procedures and coordination concerning the reporting of non-school attendance with each school district. DCF is authorized to enter into an agreement with a county/district attorney to allow all reports of non-school attendance to go directly to the county or district attorney's office. Schools who report unexcused absences to DCF are to use the PPS 1006, Reports of Unexcused Absences. The local office shall provide the schools with a supply of form PPS 1006, Reports of Unexcused Absences.

1640 Reports Alleging Sexual Behavior or Abuse Between Children Less Than 10 years of Age

Reports alleging sexual behavior or actions between children under the age of ten should consider the following factors to reach an Initial Assessment decision:

A. ages of children, especially differences in age;
B. the context and frequency of behaviors;
C. any force or coercion by any child involved;
D. whether the behavior is within normal range of childhood curiosity.

If there is indication in the report regarding actions or inactions of care givers or individuals over the age of ten that are causing or contributing to this sexual behavior, the report may be assigned as abuse/neglect with alleged victims and perpetrators identified. If there is any indication in the report that the child may be a victim of sexual abuse by a caregiver or person age ten and over, the report shall be assigned for sexual abuse with alleged victims and perpetrators identified. Concerns involving only sexual behaviors of children under the age of ten which warrant assignment, the report shall be assigned as a Non Abuse/Neglect report type.

1650 Reports Involving Substance Exposed Infant

A report of a newborn child which involves alcohol or other drug abuse by the child's mother shall be accepted for assessment when the report indicates the potential for failure or refusal of the parent to provide adequate care for the child. If the case is accepted for assessment the presenting allegation shall be "without proper care and control".

When a hospital reports either a baby is born with positive drug toxicology, or the mother of a newborn has positive drug toxicology, the following factors shall be taken into consideration in determining whether the report will be accepted for assessment:

A. What drug was positive on the drug toxicology screening?
B. What is known about the mother's substance use? What substances has the mother been using? How long has she been using each substance? Was the mother tested for any drugs? If so, what drug was positive on the drug toxicology screening?
C. Does the father have a history of substance abuse? If so, what substances has he been using? And how long has he been using each substance?
D. Was the infant the product of a full-term, normal, spontaneous delivery with a normal birth weight?
E. Does the mother seem to be bonding appropriately with the baby?
F. If a high risk newborn or for other reasons a baby with special care needs, does the mother seem capable and interested in providing needed care?

G. Are there other interested family members willing to assist with the care?
H. Are there any other reasons the reporting staff is concerned about the baby which indicate an inability, on the part of the mother, to care for the child?
I. Are there other supports and services in the home?
J. Has hospital social service staff been involved and/or has a referral been made to the Local Health Department program for assistance or training in care of a newborn?
K. Has a referral for services for the mother in the form of a chemical dependency assessment and chemical dependency treatment, if indicated by the Hospital protocol, been made?

The assignment determination issues should focus on the situation of the child rather than solely on the substance abuse of the mother.

When a review of the above considerations indicates the family may benefit from services, the report should be accepted for assessment. It shall be accepted as a CINC/NAN report with consideration being given to the ability of the mother and other family members to care for the newborn. The report should underscore that this is a "high risk infant". DCF staff may want to do preliminary inquiry before assignment.

The report shall be assigned for a same day response to address any immediate needs of the family.

1660 DCF Employee Involved in a Non-Abuse/Neglect Report

Reports on non-abuse/neglect issues involving the family of an DCF employee shall receive the same considerations as other non-abuse/neglect reports. If report is assigned, the family should be assessed and offered available services.

The Assessment and Prevention Administrator will determine which unit in the area or request another area to complete the assessment, offer and provide services.

1670 Response Times for Reports of Non-Abuse/Neglect Accepted for Assessment

If a report is accepted for Child in Need of Care/Non-Abuse/Neglect assessment, the report shall be assigned a 20 working day response with the following exceptions:

A. A parent expressing fear of harming their child on the day of the report shall be assigned with allegation type "without proper parental care and control" and a same day response.

B. A child currently in protective custody of law enforcement shall be assigned a same day response

C. Reports involving drug exposed infant shall be assigned as a same day response.

D. A report the child currently is engaging in self-harming behaviors, the parents are aware and are not addressing the behavior shall be assigned a same day response.

E. A child under the age of one shall be assigned a 72 hour response excluding weekends and state holidays.

F. A report assigned as a CINC/NAN which contains allegations a pregnant woman is using substances shall be assigned with a 72 hour response time.

G. A report assigned as a CINC/NAN (WPC) for Human Trafficking (HT) Assessment shall be assigned with a 72 hour response time, unless criteria for a same day response time is met.

1700 Override of Accepted Reports

An override of a report assigned for further assessment may be warranted when additional information becomes available.

A. Sufficient Information Needed to Request an Override:

Documentation will be determined sufficient to request to override the Initial Assessment Decision only under the following circumstances:

1. The specific incident assigned was recently assessed or is currently being assessed in an event by DCF;
2. Law enforcement assessed the assigned incident, the safety of the child(ren) was determined and no other CINC issues were found;
3. Additional information is received indicating the report does not meet the statutory definition of a CINC or PPM directives;
4. DCF does not have authority to proceed and/or a conflict of interest. See PPM 1310D and PPM 1340-1345;
5. CINC/NAN case and services are no longer indicated;
6. Reasonable attempts to determine safety as defined in PPM 2300 were made to contact a family of unknown identity, and the agency was unable

to locate the family. Available resources to attempt to contact shall be exhausted. For example, contacting the reporter, if known, attempting to locate through current address via mail or landlord, school records, employment, known friends or relatives. Any additional information received from these contacts to locate the family shall be pursued. Documentation of all attempts shall be attached to the report as a note in KIPS.

7. PWS case with a subsequent Abuse/Neglect or CINC/NAN case assignment and services shall be assessed and provided in the new event.
8. A new CINC/NAN Assignment for Human Trafficking Assessment on a current open CINC/NAN assignment. The CINC/NAN (HT) shall remain open and a request for override may be made on the initial CINC/NAN assignment and services shall be assessed and provided in the new event.

In rare circumstances where the alleged victim has been interviewed and the facts and circumstances gathered negates the need for further assessment, please refer to PPM 1460 Initial Contact Negates the Need for Further Assessment.

B. Submitting Request to Override the Initial Assessment Decision:

1. Prior to submitting a request to override the Initial Assessment Decision, the CPS specialist shall consult with the PPS supervisor.

2. The PPS supervisor shall review the documentation to determine whether a request may be submitted to the Kansas Protection Report Center to override the Initial Assessment Decision. The determination shall consider whether any safety/risk or CINC concerns may be present which suggest the need for continued efforts to locate the family.

3. The PPS supervisor shall submit the request to the Kansas Protection Report Center supervisor's e-mail address PRCsups@dcf.ks.gov. The subject line of the e-mail shall indicate a 1700 Request. Supporting documentation shall be attached to the intake as a Note in Kansas Intake/Investigation Protection System (KIPS).

4. The request shall only be applicable within five working days of the Case Acceptance Date on the PPS 1002, page1.

C. Overriding the Initial Assessment Decision:

1. A Kansas Protection Report Center supervisor shall determine whether the documentation submitted meets criteria to override the Initial Assessment Decision.

2. Upon review of the information, the Kansas Protection Report Center supervisor may request additional information from the PPS supervisor.

3. Upon determining the submitted information is sufficient, the Kansas Protection Report Center supervisor shall make a decision by the next working day.

4. The Kansas Protection Report Center supervisor responsible for overriding the Initial Assessment Decision shall add documentation supporting the decision in the Basis of the PPS 1002 Section V. The original basis statement indicating the acceptance of the report shall not be deleted.

1800 Intake FACTS Procedures

Complete screen navigation requirements for establishing events are located in the Event Management section of the FACTS User Manual Volume II, Section 200. Codes for intake screens in FACTS are located in the USER Manual Volume I, Section 800.

1811 Intake

Information will first be completed in KIPS then data will be transferred to FACTS and pre-fill only the BEGN, ROLE and SORT screens. The EVRL screen will still need to be completed in FACTS on both screened in and screened out events. Information on EVRL shall be entered by close of the business day following the date of the Initial Assessment decision.

1812 Initial Assessment Decision

Preliminary inquiry information will first be completed in KIPS then data will be transferred to FACTS and pre-fill the appropriate fields on the SORT screen.

1821 Search Sources

A. Agency Service Activity (SCAN)

The SCAN screen is a high level client index search of FACTS, KS Cares, KanPay, KAECSES, and Child Support Enforcement systems for existing information on any client served by these program areas. Upon implementation of KEES the status shall be reviewed in KEES. Utilizing SCAN produces a list of names from which the user can select and flow to a family's FACTS CASE screen to view previous open and closure dates and the family's case number if applicable.

B. Family Decision History (FAMS)

FAMS is a search screen that displays all previous investigative finding decisions associated with a family's case number. A FACTS Case number is required to access a FAMS screen for a family.

C. Central Registry Search (CERS) Screen

The CERS screen displays the names of confirmed or validated (prior to 7/1/2004) and substantiated (effective 7/1/2004) perpetrators of abuse/neglect after all applicable appeal time periods have been exhausted. CERS search is utilized in adding the EVRL screen. An individual name or social security number is required when using CERS. Names will appear in CERS when all the following circumstances have been met:

1. Perpetrator finding is Confirmed (CN) or Validated (CV) (prior to 7/1/2004)
2. Perpetrator finding is Substantiated (SB) (effective 7/1/2004)
3. 60 days have passed since the date of case finding
4. No active appeal in FACTS for this perpetrator
5. No active corrective action plan for this perpetrator (prior to 7/1/2004)

D. Unconfirmed/Not Involved (UNIS) Search Screen

An individual name or social security number is required when using UNIS. The UNIS screen is used to search for information about alleged perpetrators who are in any of the following categories:

1. Substantiated perpetrator of abuse/neglect (prior to 7/1/2004);
2. Validated perpetrator of abuse/neglect during the 60 day (or longer) appeal period (prior to 7/1/2004);
3. Substantiated perpetrator of abuse/neglect during the 60 day (or longer) appeal period (effective 7/1/2004);
4. Affirmed perpetrator of abuse/neglect (effective 7/1/2016);
5. Unsubstantiated (a.k.a. unconfirmed) abuse/neglect;
6. Person not involved in an incident of abuse/neglect.

E. Event List Search (EVLS)

EVLS is a search for previous reports involving a family. This search will produce event numbers for all reports, and is a tool to prevent adding duplicate events. An individual name and time frame is required when using EVLS.

1830 Adding CINC Reports on BEGN

Intake information from the reporter will first be completed in KIPS then data will be transferred to FACTS and pre-fill the appropriate fields on the BEGN screen. Information on the BEGN screen is also located on the PPS 1000 and PPS 1001.

1831 Event/ Contact ID

Intake information from the reporter will first be completed in KIPS then data will be transferred to FACTS and pre-fill the appropriate fields on the BEGN screen. KIPS will establish the Event/Contact ID and will transfer the ID to FACTS.

1832 Entering Reporter Information

Reporter information will first be completed in KIPS then data will be transferred to FACTS and pre-fill the appropriate fields on the BEGN screen. If the reporter for the event is anonymous, “anonymous” shall be entered as the last name in KIPS. The reporter’s last name is a required field for FACTS. For events alleging abuse took place outside of Kansas, the incident county code shall be entered as “NK” (Not Kansas) in KIPS. This information will then be transferred to FACTS and pre-fill the appropriate fields.

1833 Entering Maltreatment Allegation/Presenting Situation

Information on abuse neglect allegations/presenting situations will first be completed in KIPS then data will be transferred to FACTS and pre-fill the appropriate fields on the BEGN screen. FACTS will allow a total of five allegations/presenting situations to be transferred. The request only code of 'N' indicates the report is regarding an Abuse or Neglect maltreatment type.

1834 Entering Non Abuse Neglect Presenting Situations

Information on non abuse neglect presenting situations will first be completed in KIPS then data will be transferred to FACTS and pre-fill the appropriate fields on the BEGN screen. FACTS will allow a total of five allegations/presenting situations to be transferred. The request only code of 'Y' indicates the report is regarding a non abuse neglect report type (CINC-NAN).

1835 Recording Other Intake Actions

A. Interstate Compact for the Placement of Children (ICPC)

ICPC requests from other states are recorded first in KIPS then the data will be transferred to FACTS on the appropriate fields on BEGN, ROLE, and SORT screens with the presenting situation code and report source code of ICP. The county code is the DCF office completing the home study.

B. Requests for CPS Courtesy Interview from Other States

Requests for courtesy interviews from other states shall be entered into KIPS first then the data will be transferred to FACTS.

C. Requests for Courtesy Interviews from Another DCF Office

Courtesy Interviews are not recorded as a new event. Activity of courtesy interviews are recorded as an assessment tool (CIN) on the case assessment screen for the open case in the area requesting the interview. The area conducting the courtesy interview will need to supply the area with the open case the worker ID of the staff person conducting the interview to facilitate that activity being entered into FACTS.

D. Reports Investigated by Law Enforcement, Native American Tribal Authorities, or Military Authority (Entering Non-Agency Decisions)

Reports investigated by other agencies, and determined to be substantiated by DCF shall be entered into FACTS. Events are created using the appropriate report source of Law Enforcement, Attorney General, etc. Roles for this intake are entered for the victim (VIC) and perpetrator (PRP).

E. Pregnant Woman Using Substances

If the presenting situation is Pregnant Woman Using Substances, the presenting situation code is PWS. The request only indicator on this presenting situation code is P, and it cannot be used with Y or N.

1836 Incident County Code

The county code in which the alleged incident occurred will first be entered into KIPS and then the data will be transferred to FACTS to the incident county field. If the incident reportedly took place out of state the Not in Kansas (NK) code will be entered in KIPS and then the data will be transferred to FACTS.

1837 Occurrence Date/Occurrence Time

The occurrence date and occurrence time fields document the most recent estimated date when the maltreatment occurred.

Occurrence date and time will be entered into KIPS then the information will be transferred to FACTS and pre-fill the appropriate fields on the BEGN screen. If the reporter is uncertain about the occurrence date, the closest year, the first day of the closest month, and/or the first month of the closest year (January) when the most recent incident occurred will be entered into KIPS. If the reporter is uncertain about the occurrence date, the closest year, the first day of the closest month, and/or the first month of the closest year (January) when the most recent incident occurred will be entered into KIPS.

1841 Adding an Event

Intake information will first be entered into KIPS then the information will be transferred to FACTS and pre-fill the appropriate fields on the BEGN, ROLE and SORT screens. If the report received by the agency is regarding a facility, a separate event must be established for each case involved in the report in KIPS. If the parents of the child or sibling group are not implicated in the maltreatment, the parent’s or other caregiver’s "role" is indicated as "FAM".

1842 Facility and Caseload Indicator

Information regarding if event involves a facility will first be entered into KIPS then the information will be transferred to FACTS and pre-fill the appropriate field on the SORT screen.

Information regarding the caseload indicator will not be manually entered into KIPS or FACTS. The caseload indicator in FACTS will default to 'N'.

1843 Case Opening

If a report involving a facility regulated by KDHE is accepted for investigation/assessment, a case shall be opened for each child or sibling group who is alleged or suspected of having been abused or neglected and only those children. The parent(s) or other care giver in the home of each child or sibling group (not the facility) is listed as head of household and becomes the case name.

1850 Entering Contact Role (ROLE) and Event Role (EVRL) Screens

Intake information will first be entered into KIPS, then the information will be transferred to FACTS and pre-fill the appropriate fields on the ROLE screen. The EVRL screen shall be completed in FACTS on both screened in and screened out events and establish any links to previous applicable ID numbers for that client.

1851 Contact Role Name

Intake information is entered into KIPS and pre-fill the appropriate fields on the ROLE screen in FACTS.

A. **Unknown Names**
If the individual's first or last name is unknown, the word "unknown" will be entered into KIPS on the appropriate field. If only a partial first or last name is known, this information will be also be entered into KIPS. If information on parents of an abandoned infant cannot be obtained, the parent(s) name as "Unknown, Abandoned" a birth month and day of 01/01, with a year of birth which is 20 years older than the estimated year of the child's birth will be entered into KIPS.

B. **Reports of Incidents Alleging Maltreatment**
Reports that allege abuse/neglect must identify role codes for at least one alleged perpetrator (ALP) and one alleged victim (ALV). Family members (including but not limited to household members and noncustodial parents) not to be alleged victims or alleged perpetrators are coded as family members (FAM).

C. **Reports of Non Abuse Neglect Circumstances including Pregnant Women Using Substances**
Reports involving NAN situation and Pregnant Women using Substances shall identify all family members including but not limited to household members and noncustodial parents with a role of family (FAM).

1852 Adding and Updating an Event Role (EVRL)

The EVRL screen shall be completed on all events. Names entered on the ROLE screen will appear on the EVRL screen. The EVRL screen shall be updated with any additional information gained through system searches or other communication with persons involved in the intake or assessment. Searches for Client ID, alleged Victim ID number, and alleged Perpetrator ID numbers are conducted prior to adding this screen information into the system. If an alleged perpetrator is unknown, enter 9999999999 as the perpetrator ID number. If an event is assigned and has unknown names other than the alleged perpetrator on ROLE that populates EVRL, then complete EVRL after the

first and last names of the individuals have been obtained by the agency. If an event is not assigned and the agency was unable to ascertain first and last names, then EVRL may have unknown added as a person's name. Data captured on the EVRL screen is required information reported to NCANDS.

1. Date of Birth: Date of birth is required on EVRL. If unknown at the time EVRL is entered, then enter an approximate date of birth using the 15th as the day of birth.

2. Race: Information regarding race shall match the information found on the paper file form PPS 1000. A person's race is determined by how they define themselves. In case of young children, parents determine the race of a child. Enter into EVRL the race reported by the family. Enter unable to determine (UK) only if the child is very young or is severely disabled and no person is available to identify the child's race; or, if the parent, relative or guardian is unwilling to identify the child's race. Enter Declined (DC) only if the individual has declined to provide their race.

3. Ethnicity: A person's ethnicity is determined by how they define themselves. In case of young children, parents determine the ethnicity of a child. Enter unable to determine (UK) only if the child is very young or is severely disabled and no person is available to identify the child's ethnicity; or, if the parent, relative or guardian is unwilling to identify the child's ethnicity. Enter Declined (DC) only if the individual has declined to provide their ethnicity. Enter No (NO) only if the individual is not of Spanish descent (Hispanic/Latino origin). Federal reporting requirements indicate that states shall report the ethnicity of an individual for anyone who claims they are of Spanish descent regardless of the race that is reported. The system allows the addition of ethnicity information for individuals claiming Spanish heritage.

4. Living Arrangement at Incident: Enter the living arrangement of the alleged victim at the time of incident from PPS 2030A or the PPS 2025. The codes for this field are: ‘FAA’ (living with father and other adult), ‘FFH’ (living in foster home), ‘LWF’ (living with father only), ‘LWM’ (living with mother only), ‘LWP’ (living with both parents), ‘MAA’ (living with mother and other adult), ‘REL’ (living with relative), ‘OTH’ (other setting), and ‘UNK’ (unknown).

5. Verified Incident Date: Enter the verified incident date from the PPS 2030A or the PPS 2025 forms. Enter “Y” into estimated date field if date is marked as being estimated on PPS 2030A or 2025. Enter “N” into estimated date field if date is not marked as being estimated on PPS 2030A or 2025.

1861 Preliminary Inquiry

When applicable, information regarding a KPRC social worker decision to conduct preliminary inquiry will first be completed in KIPS, then data will be transferred to FACTS and pre-fill the appropriate fields on the SORT screen. Information regarding preliminary inquiries is located on the PPS 1000 and 1001A.

1862 Initial Assessment Decisions

A. Assigned Reports

The allegation for presenting situation, reason for case assignment, and response time located on the PPS 1002 shall be entered into KIPS, then the data will be transferred to FACTS and pre-fill the appropriate fields on the SORT screen.

B. Reports Not Assigned

Information on reports that are not assigned and the reason for completing the Initial Assessment with the decision to not assign for further assessment shall be entered into KIPS and then the data will be transferred to FACTS and pre-fill the appropriate fields on the SORT screen. Initial Assessment decision which require an override per PPM 1700 or 1460 are updated in KIPS by a KPRC supervisor, then the data will be transferred to FACTS. For overrides the Screen Out Reason code will be CLA (Closed After Assignment). The EVRL screen still needs to be completed on screened out events. For Out of State Courtesy Interviews, the Screen Out Reason code will be CCI (Close Out of State Courtesy Interview). If an event is entered in error, the Screen Out Reason code shall be IEE.

1863 Case Number

If the family involved in the report has an existing case number, enter that case number in KIPS for all Initial Assessment decisions. Information will be transferred to FACTS.

1871 Unique Case Number

Each family receiving services from PPS has a unique case ID number in FACTS. Individuals on that case will also have a specific DCF client ID number. This DCF client ID is cross referenced on the High Level Client Index and is the same client ID assigned to the other four DCF statewide information systems (KAECSES, KS Cares, KanPay, and Child Support Services).

Upon implementation of KEES an individual who is only known to KEES will have a different client ID assigned to them. If the individual is later added to FACTS, KAECSES, KS Cares, KanPay or Child Support Services they will be assigned a DCF client id. The KEES client id and DCF client id will not be the same if individual is not known to FACTS, the other four DCF statewide information systems or KEES prior to when KEES goes live.

1872 Establishing An Open Case

Complete screen navigation requirements for establishing a case is located in the Case Management section of the FACTS User Manual Volume II, Section 300. Codes for screens involving case management in FACTS are located in the USER Manual Volume I, Section 800. If the case opening involves a referral to a Child Welfare Community Based Services provider, then information on CASE, MACL shall be complete and added the same day of referral to the provider. Otherwise, CASE and MACL information shall be entered within 5 business days from the date of occurrence, action, or agency decision regarding a child or family. Case information that is required in FACTS and which is received from outside agencies shall be entered within 5 business days of receipt of the information.

A. Persons on CASE

All individuals listed on the EVRL screen will automatically roll over to the CASE screen. Only individuals from that event/ report who are family members and whose names are known are processed for a case household. In circumstances from a reporter in which names are unknown, wait until information is known about last and first names, then complete (EVRL) and CASE promptly when adequate information is gathered regarding names so an adequate client search can be achieved. If there are members of the household who were not listed in the initial report to the agency and/or on EVRL, those individuals shall be added to persons listed on the case.

If the event is not attached to an existing case, the FACTS system assigns a case number once the CASE screen is successfully processed. The FACTS system assigns a case name once the CASE screen is successfully processed. Whoever is listed on the CASE screen as the case head will be the case name. If there is a female parent or primary caregiver in the household, list the female as the head of household if appropriate.

B. Case Open Date

The date of case opening is the date the case is accepted for investigation or assessment. This date is located on the PPS 1002. The CASE screen is also used to close, reopen, or transfer a case to a different worker.

C. Multiple CASE History

If there is a circumstance with two parental households with two previous case numbers, the parent case with the longest case history shall be the case number to use when reopening a case.

1880 Maintain Client Information (MACL)

The MACL screen is used to document individual client information such as demographics, termination of parental rights, eligibility, school district child attends, income, etc. Information for this screen is located on the PPS 1000, placement documents, and eligibility documents.

1881 Marital Status

Information entered on this screen shall differentiate between adults who are Single, Divorced, Separated, Legally Separated and Involuntarily Separated. Separated is a status whereby the parties mutually agree to live apart. Legally separated is where the parties receive court sanction to live apart. Involuntary separation is a status whereby the parties have no choice but to live apart as in incarceration, military duty when dependents are not allowed to go, etc.

1882 Reason Left/Reason Left Date

If an individual leaves a case that date is entered onto MACL. The date the person left the case cannot be earlier than the case open date.

Usage of Reason Left Codes:

Use the code for "emancipation" (EMN) when a youth in custody under the age of 21 is given "adult" status by a court.

Use the code for Guardianship (GAR) when a child is placed with an adult(s) other than their parents and a court issues an order giving the adult legal authority to act in behalf of that child in the capacity of guardian.

Use the code for Adoption (ADP) when a child has been placed in an adoptive home and that adoption has been finalized by court hearing.

Use the code for Living with Other Relatives (LOR) when the individual has moved from the residence where the head of household resides and that head of household no longer has a principle role in the case plan.

Use the code for Reunification (REU) when the child has left the case to be reunified with a parent on another case.

Use the code Runaway (RAW) when a child who is not in DCF custody has:

1. been absent from a parent's home without permission; and,
2. has been gone a minimum of 24 hours; and,
3. has been reported as a runaway by the parents to law enforcement.

Use the code for Death (DTH) for a case member who dies. When using this code, a Date of Death entry is required.

Use the code for Divorce (DVR) when a member of the case leaves due to the member's legal (court order) divorce from another member of the case.

Use the code for Separation (SEP) when a parent or other member of the case leaves due to that person's legal (court order), voluntary or involuntary marital separation from another member of the case.

Use the code for Marriage (MRG) when a member of the case leaves due to that person's marriage to another person in another family leading to both a change of address from the address of the case head and that person's no longer playing a significant role in the case plan(s).

Use the code for Living with Another Family (LAF) when a case member leaves the address of the case head and is no longer playing a significant role in the case plan(s).

Use the code for Expelled (EXP) when a case member is forced to leave the family either by court order or by the demand of another family member(s).

Use the code for Receiving Services in Another Case (RAC) when a case member leaves the case to join another case where they may receive services.

Use the code for Entered in Error (ERR) to remove a person who has been entered in error and should not be part of the case.

1883 Disability/Severity

Disability codes on MACL shall be entered for every child on a case. If a child has no disability, enter None (NO). If a clinical assessment is need and has not yet been completed, enter Not Yet Determined (ND). To document a disability, the condition must have been diagnosed by a qualified professional. A qualified professional is a medical or mental health professional as defined by state law or regulation. If a child has been clinically assessed as having a disability, enter disability type from the user manual. Also, review medical or emotional conditions that may qualify as a disability type on Appendix 1J. Enter Other Disability (OD) only if the child's diagnosed conditions meets one of the listed items that corresponds to the OD on Appendix 1J. (See PPM section 3850 for additional information). If a child has no disability, enter None (NO). If a clinical assessment has not yet been conducted, enter Not Yet Determined (ND).

Disability codes on MACL shall be entered for specific special needs identified on ADOP. The special needs codes on ADOP that require MACL disability codes are: Emotional Disability (EMD), Medical Condition (MEC), Mental Disability (MED), or Physical Disability (PHD). This is an AFCARS requirement.

1890 Entering Client Relationships (RELS)

The RELS screen is used to document the family relationships between case members. Information for this screen can be located on the PPS-1000 and additional assessment forms. Parental relationships to children is either that of a primary (CP) or secondary care giver (CS). If one of the caretakers is female, she is coded as the primary caretaker if appropriate.

1900 Eligibility and Payment Procedures

Section intentionally left blank.

2000 Investigation and Assessment

2000 Investigation and Assessment

Reports meeting criteria for further assessment are assigned with one of the following:

A. Abuse/Neglect

Reports assigned for Abuse/Neglect require an investigation to assess if further action is needed. The purpose of assessment is to determine if the child may be a child in need of care and if services to the child and family are indicated.

B. Child In Need of Care/Non-Abuse/Neglect (CINC/NAN)

Children are referred to the department due to conflicts with home, school or community; runaway; school non-attendance or other reasons defined as child in need of care by K.S.A. 38-2202. The purpose of assessment is to determine if the child may be a child in need of care and if services to the child and family are indicated.

C. Pregnant Woman Using Substances

The purpose of the assessment is to determine the level of services needed and make referrals as needed.

2010 Investigation

Investigatory activities may vary from case to case based on the specifics of the case. Investigative activities may be done by a Child Protection Services (CPS) Specialist, CPS investigator, or Law Enforcement, and will commonly involve several of the following activities:

A. Searches of DCF, criminal, and sex offense history shall be completed. See PPM 2025
B. Interviewing the reporter and witnesses, if any, to the alleged maltreatment.
C. Interviewing the child victim. Preferably the child should be interviewed before the alleged or suspected perpetrator is interviewed. The child should not be interviewed in the presence of the suspected perpetrator except for good reason.
D. Interviewing the child's parent(s) and other person(s) responsible for the care of the child.
E. Interviewing the alleged or suspected perpetrator.
F. Visiting the scene of the alleged maltreatment; documenting relevant environmental information; requesting a law enforcement officer to seize physical evidence. Photographs or videotapes may be requested of a law enforcement officer, medical staff, or other persons trained and competent in taking photographic or electronic evidence. If such a qualified professional is not available, DCF staff should photograph to record the evidence.
G. Obtaining relevant records from DCF, law enforcement, medical practitioners or other relevant entities. Consents for release of information not statutorily available will be necessary. A subpoena for documents or interviews to provide essential information may be requested by DCF or a court appointed multi-disciplinary team.
H. Making and documenting behavioral observations such as the appearance and effect of witnesses and alleged perpetrators when presented with questions or information about the alleged maltreatment; the child's behavior in the presence of care givers or the alleged perpetrator; the type and quality of interaction of family members; statements; or behaviors of any person which might be indicative of truthfulness; lying; any mental, emotional or physical impairment of any other child or adult; behaviors indicating alcohol or other drug use, etc.

2020 Assessment

Assessment is the process of drawing hypotheses or conclusions from the information available from the investigation. As with elements of the investigation, the activities of an assessment may vary from case to case. Assessments are completed by a CPS Specialist and will commonly involve several of the following activities:

A. Evaluating the quality and sufficiency of the evidence.
B. Evaluating the plausibility of explanations for the harm.
C. Considering alternative explanations for the injury.
D. Evaluating contributing factors according to the Safety and Risk Assessment.

E. Considering DCF, criminal, and sex offense history, which indicates potential risk or safety concerns for the child; and evaluating the new information gathered during the investigation relevant to the history. See PPM 2025.
F. Reaching a tentative conclusion whether the alleged maltreatment occurred.
G. Assessing whether there is immediate danger to the child.
H. Considering alternative protection actions if necessary and selecting one.
I. Assessing long term risk of reoccurrence.
J. Considering available services and making an initial plan for selected services.

All assessment information mentioned in this section shall be documented on each report using the Kansas Initiative for Decision Support (KIDS) computer application.

2025 History Search for the Investigation and Assessment

When a report has been assigned as abuse or neglect, excluding non-family/unregulated caregiver and facility assignments; a search for DCF, criminal, and sex offense history shall be completed. Prior to conducting interviews, the assigned CPS specialist shall review the history for indications of safety and risk concerns for the child. If completing the review of history interferes with a timely safety determination; the contact with the child shall not be delayed, and the review of history shall occur the next working day. The history shall be included in the on-going investigation to gather further information for use in the risk and safety assessments.

A. Investigation:
All care givers and the alleged perpetrator shall be searched in the following systems, but not be limited to:

1. FACTS
2. KIDS using the Individual Name search. For each event located, the assigned CPS specialist shall review the following documentation, to include, but not limited to:
    a. PPS-2030 B Safety Assessment
    b. PPS-2030 C or D Risk Assessment
    c. PPS-2011 Case Finding
    d. PPS-2030 E CINC/NAN Assessment
3. Central Registry
4. Kansas Department of Corrections website http://www.dc.state.ks.us/kasper
5. Kansas Sex Offender website http://www.accesskansas.org/kbi/ro.shtml

6. National Sex Offender website http://www.accesskansas.org/kbi/ro.shtml
7. Local court databases where available.

Documentation of history searches shall clearly state the name of the person searched, the date the search was conducted, the database or website searched and what the search yielded, including if no history is found.

DCF, criminal, and sex offense history, which indicates potential risk or safety concerns for the child; shall be included in the investigative activities to gather additional information for the risk and safety assessment.

B. Assessment:
DCF, criminal, and sex offense history, indicating potential risk or safety concerns for the child; and additional information gathered during the investigation, shall be included in the consultation with the supervisor.

Imminent Danger Types and other Safety Factors in Section I of the PPS 2030 B; and all Risk Factors in Sections I-III of the PPS 2030 D, shall be used to assess the historical information found in the searches, and the additional information gathered during the investigation and assessment related to the history.

The results of the history assessment shall be documented in the sections most appropriate on the PPS 2030 B Safety Assessment and/or PPS-2030 D Risk Assessment.

2030 CPS Investigators

Child Protective Service (CPS) Investigators provide evidentiary information to support CPS specialist decisions regarding safety, risk and service action. They may assist in an individual capacity with initial agency response to interview subjects involved in an abuse/neglect report or assist as a member of a joint investigative interview team with the CPS specialist.

2031 Tasks Completed by a CPS Investigator

The following tasks may be conducted in accordance with policy by a CPS Investigator:

A. Interview the child alleged to be the victim.

B. Interview the child's parent(s) or other persons responsible for the care of the child.

C. Interview the alleged or suspected perpetrator.

D. Interview the reporter and any collateral witnesses to the alleged maltreatment.

E. Visit the scene of the alleged maltreatment to document relevant environmental information; take photograph or videotapes.

F. Document physical and behavioral observations of the alleged victim, witnesses and perpetrators; the child's behavior in the presence of care givers or the alleged perpetrator; statements or behaviors of any person which might be indicative of truthfulness.

G. Provide information regarding immediate safety of the children involved in the CINC allegation to the CPS specialist or supervisor who will make the safety determination.

H. Assist the CPS specialist or supervisor with any course of necessary protective action.

I. Obtain relevant records from law enforcement, medical practitioners or other relevant entities.

J. Prepare an investigative report.

K. Prepare any narrative reports for affidavits.

L. Coordinate with the CPS specialist, supervisor and other DCF program staff during the investigation to insure seamless agency service delivery for the family.

2032 Agency Documentation Completed by a CPS Investigator

In consultation with the CPS Specialist and/or supervisor the CPS investigator may complete the following forms:

A. Agency Response (PPS-2030A) the portion where child's safety is determined should be documented in consultation with a CPS Specialist and/or supervisor.

B. Family Based Safety Plan (PPS-2003) with review by the CPS Specialist and/or supervisor.

C. Case Findings (PPS -2011) draft of the basis for finding section for review and approval by the CPS Specialist and supervisor.

D. Notice of Finding (PPS - 2012) with approval by the CPS Specialist and supervisor.

2070 Subsequent Reports Not Assigned for Further Assessment

All reports not assigned for further assessment by the Kansas Protection Report Center (KPRC) are forwarded to the CPS specialist with the open investigation and assessment. The CPS specialist with the open investigation and assessment shall consider the information contained in the report; and include the information in the work with the child/family as appropriate.

If the family has been referred to a provider for family services or to the CWCMP for family preservation services or foster care, the assigned CPS specialist has 3 working days from the date of the note to forward the event to the appropriate provider staff. If DCF has specific information they wish to see addressed, they will state such in the e-mail. Provider staff will have 3 working days to acknowledge receipt of the report and to provide an initial summary of information they may have regarding the report.

If after receiving the initial 3 working day report, the CPS specialist determines more information is needed, they will let the provider know and the provider will have 5 working days to provide additional information. The CPS specialist shall include all information addressing the event in KIPS notes.

If after consulting with a PPS supervisor, prior to sending the report to the provider, a determination is made to request the report be assigned for further assessment, the PPS supervisor shall request assignment via the KPRC Supervisors e-mail mailbox (PRCsups). If the information contained in the report meets definitions of a critical or significant incident per PPM 0510 and PPM 0512, the CPS specialist shall notify his/her immediate supervisor per PPM 0513.

2100 Initiation of Investigative Interviews of Child Abuse/Neglect

The Department has the duty to receive and investigate reports of child abuse and neglect for the purpose of determining whether the report is valid and whether action is required to protect the child. K.S.A. 38-2226(a).

"Investigation" is the initial phase of the Family Based Assessment for reports alleging child abuse or neglect. In an investigation facts are obtained and evidence is gathered and secured in order to reach a conclusion on the validity of the report and what actions, if any, are needed to protect the child. The purpose of the intervention is to assist families (where needed) to live together safely and within the requirements of law.

A. Parent and Alleged Perpetrator Rights

At the initial contact with the family and alleged perpetrator, the DCFstaff conducting the investigative interview shall inform the family and the alleged perpetrator that the Kansas Code for Care of Children requires DCF to make inquiry when a child is alleged to be in need of care. The family and alleged perpetrator shall be informed of the specific actions or inactions that have been reported as suspected abuse or neglect, without disclosing the identity of the reporter.

The family and alleged perpetrator shall be informed that they are not required to cooperate with the agency and the possible consequences of such refusal. The pamphlet entitled “What You Need to Know About Investigations of Child Abuse or Neglect” PPS 2010 shall be given to the family and alleged perpetrator.

B. Living Arrangement

DCF staff shall determine the living arrangement at the time the alleged incident occurred, for each alleged victim of an abuse/neglect report. The living arrangement shall be documented on the Agency Response PPS 2030 A or PPS 2025.

C. Verified Incident Date

DCF staff shall verify the incident date for each alleged victim of an abuse/neglect report for the current assigned report. The verified incident date is the date the alleged victim reports the incident in the current report occurred.

1. If there is more than one alleged victim, incident, or abuse/neglect type the most recent incident date shall be used as the verified incident date.

2. In situations where the alleged abuse/neglect incident is on-going (i.e. physical neglect), the date of the report as documented on the PPS 1001 in the “Report Date” field shall be used as the verified incident date.

3. In situations where the alleged victim is unable to verify an incident date, the interviewer shall ask questions to narrow down a possible year, month, and day, to obtain the closest estimate of the verified incident date. If the verified incident date is estimated, select the “Estimated Date” box on the PPS 2030A or PPS 2025.

4. If through investigation it is determined no incident occurred the date of the report as documented on the PPS 1001 in the “Report Date” field shall be used as the verified incident date.

The verified incident date shall be documented on the Agency Response PPS 2030 A or PPS 2025.

2110 Requirement to Interview Relevant Persons

When a report alleging abuse or neglect has been assigned, interviews are conducted to gather information for the investigation and assessment. Interviews may be conducted by a CPS Specialist, CPS investigator, law enforcement officer or Child Advocacy Center forensic interviewer.

A. Required Persons
The following persons shall be interviewed for all abuse or neglect investigations, unless allowable reasons not to interview the person exist and are documented:

1. The alleged victim. If the alleged victim is pre-verbal or non-verbal and not interviewed, the child shall be observed for harm.
2. The primary care giver of alleged victim. A primary caregiver is a residential parent or other adult with whom the child resides and has authority to make significant decisions concerning the child's care.
3. Siblings residing in the same home, facility or placement with the alleged victim. If the sibling is pre-verbal or non-verbal and not interviewed, the child shall be observed for harm.
4. The alleged perpetrator.
5. Persons identified as having relevant information may include, but are not limited to:
   a. Non-residential parent;
   b. Siblings not residing in the same home, facility or placement with the alleged victim;
   c. Any adult who provides care or supervision of the victim or who lives in the home, whether related or not;
   d. Other witnesses, regardless of their relationship to the victim or living arrangement;
   e. Relatives and friends;
   f. Neighbors; or
   g. Reporter.

6. Appropriate medical professional shall be consulted for reports assigned for medical neglect to gather sufficient information which may include, but shall not be limited to:
   a. What is the diagnosed medical condition of the child?
   b. What is the treatment required for the diagnosed medical condition?
   c. Would the diagnosed medical condition, if treated:
      i. make the child substantially more comfortable?

ii. reduce pain and suffering?

iii. correct or substantially diminish a crippling condition?

iv. lengthen the life span?

v. prevent the condition from worsening?

d. What information was provided to the alleged perpetrator(s) regarding the required medical treatment for the child?

e. What information was provided to the alleged perpetrator(s) regarding the likely results or consequences of the child not getting the medical treatment?

f. Follow up to determine whether scheduled appointments were kept.

B. Allowable Reasons

Allowable reasons for not interviewing include the following:

1. Refused to talk with worker;
2. County or District Attorney or law enforcement officer requested DCF not interview;
3. Unable to locate or otherwise unavailable;
4. Mental or physical condition prevents interview;
5. A child is pre-verbal or non-verbal. The child shall be observed for harm;
6. Alleged perpetrator not identified;
7. Deceased

C. Exception

When determined contrary to the safety and best interest of the child to interview a required person, an exception shall be requested from the Assessment and Prevention Administrator.

2111 Minor Alleged Perpetrators (minor)

If the alleged perpetrator is a minor, PPS staff are not required to inform the minor parents prior to attempting to interview the minor.

The decision to interview the minor without parental notification should be made on a case-by-case basis, including considering the best interest of the victim. The CPS specialist should review the known facts of the current situation and whether services for the minor may be needed. Having the cooperation of the minor's parents may assist

in obtaining the cooperation of the minor. At the point that the minor's parents are consulted and they decline contact with the minor, all attempts to contact him/her shall cease. If the investigation is being conducted jointly with law enforcement, law enforcement may be limited in its ability to interview the minor.

If the minor is in the guardianship of the Secretary, the assigned CPS specialist, in consultation with the PPS supervisor (or designee, see PPM 0140), and Assessment and Prevention or Foster Care Contract Administrator, shall consider retaining legal counsel to represent the minor as an alleged perpetrator.

2113 Additional Concerns Identified In an Ongoing Investigation

During the course of an investigation/assessment, if PPS staff become aware of abuse or neglect issues, other than those contained in the assigned report, a new report to the Kansas Protection Report Center (KPRC) is required.

Human trafficking (HT) is a separate subtype of abuse/neglect and CINC/NAN assignments. If PPS staff become aware of concerns for human trafficking, per K.S.A. 38-2202, on any current open case type, a new report to the KPRC is required. The report shall include explicit language to specify concerns for human trafficking per K.S.A. 38-2202. The report shall include the language "human trafficking". See PPM 0160 Glossary definition for sexual abuse per K.S.A. 38-2202 and Appendix 1-A for guidance.

2120 Documenting Agency Response for Family Reports of Abuse/Neglect

The agency response for family reports of abuse/neglect, is documented on the PPS 2030A Agency Response, Section III.

When some but not all members of the family are unable to be located once the assessment has begun document, "unable to locate", on the individuals who were not located. Agency Response information shall be completed on individuals who were located.

For reports involving a non-family/unregulated care giver as the perpetrator or incident of abuse or neglect occurring in a facility regulated by KDHE, agency response is documented on the PPS 2025. Agency response documents may be completed by

either a CPS specialist or CPS investigator. A printed form is the official copy and shall be in the case record.

2125 Gathering Relative Information During the Investigation/Assessment

The CPS specialist shall gather relative/non-related kin information during the investigation/assessment. Questions shall be asked of all relevant parties, including children, about potential relative/non-related kin resources. Information requested shall include, but is not limited to: names, addresses, phone numbers, relationship to child, and information about current involvement with the child(ren) subject of the report.

2130 Parental Permission to Interview a Child

Parental permission is not required to interview a child who is the subject of a report that the child may be in need of care. However, as parental cooperation may be essential to an adequate investigation of a report, parental permission to interview a child shall be sought whenever practical. Circumstances in which a child may be interviewed without parental consent include:

A. The parent is alleged or suspected to be involved in the maltreatment.

B. The safety of the subject child or any other child in the same care might be jeopardized by delay or notice.

C. There is reason to believe that essential evidence would not be available if there is delay or notice.

Whenever it is necessary to interview a child without parental consent, a parent/caregiver shall be notified the same day as the interview with the child or, as soon as practical and an explanation provided for the interview. DCF staff shall not enter a residence to interview a child regarding alleged abuse or neglect unless a parent or other adult resident at that address has given permission for that DCF person to enter the domicile.

2140 Interviewing Children

DCF staff shall consider the following when interviewing children:

A. Abuse/Neglect Assignments:

1. DCF staff shall consider the importance of conducting interviews of children who are identified as alleged victims of abuse/neglect out of the presence of a suspected perpetrator. It is preferred practice to interview children identified as alleged victims of abuse/neglect in a neutral setting, such as at school per K.S.A. 38-2226(g). See PPM 2141 Interviewing Children at School.

2. If there is a need to interview non-familial children who are identified as potential witnesses in an abuse/neglect investigation, parental permission shall be obtained in advance.

B. CINC/NAN and PWS Assignments:

DCF staff shall consult with his/her supervisor or designee to determine if interviewing a child who is a subject of a CINC/NAN or PWS assignment, may be interviewed in a neutral setting, such as at school. The circumstances provided in PPM 2130 shall be considered to determine whether interviewing the child in a neutral setting outweighs the need to seek parental involvement in arranging the interview.

2141 Interviewing Children at School

Whenever a child is to be interviewed at school the following guidelines should be followed:

A. Whenever practicable, advance notice should be given the school administrator of the need for an at-school interview. A mutual understanding should be reached between DCF and the school administration that a parent should NOT be notified of the interview unless such notice is approved by DCF or a law enforcement officer on a case by case basis. DCF is responsible to notify the parent of the interview at a time when it will not interfere with the investigation.

B. When DCF staff is on school premises, the school administrator should be immediately notified and identification provided. The worker should also notify the school when leaving the premises.

C. Form PPS 2000, "Request to Interview a Child at School" should be presented to the school administrator.

D. To the degree practicable, the child should be excused from classroom activities and escorted to the interview in a manner that does not identify the purpose of the interview. The interview should be conducted in a place which provides confidentiality and, if possible, comfort to the child.

E. If it will provide support for the child, a school employee may be present in the interview but may not participate unless invited to do so by DCF or a law enforcement officer. The school may not require a school employee to be present during the interview [K.S.A. 38-2226(g)].

F. If a child needs to be taken off-premises, a law enforcement officer should be requested to place the child in protective custody and transport the child. The child may not be taken off premises by a DCF employee unless there is a court order giving DCF temporary custody or if accompanied by a parent or with written parental consent.

2142 Interviewing Children in a Child Care Setting

There are no statues or regulations providing for interviewing children as alleged victims of abuse/neglect in a child care setting. However, under Kansas law all persons with information and /or evidence concerning abuse or neglect of a child are encouraged to cooperate with investigations conducted by law enforcement and/or DCF. Individuals in child care are mandated to report suspected acts of abuse or neglect and/or required to cooperate with investigations of suspected child abuse/neglect. KSA 38-2223 and KAR 28-4-118.

2152 Documenting Agency Response for Facility Assignments

Investigative interviews with children who are the subject of reports of abuse or neglect in licensed facilities are documented on the PPS 2025, Section III.

Agency response documents may be completed by either a CPS specialist or CPS investigator.

2153 Permission for KDHE to Interview a Child in DCF Custody

The Department of Health and Environment has a statutory duty and authority to conduct an investigation of alleged or suspected violations of license laws or regulations. In order to carry out these responsibilities KDHE is not required to obtain consent from DCF or from a child's parent to interview any child in the custody of the Secretary of DCF.

2154 Notice to Facility When On Premises

Investigations of complaints in facilities may be conducted with or without advance notice. In general, advance notice shall be given except when there are reasonable concerns for the safety of one or more children or the element of surprise is necessary to secure evidence. Whether or not advance notice is given, the on-site person in charge shall be notified whenever the department is on the premises and the purpose of the visit explained.

2160 Interviewing Children Who Are the Subject of a Report of Abuse or Neglect by a Non-Family/Unregulated Care Giver ("Third Party")

An investigation with a non-family/unregulated care giver as the alleged perpetrator are essentially different than intra-familial maltreatment.

2162 Documenting Agency Response for Non-Family/Unregulated Care Giver Assignments

Documentation of agency response and investigative interviews with relevant parties involved in a report with a non-family/unregulated care giver as the perpetrator shall be documented on the PPS 2025, Section III.

Agency response documents may be completed by either a CPS specialist or CPS investigator.

2170 Physical Observation of a Child Who is the Subject of a Report of Physical Abuse or Neglect

When physical abuse or neglect is alleged, the child's body shall be observed or examined for evidence of alleged physical trauma (e.g. bruises or burns) or physical condition (e.g. bug bites, body dirt). The child's body shall be observed in the least intrusive manner and conducted in a manner that is sensitive to that child's age and gender. Whenever practical, a parent should be requested to undress the child and assist in determining the child's physical condition. Depending on the circumstances,

the CPS specialist or CPS investigator may have another adult present or have a medical professional conduct the exam.

2210 Joint Procedures with DCF and Law Enforcement Agencies

Joint investigations between DCF and the appropriate law enforcement agency or agencies are mandated by statute (K.S.A. 38-2226(b)) when a report alleges serious physical harm to, serious deterioration of or sexual abuse of the child; and action may be required to protect the child. Reports assigned alleging a methamphetamine lab in a home where children are present or reside, shall be forwarded to law enforcement for joint investigation. (See PPM 0210 Staff Safety)

It shall be the responsibility of the assigned local office to notify the responsible law enforcement agency. DCF meets its statutory responsibility when a request is made and documented for law enforcement assistance. DCF shall not delay the initial safety determination and/or required protective action to prevent (further) abuse if law enforcement does not respond.

If conditions are known or suspected at the time the report is accepted which would require a joint investigation, the law enforcement agency should be involved from the initial contact whenever practical and consistent with child safety.

In the event a law enforcement agency was not involved in an investigation or assessment conducted by DCF and information later indicates abuse or neglect which is required to be reported to a law enforcement agency, the report to the law enforcement agency shall be made without delay. If the assigned CPS specialist becomes aware of new or additional concerns for human trafficking per K.S.A. 38-2202, a report shall be made to the appropriate law enforcement agency without delay.

If a law enforcement officer requests assistance from DCF in the investigation of a report of child abuse or neglect, the department will assist. Nothing shall prevent the department from providing assistance prior to a report being made to and assessed by the Kansas Protection Report Center.

2220 Investigations Involving a Report of Abuse or Neglect in a Facility Licensed by KDHE or DCF Foster Care and Residential Facility Licensing.

The Kansas Department of Health and Environment (KDHE) shall be notified when a report is received involving a child care facility, such as; a licensed day care home,

group day care home, or child care center, subject to licensing or regulation by KDHE. Local health departments may be notified.

DCF Foster Care and Residential Facility Licensing shall be notified when a report is received involving a residential facility such as, a family foster home, or a residential facility subject to licensing by DCF Foster Care and Residential Facility Licensing.

Investigations of complaints involving child care and residential facilities can often be complex due to the possibility of multiple victims or perpetrators and multi-agency responsibilities. Planning for an investigation may require striking a balance between promptness of contact with the alleged victims and the need to coordinate with other agencies to avoid making errors in the investigation which could also affect the safety of children.

Investigations involving facilities shall be conducted according to department policy for determining response times. Any deviation from these guidelines shall be taken only in the best interests of a child and the basis for the action shall be documented. In completing an investigation of an incident involving a facility licensed or regulated by KDHE or DCF Foster Care and Residential Facility Licensing, the local office shall:

A. Conduct a prompt and thorough investigation of the allegations to determine whether the report is valid and whether services are necessary to protect a child who is the subject of the report or any other child under the same care.

B. Provide KDHE or DCF Foster Care and Residential Facility Licensing with facts and information gathered during the DCF investigation/assessment to assist KDHE or DCF Foster Care and Residential Facility Licensing in determining appropriate action regarding the license.

2221 Notice to Parent or Guardian of a Child in Out of Home Placement

Unless it is determined a notice is not in the child's best interest, the CPS specialist shall give notice of the investigation to the parent or guardian of child who has been alleged to be abused or neglected while in out of home care. This policy does not include parents whose parental rights have been terminated. The notice may be verbal or in writing. Contact with parents shall be included on the PPS 2025, Agency Response Facility and Third Party Reports. Such notice should not be unreasonably delayed but need not take precedence over the other investigative activities. Contact with the parent or guardian shall be coordinated with the Child Welfare Case Management Provider.

2222 Investigative Documentation

Documentation of the investigation of facility reports shall include:

A. PPS 2025, Agency Response Facility and Third Party Reports
B. PPS 2011, Case Finding
C. PPS 2012, Notice of Department Finding

2223 Assessment Documentation of Facility Reports

Family based assessments are based on dynamics unique to families. A day care center is not a family and is not the proper subject for a family based assessment. Family foster homes and residential child care programs often share some attributes of families but are not families for the purpose of determining how they shall be assessed.

Whenever a facility report is accepted, the safety of the child and the need for immediate medical examination or treatment related to the reason for the report shall be completed; however a family based assessment (Safety Assessment, Risk Assessment and Family Based Assessment Summary) is not required.

2224 Joint Investigations with KDHE and/or Local Health Departments

Collaborative investigations with KDHE and/or local health departments are encouraged, especially in cases of serious abuse. The unavailability of a representative from these agencies shall not delay a DCF response.

The investigation of complaints concerning child care facilities must be conducted in a manner that ensures an independent and objective investigation and assessment. However, if there is a conflict between child safety and providing for a strictly "objective" investigation, the safety of children takes precedence.

2225 Joint Investigations With DCF Child Care Provider Manager

DCF Child Care Provider Manager or contracting/monitoring staff may be asked to assist in the investigation whenever appropriate.

2230 Investigation of Reports of Abuse or Neglect by Third Party Person

The Kansas Code for Care of Children provides that DCF and law enforcement officers have the duty to receive and investigate reports of child abuse or neglect for the purpose of determining whether the report is valid and whether action is required to protect the child from further abuse or neglect. The law is silent regarding the relationship between the child and the alleged or suspected perpetrator.

It is the policy of the Department for Children and Families to receive and investigate reports which meet the definition of child abuse or neglect unless a law enforcement officer has accepted or will accept the report for investigation. The department will assist a law enforcement officer in the investigation and assessment of reports of child abuse or neglect upon request of the officer. Persons to whom this section applies includes, but is not limited to, alleged abuse or neglect by:

A. Teachers, administrators, or other employees of a school, other than a home school, in which a child who is the subject of a report of abuse or neglect is enrolled or attends.

B. Employees and administrators of recreational and/or character building organizations in which a child who is the subject of a report of abuse or neglect participates.

C. Baby sitters.

D. Acquaintances of the child/family.

E. Strangers.

F. Human trafficking related “boyfriend”/”pimp”/”controller”/”manager”/”daddy”.

2231 Case Opening in Non-Family/Unregulated Care Giver Cases

If DCF accepts a non-family/unregulated care giver report for investigation and assessment or assists law enforcement with an investigation, a case shall be opened. A non-family/unregulated care giver case is opened in FACTS for each family in which there is a child who is alleged to have been abused or neglected. If there is evidence or suspicion of parental involvement or failure to protect the child, a separate report should be initiated regarding the parental action or inaction.

2232 Investigative Documentation of Non-Family/Unregulated Care Giver Reports

Documentation of the assessment of non-family/unregulated care giver reports shall include:

A. Form PPS 2025, "Agency Response - Facility and Third Party Reports"
B. PPS 2011, Case Finding
C. PPS 2012, Notice of Department Finding

2233 Assessment Documentation of Non-Family/Unregulated Care Giver Reports

Whenever a non-family/unregulated care giver report is accepted, the safety of the child and the need for immediate medical examination or treatment related to the reason for the report shall be completed; however, a family based assessment (Safety Assessment, Risk Assessment and Family Based Assessment Summary) is not required.

2240 Requests for a County or District Attorney to Direct an Investigation

It should be rare for DCF and a law enforcement agency not to reach agreement on joint procedures for accepting reports of child abuse or neglect or in individual situations involving such reports. If agreement cannot be reached; however, and if the safety of a child cannot be assured, the county or district attorney may be requested to resolve the issue. A request to the county or district attorney in such situations shall only be pursued upon approval by the Regional Director or Assessment and Prevention Administrator after consultation with the DCF Area Attorney.

2250 Investigations of Reports of Abuse or Neglect regarding Native American Children

If, during the investigation of a report of child abuse or neglect, information is obtained which indicates that a child is or may be a member of an Native American tribe or eligible for tribal membership, that fact and available supporting information shall be documented in the case record.

When conducting an investigation involving a Native American family, the family shall be informed that they may request a Native American interpreter. Assessment of the family must take into account the prevailing social and cultural conditions and way of life of the Native American community.

2260 Reports Involving the Medical Neglect of Disabled Infants with Life Threatening Conditions ("Baby Doe")

Kansas Administrative Regulations 30-45-10 et seq. requires specific procedures for the investigation of medical neglect of disabled infants with life-threatening conditions.

Disabled Infant means a child less than one year of age who has been continuously hospitalized since birth, whose birth was extremely premature, or who has a long-term disability.

Medical Neglect includes but is not limited to, the withholding of medically indicated treatment from a disabled infant with a life-threatening condition.

Withholding medically indicated treatment means failure to provide treatment which, in the treating physician’s reasonable medical judgment, is most likely to ameliorate or correct all life threatening conditions, except when the treatment would be futile in terms of survival of the infant and the treatment itself under such circumstances would be inhumane. Withholding medically indicated treatment always includes failure to provide appropriate nutrition, hydration or medication.

2262 Response to "Baby Doe" Reports

Upon receipt of a report of a disabled infant with a life threatening condition, the worker shall treat the case as an emergency and shall:

A. Conduct a Preliminary Inquiry. Contact the facility where the child is located or being treated and ascertain the current medical condition of the infant, the name of attending physician, the name of the contact person for the hospital’s medical ethics committee (if any, and any other available pertinent information.

B. Notify the parent, care giver or legal guardian of the allegations of the report if such person is not the reporter.

C. Contact the hospital medical ethics review committee at the facility housing the infant to obtain the committee's findings. If no hospital medical ethics review committee exists, contact the nearest Level III Perinatal Care Center. (When an independent medical examination is needed for an infant already in a Level III Center, the request should be

directed to another Level III facility.) Requests should be made to:

University of Kansas Medical Center
Pediatric Department, Division of Neonatology
3900 Rainbow Blvd.
Kansas City, Kansas 66103
Telephone: 913/588-6337 (day)
913/588-6350 (night)
OR
Wesley Medical Center
Division of Perinatal Medicine
550 North Hillside
Wichita, Kansas 67214
Telephone: 316/688-2300

D. If the report otherwise meets department policies regarding case acceptance, accept the report as alleged or suspected medical neglect. The report should be assigned a "same day" response time. If there is credible evidence medically indicated treatment will not be withheld within 72 hours, a 72 hour response time may be assigned.

2300 Differentiating Safety and Risk

It is important to understand the difference between safety and risk. The immediacy and seriousness of the family's conditions, situations, and circumstances is what differentiates safety from risk. Safety determines the need for immediate protective action or controlling interventions to protect the child from imminent danger. Risk determines the need for services to address potential future maltreatment.

Information gathered during the investigation and assessment regarding the harm to the child, the child's vulnerability, as well as family/individual behaviors, perceptions, attitudes, motives, and emotions is used to inform both the safety and risk assessments. Each assessment uses a different tool to analyze the family's conditions, situations and circumstances which guides decisions for child safety and services to the family.

A. Safety Assessment

The safety assessment evaluates the family conditions, situations and circumstances to determine whether they have escalated to a point where there is imminent danger threatening serious harm to a child and the caregiver's protective capacity is insufficient to protect the child. Imminent danger is part of the structured safety assessment. Imminent danger types are listed on the Safety Assessment PPS 2030B and are examples of conditions which present imminent danger to a child.

1. Imminent means the danger is currently present, or will occur in the near future (within a few days).

2. Threat is the caregiver's action or inaction which led to the serious harm or threatened serious harm.
(Underlying and contributing factors)
3. Harm is the result of the abuse/neglect to the child.
4. Caregiver protective capacity is the caregiver's ability and willingness to protect the child.

B. Risk Assessment

The risk assessment evaluates the family's conditions, situations and circumstances to determine whether they contribute to the likelihood a child may be abused or neglected in the future. Risk of future maltreatment may be reduced with services and more long-term goals to change the behaviors, perceptions, attitudes, motives, emotions, etc. enhancing the family's strengths and protective capacities. If risks are addressed by providing services relating to the specific conditions, behaviors, and circumstances and enhancing protective capacities, the escalation of risk to safety may be prevented.

2310 Safety Determination at Initial Contact

When a report alleging abuse or neglect has been assigned for investigation/assessment, the CPS specialist shall determine the safety of the child who is the subject of the report within the response time established on the form PPS 1002, Response Determination. The safety determination shall consider the severity of harm to the child, imminent danger types and other safety concerns, child vulnerability and caregiver protective factors. (See PPM 1301 and PPS 2030B Safety Assessment for criterion)

Determining the safety of the child requires an in-person contact with the child, at a minimum. Telephone or letter contact with the child is not sufficient. The parent/caregiver of the child(ren) shall be notified the same day as the interview with the child or, as soon as practical and an explanation provided for the interview. Additional contacts and observations with caregivers, siblings, alleged perpetrators and others may be required to gather sufficient information to determine the safety of the child. In-person contact may be made by a CPS specialist or authorized collateral, i.e., CPS investigator, law enforcement officer or licensed child welfare case management provider assigned case responsibility. If authorized collateral makes the in-person contact the CPS specialist shall request the information needed to determine the safety of the child within the response time. If the CPS specialist determines additional information is needed to make a safety determination, the CPS specialist shall follow-up to gather the additional information to determine the safety of the child within the response time. The date and time of the safety determination, as reflected on the PPS 2030 A, is when the CPS specialist has reviewed the information and determines the child is safe.

2311 Documenting Safety Determination

The basis for the determination of safety shall be documented on the PPS 2030 A, Agency Response for reports that involve intra familial allegations, or the PPS 2025 for reports involving allegations of non-family/unregulated care giver as perpetrators or incidents in a facility.

2312 Reasonable Efforts to Determine Safety

DCF shall make a reasonable effort to determine the safety of a child. Reasonable effort is made if the DCF staff or authorized collateral attempted in-person contact with the child in a location where it is reasonable to expect the child to be found. If the child is located, in-person contact shall be made within the response time set.

A. Reasonable Efforts to Meet Response Time

Two attempts must be made to satisfy the reasonable effort requirement. Either:

1. two attempts within the response time set, OR

2. at least one attempt within the response time set, and

    a. a second attempt by the close of business the next working day for a "same day" response time, or

    b. within 72 hours, excluding week-ends and state holidays, of the initial attempt on a 72 hour response time.

B. Allowable Reasons

If it is determined contrary to the safety and best interest of the child, an exception shall be requested from the Assessment and Prevention Administrator.

If it is determined the child is not available due to allowable reasons; and depending on the circumstances of the situation, two attempts may not be required.

Allowable reasons for not determining the safety of a child within the response time include the following:

1. Family left the state
2. DCF has been directed not to proceed by county/district attorney or law enforcement

3. Family refuses to cooperate
4. Appointments were scheduled but the person(s) failed to keep the appointment
5. Act of God (weather, road conditions)
6. Parents refused access to the child
7. Child(ren) out of state - i.e. visiting relatives
8. Child is currently hospitalized and hospital personnel verified the child will not be dismissed prior to face to face visit being arranged.

Allowable reasons apply only to whether a time line requirement can be met. If the person to be interviewed can be located or made available, the investigation and/or protective action should be carried out. (Example: The parents missed a scheduled appointment causing the in-person contact to be delayed but the investigation will continue.)

DCF should honor a request from a law enforcement agency not to take an action which would interfere with a criminal investigation. Such request, however, does not relieve DCF or the law enforcement agency of the responsibility to determine the safety of a child reported as possibly abused or neglected. If the timing of the investigations cannot be resolved, the county or district attorney shall be contacted.

C. Documentation

If unable to determine the safety of the child within the response time set, include the reason the contact was not made and the attempts to locate the child (date and results). Attempts to contact the child and determine safety are documented on the PPS 2030A Section I (E) Agency Response for Family assignments or the PPS 2025 for Facility or Non-Family/Unregulated Care Giver assignments. Exceptions to time lines or allowable reasons shall also be documented on the PPS 2030A or PPS 2025, Section I (E).

2313 Ongoing Safety Assessment of Children Under Six Years of Age

The assigned CPS specialist shall complete a second in-person interaction with each alleged victim who was under the age of six at the time of the report, as documented on PPS 1001 “Report Date”. The second interaction is for the purpose of ongoing safety assessment.

In situations where the family/child is receiving services, the CPS specialist shall consult with the licensed Child Welfare Case Management Provider (CWCMP) who has

responsibility for the service case. The licensed CWCMP assigned case responsibility may complete the ongoing safety assessment when it is determined to be in the best interest of the child/family. The ongoing safety assessment shall be completed within the time frame required. Applicable service cases include:

a. Family Preservation Services
b. Reintegration, Foster Care, or Adoption Services
c. Family Services which includes Community Based Family Service cases

A. Exclusions

The second interaction is not required for the following, unless safety concerns are identified for the child requiring ongoing safety assessment:

1. Facility reports.

2. Non-Family/Unregulated Caregiver assignment.

B. Time frame and Location

The second in-person interaction shall be completed within 10 working days of the initial safety determination of the alleged victim, which is the date documented on the PPS 2030A Section I. F. If the assigned CPS specialist is unable to complete the interaction, the CPS specialist shall consult with his/her supervisor to determine if another CPS specialist may complete the interaction. If there are multiple alleged victims in an event, the time line for the 10 working days begins the day after the safety determination of the first alleged victim.

Whenever possible the second in-person interaction shall occur in the child's home.

C. Reasonable Efforts

Reasonable effort shall be made to complete a timely ongoing safety assessment. To satisfy the reasonable effort, the CPS specialist shall make a minimum of two attempts to have an in-person interaction with the alleged victim who is under six years old within the 10 working days of the initial safety determination. If an in-person interaction has not occurred following reasonable attempts, the CPS specialist shall consult with his/her supervisor to determine further action.

D. Activities

The subsequent in-person interaction may include, but is not limited to, the following activities:

1. Gather additional information in the six areas of family life to inform decisions on child safety. See Appendix 2F for guidance.

2. Gather additional information for risk and safety assessments.

3. Follow up on safety plan, if applicable.

4. Observe behavior of the child in his/her home environment, and parent-child interactions.

5. Interacting with the child(ren) to assess verbal skills, motor skills, and other developmental functioning and behavior of the child.

6. Assess the family's strengths and needs, and provide the family with referrals, resources and information as needed.

E. Documentation

The interaction with the child shall be documented on the Agency Response, 2030A, Section I. Sub-sections F. and G. are not required for the second interaction with the child in the home. Any safety concerns shall be noted on the safety assessment and addressed in the safety plan.

2320 Other Children Under the Same Care

When there are reasonable grounds to believe abuse or neglect exists, immediate steps shall be taken to protect the health and welfare of the child as well as that of any other child under the same care. K.S.A. 38-2230.

When, during the course of an investigation/assessment of a report, there is reason to believe that other children under the same care are victims of the assigned allegations in that report, this is to be added to the current investigation and does not require a new report.

2400 Safety Assessment

A safety assessment is a structured method of evaluating potential danger to a child. The assessment tool is designed to determine whether imminent danger exists for a

child. It is used when considering whether a child should return home from protective custody as well as to determine whether the child may safely remain in the home. The Safety Assessment documents consideration of safety factors, immediate medical concerns, protective action, and the safety decision. The Safety Assessment is completed by a CPS specialist and may be used at any major decision point in a case.

2410 When a Safety Assessment is Required

A Safety Assessment shall be completed for all cases assigned for investigation/assessment of abuse/neglect which require a Family Based Assessment. A safety assessment may be completed at any major decision point in a case.

2420 Time Lines For Completion of a Safety Assessment

Whenever possible the Safety Assessment shall be completed within the response time for determining the safety of a child. A Safety Assessment must be completed before:

A. a referral to a Family Preservation or Foster Care Contractor

B. a family service case is opened

C. a request for an ex parte order or police protective custody

D. a referral to the county/district attorney requesting the filing of a child in need of care petition

E. a case finding is made.

2430 Documenting the Safety Assessment

All information gathered during the investigation and assessment which indicates potential safety concerns for the child; shall be documented in the sections most appropriate on the PPS 2030B. If unable to complete the safety assessment for allowable reasons, document the attempts and the reason the attempts were unsuccessful. Allowable reasons for not completing the safety assessment include:

A. Family refused to cooperate and police assistance or court order could not be obtained timely

B. DCF was directed not to proceed by a county or district attorney or law enforcement

When some but not all members of the family are unable to be located or the family cannot be located once the assessment has begun, the safety assessment and safety decision should be completed based on the information available.

The documentation of the Safety Assessment shall be done on the PPS 2030B. A printed form is the official copy and shall be in the case record.

2431 Imminent Danger Type and Other Safety Factors to Consider

When completing the Safety Assessment, PPS 2030 B Section I., the Imminent Danger types correspond with the abuse and neglect allegation types. Each danger type or Other Safety Factor identified with a "yes" shall be documented to justify the immediate danger and safety factor presenting a danger. The documented description shall include but not limited to: the type of danger, circumstances or surroundings presenting danger to the child; and the frequency of the incident. Danger types related to the allegation type assigned on the intake which are met with a "no" shall be qualified to indicate why the allegations assigned do not present a danger to the child.

2432 Protective Factors

For each Imminent Danger Type and Other Safety Factor identified, the CPS specialist will assess the family and child to assess caregiver protective capacity/factors to mitigate the identified Imminent Danger Types or Safety Factors. The CPS specialist shall consider the following actions and resources available to the family as protective factors:

A. family resources

B. the natural supports of the family, friends, extended family, neighbors or other individuals in the community

C. community agencies or services available or being utilized by the family

D. parent's willingness to seek or receive supports from individuals or agencies

E. assistive technology and other supports available to parents with disabilities

F. alleged perpetrator leaves the home voluntarily

G. non-maltreating care giver and child move to a safer environment

A careful assessment of the protective factors available within and to the family provides the basis of the safety plan if conditionally safe is the Safety Decision. The assessment of potential protective factors is also critical to answering the questions on the PPS 2030B Section IV required to achieve an Unsafe Decision.

2440 Safety Decision

The safety decision is made by the CPS specialist and is guided by the PPS 2030B Safety Assessment. The PPS specialist shall assess whether imminent danger is present, and, if so, whether the caregiver's protective capacities are sufficient to protect the child to determine the safety decision.

When imminent danger threatens serious harm to a child, action must be taken to protect the safety of a child. Various controlling safety interventions and protective actions taken by the family or DCF may occur to ensure immediate safety of a child.

The CPS specialist shall conclude one of the following safety decisions on form PPS 2030 B, Section IV:

A. Safe: There is no indication of a child at risk of. The family has no need for any level of department intervention to secure the child's safety.

B. Conditionally Safe: Controlling safety interventions have been taken since the intake received, and those interventions have resolved the unsafe situation for the present time.

   Controlling safety interventions to assist the family in alleviating immediate danger may include, but are not limited to:

   1. Alleged perpetrator voluntarily leaves the home /premises;
   2. Alleged perpetrator is removed by a Protection from Abuse action;
   3. Alleged perpetrator is arrested/incarcerated;
   4. DCF family services;
   5. DCF referral to community service or Family Preservation contractor.

   Controlling safety interventions shall be documented on the Safety Assessment PPS 2030B. The family or another agency may initiate controlling safety interventions to alleviate the immediate danger prior to the Departments involvement. These interventions shall be documented on the Safety Assessment. If the department is recommending interventions to the family to alleviate the immediate danger, a Family Based Safety Plan PPS 2003 must be completed. The CPS specialist's or supervisor's input and approval is required if

the safety plan is being initiated by a CPS investigator. See PPM 2462 for Safety Planning.

C. Unsafe: One or more children are in danger of immediate harm. The child's safety cannot be ensured without protective intervention.

Completion of the questions on the PPS 2030B Section IV and consultation with the supervisor is required prior to considering the following courses of protective action:

1. Request for law enforcement to take child into Police Protective Custody
2. Ex Parte Court Order of protective custody is obtained and child removed from home.

2450 Medical Examination or Treatment Related to Abuse/Neglect

When it is determined medical services related to abuse/neglect are needed by a child who is the subject of an abuse/neglect report, reasonable actions shall be taken to obtain medical treatment. A determination of the need for medical services must be made and documented on the PPS 2030 B, Safety Assessment.

If a CPS specialist determines a child is in need of a medical examination or treatment and the child's parents fail or refuse to obtain a medical examination the CPS specialist should take the actions a reasonable person would take in similar circumstances. The policy requiring the department to seek medical care applies to medical needs resulting from suspected child abuse or neglect only. The department is not responsible to try to meet other medical needs of the child (such as immunizations or eyeglasses) unless failure to meet such needs constitute neglect.

Non Emergencies:

A CPS specialist may wish to seek advice from a medical practitioner before taking next steps. The cooperation of a parent should be sought. If they cannot or will not cooperate, an explanation of the responsibility of the department to obtain the information and the alternatives available should be made.

Emergencies:

If immediate action is required to save a life, to treat serious or painful injury or if action is needed to preserve evidence that would otherwise be lost or unobtainable, the CPS specialist should initiate prompt action.

Prompt action includes:

A. The CPS specialist requests the parent take the child immediately for examination or treatment, explains the consequences of failure to do so, and the parent complies.
B. The assistance of a law enforcement officer is requested to take the child into protective custody and transport the child to medical care.
C. The assistance of the County or District Attorney is sought in obtaining a court order directing medical care be provided.

If a parent is unwilling or unable to pay for a medical examination or treatment for a child alleged to be abused or neglected, check Kansas Family Medical Assistance Manual (KFMAM) https://khap.kdhe.state.ks.us/kfmam to determine if the child has, or is eligible for, a medical card. Upon implementation of KEES the status shall be reviewed in KEES.

Authorize payment if the family is not eligible for Medical Assistance. Refer to section 2910 for payment procedures.

2462 Family Safety Planning

The family safety plan is a temporary, short-term plan to keep the child and other members of the family safe while more permanent safety provisions can be put in place. The safety plan may be used pending referral to family preservation or other services or to provide short-term care to avoid preventable removal of a child from the child's home.

The family safety plan should be used whenever such a plan will enhance family safety and only when it is reasonable to believe safety can be achieved through the plan. The

safety plan may have useful application in an assessment assigned for any allegation or presenting situation. For families whose presenting concern to the agency was for a reason other than abuse or neglect, the plan should only be used to address safety issues affecting the family, such as behavior of a child or youth that can be harmful to self or others.

In order to be effective, all individuals who are necessary to the safety plan, must be able and willing to cooperate in carrying out the plan and should be involved in the planning. A Family Safety Plan empowers the family to remain responsible for their lives, avoids resistance by the family to externally imposed conditions, and can be used as an assessment tool to help the CPS specialist and the family decide together whether change is possible.

A. Documenting the Family Safety Plan:

The Family Safety Plan is documented on the PPS 2003.

B. Safety Factors to be Considered:

In considering if a safety plan is appropriate, the factors listed below must be considered and documented on the PPS 2003. The factors are listed to assure each is considered in deciding whether and when to develop a safety plan. Not all factors may be present in every situation. Other factors, not listed, may also be considered:

1. Harm to child caused by removal from home: This factor is placed first in the list to encourage workers to first consider possible unintended consequences of the removal of a child from his or her family, friends, familiar surroundings, possessions, and predictable circumstances. There are times when removal is the best course of action among several undesirable alternatives. Remember, however, no removal is without an emotional price for the child.
2. Severity of danger: Not all situations are equally dangerous. Assess the potential seriousness of the situation. Reference to form PPS 2030 B, Safety Assessment, may be a useful guide.
3. Child's or others' ability to protect child: Children are never responsible for their own protection. Older children, however, may have a greater ability to

avoid harmful situations or carry out plans to get help. The ability and likelihood that the adults will protect the child is a factor in developing a safety plan or requesting alternate courses of action.

4. Perpetrator's access to child and the non-abusing parent's ability to protect the child.
5. Child's behavior: Care and protection of children is an adult responsibility. Children are never responsible for having been abused. The behavior of children can, however, be a factor in the family history or dynamics or chain of events which is important to the cycle of violence. A careful and sympathetic understanding of problems faced by abusing or neglectful parents is essential in making short or long term plans to protect the child.
6. Family isolation: Families may be isolated geographically (e.g., a distance from neighbors or someone from whom to seek help) or socially (e.g., few friends or extended family or community ties). In some cases a family member may dominate and control contacts outside the family. All of these issues, especially the latter, need to be carefully assessed when considering whether a family safety plan is feasible.
7. Family's ability to participate in plan: The family should be assessed for strengths (e.g., strong bonds, pride, and history of accomplishment) which would indicate an ability to participate in a plan. Negative indicators might include: severe and chronic impairment of functioning due to mental illness, alcohol or other drug abuse, a long history of family violence, or rigid belief systems (e.g., cult-like religious beliefs, extreme anti-government feelings).
8. Medical needs of child: For a safety plan to work there must be agreement on obtaining care for any acute medical condition. However, medical needs which can wait until longer term assessment and planning occurs need not prevent the development of the safety plan.

C. Development of the Safety Plan

Safety plans must be developed in conjunction with the child’s family and any other persons required to carry out the plan. Decisions regarding the identification of those persons to include in the safety plan will depend on the type of allegation and steps required to ensure safety.

Safety Plans are interim plans and shall not exceed beyond the FBA due date. As a rule, plans will range from a few hours to a few days, depending on the family's assessed ability to carry out the plan and availability of resources. The end-date is determined by the beginning date of the next action to be taken. If next steps are not known, a Safety Plan may not be appropriate.

1. Tasks and Services
   Tasks and services statements should:

   a. Address the imminent danger to the child
   b. Have agreement from all parties necessary to achieve compliance.
   c. Contain statements that are in clear and understandable language. (Professional terms and "buzz words" should be avoided).
   d. Address measurable or observable behaviors and criteria for determining when the tasks are achieved
   e. Describe the possible outcomes that can result from achievement or failure to achieve the conditions of the plan.

2. Action Needed to Meet Tasks:
   The actions statement must address who, what and when and should include:

   a. Each member of the family willing to participate.
   b. Actions appropriate to the behavioral/developmental level of the participants.
   c. A backup plan in the event the primary plan is not sufficient.

3. Signatures:
   All participating individuals must sign and signatures must be voluntary. If not, a safety plan is not appropriate. The family is to be given a copy of the plan.

2463 Removal of Perpetrator

When the safety of a child cannot be reasonably assured, removal of the perpetrator from contact with the child should be considered before removing the child. Removal of the perpetrator can be voluntary or obtained through provisions of the Kansas Protection From Abuse Act, or Code for Care of Children.

Voluntary Removal of the Perpetrator

Voluntary removal of the perpetrator can be considered when it is a part of a family safety plan and:

A. There is reason to believe the alleged perpetrator will honor the agreement for removal;

B. There is a care giver willing and able to keep the terms of the agreement and protect the child if the agreement is not kept; and

C. The safety plan includes actions which will be taken if the agreement is not kept.

Kansas Protection From Abuse Act

A member of a household 18 years of age or older may apply to a court for the removal of a household member who is abusing or attempting to abuse or threatening harm to another member of the household [K.S.A. 60-3101 and following].

2471 Requests for Police Protective Custody

When the safety of a child cannot be reasonably assured without removal of the child or the alleged perpetrator and removal of the perpetrator from contact with the child is not feasible, a law enforcement officer should be contacted to determine whether, in the officer's opinion, the child should be removed from the home and placed in police protective custody.

The law enforcement officer should deliver the child to a safe environment according to local arrangements. An DCF employee is not authorized to take physical custody of or transport a child without a written order of a court placing the child in the custody of the Secretary of DCF. A child not in the custody of the Secretary may be transported by DCF if a parent voluntarily accompanies the child or the parent provides written parental permission.

Only a law enforcement officer, court services officer, or the court has the authority to place a child in protective custody. When a law enforcement officer determines that protective custody is appropriate, the officer, not DCF, should place the child as provided by statute (K.S.A. 38-2231). It is important to remember that DCF staff do not have authority to transport a child placed in protective custody by a law enforcement officer. If DCF staff were to transport a child in the protective custody of law enforcement a potential legal liability exists for the department and the individual. A law enforcement officer or the designated care provider with whom the police placed the child may transport the child.

2472 Requests to County or District Attorney for Order of Protective Custody

The department shall not seek custody of a child unless it is determined that the child cannot remain safely at home. The CPS specialist shall obtain approval from his/her supervisor or designee prior to requesting an ex parte or temporary custody order from the County or District Attorney.

A. Criteria For Requesting Protective Custody

Before requesting law enforcement protective custody or an ex parte order, the CPS specialist in consultation with the supervisor shall determine one or more children/youth will likely be in imminent danger of serious harm without controlling interventions. The PPS 2030 B, Safety Assessment, Section IV documents the following criteria used to determine the child is unsafe:

1. Is the child abandoned?

   Abandonment means "to forsake, desert or cease providing care for the child without making appropriate provisions for substitute care." For purposes of determining whether a child has been abandoned, the following guidelines are provided:

   a. A child has been forsaken or deserted if the whereabouts of both parents is unknown after reasonable efforts to locate them or there is credible evidence of a parent's stated or apparent intent not to resume the relationship with the child. If either parent is willing to accept care of the child, the child is not abandoned.

   b. A parent has not made adequate provisions for substitute care if the parent:

      1. Has failed or refused to care for the child for a period of time which is inconsistent with the child's condition or developmental status;

      2. has failed or refused to provide adequate care for the child by an alternative care giver; or

      3. the child was placed by a parent in the care of a person who is unwilling or unable to continue the care of the child, and the parent has failed or refused to resume care of the child for a period of time which is inconsistent with the child's age, condition or developmental status.

2. If the child has not been abandoned all three of the following questions must be answered yes:
   a. Is the child in imminent danger?

      Imminent danger refers to the Imminent Danger Types and Other Safety Factors listed on the PPS 2030 B Section I.

   b. Does the perpetrator have access to the child?

Access can include residing in the same home and unwilling to leave, refusal of family members to seek court order excluding alleged perpetrator, parent or other care giver not believing the child, custodial orders, and similar reasons.

c. Is the non-abusing parent unable to protect the child?

Inability may be due to drug/alcohol dependency, physical and/or mental impairment, inability to protect self from abuse, or unwillingness.

B. County/District Attorney Does Not File A Request for Protective Custody:
When the request for protective custody is not filed by the County/District Attorney the CPS specialist shall immediately notify his/her immediate supervisor. The CPS specialist and supervisor shall provide all available information to the County/District Attorney and obtain additional information as requested. If the County/District Attorney continues to decline to file protective custody, the supervisor shall notify the Assessment and Prevention Administrator. Discussions shall occur to determine alternative protective actions for the child(ren). In addition, the Assessment and Prevention Administrator shall determine whether the situation meets criteria for significant case event in PPM 0510, PPM 0511 and 0513.

2473 72 hour Protective Custody Hearing

When DCF receives an intake indicating a child has been placed in protective custody by law enforcement or an ex parte order, the assigned CPS specialist shall use the time available prior to the Protective Custody Hearing to exhaust all options to keep the child safely in their own home. The options considered for preventing out of home placement shall include but are not limited to: removal of the perpetrator, a safety plan to address the identified safety factors, identifying relatives or kinship resources, referral to family services or family preservation services.

If the child is not part of a current open case, the assigned CPS specialist shall complete a safety and risk assessment for abuse/neglect allegations or a CINC/NAN assessment for CINC/NAN allegations. The assessment shall include information from the parents including identity of potential relatives or kinship resources and what the family needs to keep the child safe in their home, Additional sources of information for the assessment shall include other care givers, child, relatives or other kinship resources, juvenile intake and assessment, schools, other service providers and current protective custody care giver or emergency shelters, as applicable.

If the child is currently part of an open case, information may be obtained from the sources listed above, as well as the family's history with DCF.

The assessment and/or recommendations shall be provided to the court at the time of Protective Custody Hearing. The recommendations made to the court and the outcome of the court hearing shall be documented in the DCF case file.

2474 Removal of Child From a Family Foster Home or Residential Facility

It is the policy of the department that a decision whether to remove a child who is in the custody of the Secretary of DCF from a foster home or residential facility (temporarily or permanently) should be based on the best interests of the child.

DCF does not have the authority to move a child who is placed with a relative or has been in a placement 6 months or more without court approval except for move to a prospective adoptive home. (K.S.A. 38-2258, 2259). If emergency removal is necessary, notify the court of jurisdiction within 24 hours and document the reasons in the case record. This provision doesn't apply when the child is to return home. When the child is being moved to live with a parent, the court must be notified pursuant to K.S.A. 38-2255(c)(2) at least 14 calendar days in advance of the planned placement with a parent. The notice shall state the basis for belief that placement with a parent is no longer contrary to the welfare or best interests of the child. If the court sets a hearing, the child shall not be returned home without the written consent of the court.

2475 Removal of Child From a Day Care Home or Center

Unless a child is in the custody of the Secretary of DCF, removal of a child from an unsafe day care home or center is the responsibility of the child's parents. If a parent chooses not to remove a child from a facility which is deemed unsafe by the department, any concerned person may report the matter for determination whether the child may be a child in need of care.

2500 Case Finding Resulting from an Investigation of Alleged Abuse or Neglect

The purpose of the case finding is to inform when abuse/neglect has occurred; and whether the identified perpetrator should be permitted to reside, work, or regularly volunteer in a child care facility.

A case finding shall be completed for each assigned allegation associated with a child alleged or suspected to have been abused or neglected. The CPS specialist, in consultation with the PPS supervisor or designee, (See PPM 0140), shall make the finding decision based on information gathered by the CPS specialist or CPS investigator during investigatory activities. The decision is made by weighing the facts and circumstances learned during the investigation and assessment and applying the definition of abuse/neglect. The standard of evidence applied to all case finding decisions regarding abuse and neglect is preponderance of the evidence.

A case finding is not required on a child in need of care/non-abuse/neglect (CINC/NAN) or Pregnant Woman Using Substances (PWS) case assignments. An assessment of the family is completed to determine if the family is in need of services.

2502 Allowable Case Findings

For each allegation of abuse/neglect one of the following case finding decisions shall be made:

A. Unsubstantiated

A reasonable person weighing the facts or circumstances would conclude it is more likely than not (preponderance of the evidence) the alleged perpetrator’s actions or inactions do not meet the abuse and/or neglect definitions per applicable Kansas Statutes Annotated (K.S.A.) and Kansas Administrative Regulations (K.A.R.).

B. Affirmed

A reasonable person weighing the facts and circumstances would conclude it is more likely than not (preponderance of the evidence) the alleged perpetrator's actions or inactions meet the abuse and/or neglect definition per applicable Kansas Statutes Annotated (K.S.A.) and Kansas Administrative Regulations (K.A.R.).

C. Substantiated

When abuse and/or neglect of a child meets criteria to affirm, the Child Protection Services (CPS) specialist in consultation with his/her supervisor shall evaluate the facts and circumstances of the alleged incidents to determine whether criterion for a substantiated case finding is met. When criterion is met, a substantiated case finding shall be considered. A substantiated case finding results in the perpetrator's name being placed on the Kansas Child Abuse/Neglect Central Registry. Per Kansas statutes and regulations, the perpetrator is not permitted to reside, work, or regularly volunteer in a Kansas Department of Health and Environment (KDHE) or Department for Children and Families (DCF) Foster Care and Residential Facility Licensing regulated child care or residential facility.

A substantiated case finding shall meet the following:

1. Affirmed physical/sexual/emotional abuse, physical/medical neglect, lack of supervision and/or abandonment of a child; and

2. A determination is made the perpetrator's actions, behaviors, or omissions meet at least one of the following criteria:

    a. there was an intent to commit the act that resulted in harm; and/or

    b. a reasonable person would have anticipated harm would occur to the child; and/or

    c. the harm was a result of failure or refusal to protect the child; and

3. There was serious harm, injury or deterioration to the child; or there was a likelihood of, or endangerment of serious harm, injury or deterioration to the child. Serious harm, injury or deterioration may include, but is not limited to:

    a. Death of a child.

    b. Condition which requires medical care, hospitalization, or surgery whether received or not, including but not limited to:
        i. fractures;
        ii. bruises on a child's body, including but not limited to, the face, head or abdomen;

iii. burns;
iv. injuries which are disfiguring;
v. injury resulting in severe or prolonged pain;
vi. multiple severe non-accidental injuries;
vii. failure to thrive or malnourishment;
viii. medical condition such as asthma or diabetes exacerbated by home conditions and/or failure to provide medication.

c. An indicated need for mental health treatment, whether received or not, due to serious mental and/or emotional harm or causal deterioration to the extent the child's emotional well-being is impaired or endangered. Such serious harm or deterioration may include, but not be limited to, characteristics exhibited to a serious degree: anxiety; depression; withdrawal; aggressive or self-harming behavior; or a substantial and observable change in the child's behavioral, emotional or intellectual functioning considering age and development of the child.

d. Any contact or interaction with a child in which the child is being used for the sexual stimulation of the perpetrator, the child or another person. Sexual abuse shall include, but is not limited to, allowing, permitting or encouraging a child to:

i. Be photographed, filmed or depicted in obscene or pornographic material; or

ii. be subjected to aggravated human trafficking, as defined in K.S.A. 2014 Supp. 21-5426(b), and amendments thereto, if committed in whole or in part for the purpose of the sexual gratification of the offender or another, or be subjected to an act which would constitute conduct proscribed by article 55 of chapter 21 of the Kansas Statutes Annotated or K.S.A. 2015 Supp. 21-6419 or 21-6422, and amendments thereto. K.S.A. 38-2202 (See Appendix 2A for Kansas Statutes Annotated references)

Contact solely between children shall meet the criteria only if the contact also involves force, intimidation, difference in maturity, or coercion. K.A.R. 30-46-10 (i)

e. Outcomes listed above in a.-d. would likely have resulted except discovery or intervention or accidental circumstances occurred prior to such outcomes.

f. A pattern of continuing, repeated, or progressively more severe behavior which indicates abuse or neglect. For purposes of determining whether a pattern exists, verified information from Kansas or any other state, federal enclave or Native American tribe or association using the standards of that state or entity. This may include Confirmed, Validated, Substantiated, Affirmed, or Unsubstantiated findings of abuse or neglect from Kansas, another state, federal enclave, or Native American tribe or association. Verified evidence of a prior conviction of a crime against a child may also be considered when determining if a pattern of abuse or neglect exists.

2510 Family Cases

In family cases the alleged perpetrator is a parent of the child, other adult residing in the home, or a sibling or relative age 10 and older.

2511 Case Finding Decision Points for Family Reports

A case finding decision is made weighing the facts and circumstances learned during the investigation and assessment. The facts and circumstances shall provide a preponderance of the evidence of abuse and neglect as identified in the definitions in order to consider an affirmed or substantiated case finding.

A. Same Finding For Child and Alleged Perpetrator:

The same case finding will be made for the child and the alleged perpetrator based on the facts and circumstances of the incident, unless the alleged perpetrator is unknown. If the information gathered during an investigation provides a preponderance of the evidence to affirm or substantiate abuse/neglect of a child occurred, and a preponderance of evidence the alleged perpetrator caused the abuse/neglect, an affirmed or substantiated finding is made for the child and the perpetrator. If there is no affirmed or substantiated finding regarding a child, no affirmed or substantiated finding can be made regarding a perpetrator.

B. Affirmed Finding When Perpetrator is Unknown:

In the rare event where there is a preponderance of evidence for abuse/neglect but there is a lack of evidence to identify the perpetrator, an affirmed finding is made on a child victim and the unknown perpetrator.

C. Contact With Alleged Victim Required For Finding:

A finding of unsubstantiated, affirmed, or substantiated is made only on the alleged victims who have been interviewed in-person. As long as one in-person contact was made with the alleged victim, a finding of unsubstantiated, affirmed, or substantiated is made based on information available. For the alleged victims which were not located, "unable to locate" should be selected as the status in the Finding field on the KIDS application.

D. Timeframe:

A case finding shall be made within 30 working days from the date the report was accepted for assessment unless a delay is requested by law enforcement, a county or district attorney, the court, health care professionals, mental health professionals or for similar exceptional circumstances documented in the case file. Failure to receive medical or mental health information which has been requested from professionals or other relevant person may be considered an exceptional circumstance justifying a delay in finding. If requested information is not received, the PPS supervisor will review the information every 60 days to determine if additional time should be allowed and document such decision in the case file. A CPS specialist may be designated for the PPS supervisor's absence.

The date of the case finding is the date the CPS specialist and the supervisor staffed the case to determine the finding decision. The date of the staffing/consultation is entered on the PPS 2011 in the Date of Finding field. The PPS 2011 is signed and dated electronically in KIDS by the supervisor and CPS specialist. The supervisor’s electronic signature in KIDS verifies the approval of the case finding. The signature dates may be a date after the case finding date.

E. Due Process for Alleged Perpetrator:

An affirmed or substantiated finding on the perpetrator cannot be made unless the alleged perpetrator has been afforded the opportunity to be interviewed by DCF, a law enforcement officer or a duly appointed member of a multi-disciplinary child protection team. If the whereabouts of an alleged perpetrator is not known, the opportunity to be interviewed may be documented by sending a letter offering an interview to the alleged perpetrator's last known address.

F. Location of Incident and Victim:

A finding of abuse or neglect may be made on the perpetrator and victim in the following situations:

1. The incident occurred in Kansas, regardless of where the victim is currently found or resides, or

2. The incident occurred in Kansas, regardless of where the perpetrator is currently found or resides, or
3. The child resides in Kansas or is found in Kansas, regardless of where the incident occurred.

G. Minor Case Finding:

A minor shall be affirmed or substantiated only if the criterion for an affirmation or substantiation has been met and the child perpetrator is at least 10 years old.

H. Addition of a Different Allegation Type:

Upon investigation, if the facts and circumstances indicate an affirmed or substantiated finding on different allegation type from the allegation type identified on the PPS1002 Initial Assessment, an affirmed or substantiated finding shall be made on the allegation type that best describes the facts and circumstances. On the PPS 2011 Case Finding, an unsubstantiated finding shall be made on the assigned allegations type. An additional allegation type shall be added for an affirmed or substantiated finding based on the results of the investigation. The allegation type resulting in the affirmed or substantiated finding shall be added, dated and initialed by the CPS specialist to the PPS 1002 Initial Assessment. See PPM 2842 for FACTS instructions.

2520 Facility Reports

In facility reports the alleged perpetrator is a foster parent, a minor over the age of 10 in the facility, child care provider, employee in a facility or another care giver other than the child's parents.

2521 Case Finding Decision Points for Facility Reports

A. For the purposes of case findings, a DCF Foster Care and Residential Facility Licensing approved foster home meeting licensing standards is subject to the same policy and procedures as a licensed foster home.
B. If a person voluntarily surrenders a license or registration to provide child care or voluntarily agrees to cease providing exempt care under approval status, the investigation shall continue. The investigation shall determine the safety of any children involved and include a case finding decision. Information gathered during the course of the DCF investigation shall be forwarded to KDHE or DCF Foster Care and Residential Facility Licensing.
C. When during the course of an investigation DCF determines a child may have experienced serious physical harm, serious deterioration, or sexual abuse, DCF shall provide KDHE or DCF Foster Care and Residential Facility Licensing with facts and information gathered during the DCF investigation/assessment to assist

KDHE or DCF Foster Care and Residential Facility Licensing in determining appropriate action regarding the license

2522 Case Findings When the Perpetrator Works Resides or Volunteers in a location Licenced by KDHE/DCF Foster Care and Residential Facility Licensing

A finding pertaining to a perpetrator is made regarding a person, not the facility. If abuse or neglect occurs in a facility and there are management or procedural actions or inactions which allowed it to occur, a referral shall be made to the Kansas Department for Health and Environment (KDHE) or the Kansas Department for Children and Families (DCF) Foster Care and Residential Facility Licensing for an investigation regarding any violations to the license or registration and to DCF child care for investigation regarding the provider agreement.

This section does not apply to a child/youth in the custody of the Secretary, residing in the home.

Refer to PPM 2544 for notification of the case finding to KDHE and DCF Foster Care and Residential Facility Licensing.

2530 Documenting the Case Finding

The CPS specialist, in consultation with the supervisor (or designee, see PPM 0140), shall make the finding decision. The case findings shall be documented on the PPS 2011, Case Findings. Case findings are reported in the FACTS database which provides management and statistical information for the department, state and federal government legislative and oversight groups and for the general public. The case finding is also recorded on the PPS 2030F, Family Based Assessment, for cases requiring an FBA.

2531 Basis for Finding

The basis for decision should document for someone unfamiliar with the investigation why the evidence supports the finding decision. The basis shall include rationale on which the case finding decision is based, the "why" of the finding decision, as related to the specific facts considered from the investigation and assessment. This includes addressing ALL allegations from the PPS 1002, Initial Assessment and the facts resulting from the investigation.

Examples of specific facts to be considered and documented within the basis, as it applies to the circumstances, include, but not limited to:

> the child's age, child's condition, date of incident, detailed description and location of bruises/marks/injuries, how bruises/marks/injuries were determined to be caused, how it was determined the alleged perpetrator caused the injury, what was found or not found to be harmful to the child, child's reaction to the alleged incident(s), how the child's environment caused harm or likelihood of harm to the child, child and perpetrator disclosures related to the alleged incident(s), description of impairment to child, detailed description of any physical evidence found, any additional information to establish a preponderance of the evidence.

Refer to Appendix 2B for suggested documentation per allegation type.

A. Unable to locate

If a finding hasn't been made due to not being able to locate the child or perpetrator, the basis for finding should summarize attempts made to locate the involved parties.

B. Delay In Case Finding

If the case finding is delayed and the decision exceeds 30 working days from the date of acceptance, an explanation shall be given in the basis for decision on the PPS 2011. See PPM 2511 D for allowable reasons to delay a case finding. If the case finding is delayed due to a reason not allowable per policy, the following statement shall be documented on the PPS 2011; “The case finding is delayed due to a non-allowable reason per policy”.

2540 Notice of Department Finding

A. The Notice of Department Finding for reports is PPS 2012.

The Notice of Department Finding informs relevant persons who have a need to know of the outcome of an investigation of child abuse/neglect. The Notice of Department Finding also provides persons information regarding the appeal process. The following persons shall receive a notice:

1. Parents, including the non-residential custodial parent, of the child who was alleged to have been maltreated. The non-residential custodial parent shall receive notice because they have equal rights and responsibilities for their child unless there is a court order abridging those rights through a divorce, parentage or CINC action.

   If sending the Notice of Department Finding to the non-residential custodial

parent may result in safety concerns for the child or family, the CPS specialist in consultation with a PPS supervisor (or designee, see PPM 0140) may determine a notice will not be sent due to the safety concerns.

2. Child, as applicable, if the child lives separate from the family.
3. The alleged perpetrator, if he/she is someone other than the parents.
4. Child Welfare Case Management Provider if the family is receiving services from a Child Welfare Case Management Provider.
5. Director of the facility or the child placing agency of a foster home if abuse occurred in a facility or foster home.
6. KDHE if the investigation of abuse or neglect involved a facility licensed or regulated by KDHE.
7. Director of Psychiatric Residential Treatment Facilities (PRTF), if abuse/neglect occurred in such Certified Facility.
8. Regional Mental Health Program Improvement field staff, if abuse/neglect occurred in a Licensed or Certified Facility.
9. DCF Foster Care and Residential Facility Licensing if the investigation of abuse or neglect involved a facility licensed by DCF.

The Notice of Department Finding shall be mailed on the same day, or the next working day, as the case finding decision, the date on the Case Finding PPS 2011, Date of Finding field.

B. Notice of Department Finding on all Case Findings

In order for the Notice of Department Finding PPS 2012 to be considered adequate notice, all Notices of Department Finding (unsubstantiated, affirmed and substantiated) shall contain information regarding the following:

1. Alleged Victim(s)
2. Alleged Perpetrator(s)
3. Allegation(s)

C. Notice of Department Finding on Unsubstantiated Case Findings

If the case finding is unsubstantiated, the “Basis of Decision” section shall include only the following statement; “Facts and circumstances do not support a substantiated finding by preponderance evidence.”

D. Notice of Department Finding on Affirmed or Substantiated case findings

If the case finding decision is affirmed or substantiated, the notice shall also include:

1. Date of report, as documented on PPS 1001 “Report Date”
2. Use of language indicating the standard of evidence being preponderance
3. A specific reason for the Department's finding decision

2541 Circumstances requiring Separate Notices

The following circumstances may indicate a need to send separate notices:

A. Finding involves children in the home with different fathers (or mothers). Send a separate PPS 2012 to the parents not residing in the home which includes the finding related only to their children. The recommended services should only be included on the Notice of Department Finding as relevant to the perpetrator's children.
B. Finding involves a non-parent, non-care giver perpetrator or a perpetrator not residing in the home of the child. Send separate notices to the perpetrator if services are recommended. The notice to the perpetrator shall not include the services recommended to the family.
C. Finding involves multiple perpetrators who do not reside in the home. Send a separate PPS 2012 to the perpetrator that includes the finding related only to that perpetrator. The notice to the perpetrator shall not include the services recommended to the family
D. Finding involves multiple perpetrators in a facility. Send a separate PPS 2012 to the perpetrator that includes the finding related only to that perpetrator.
E. Finding involves a non-parent, non-care giver perpetrator or a perpetrator not residing the home of the child and the perpetrator does not know the identity of the victim. Send separate notices to the perpetrator omitting the name of the child victim.

2542 Recommend Services on Notices of Department Finding for Family Reports

Based on the assessments completed with the family the Notice of Department Finding PPS 2012 may also include the recommended services, regardless of the case finding decision. If the CPS specialist is recommending services to the family, a full risk assessment PPS 2030D shall be completed. If the CPS specialist’s assessment indicates risks to child's safety which could be addressed with services, the notice shall include:

A. specific services recommended or the identified need to be addressed by services

B. information or resources for the family to obtain the services, including information regarding services available from DCF or other community agencies.

2543 Affirmed or Substantiated Case Findings on Children Under the Age of Three

If a case finding is affirmed or substantiated and the victim is a child under the age of three, the CPS specialist shall make a referral to Kansas Infant-Toddler Services, the early intervention services funded under part C of the Individuals with Disabilities Education Act.

A. Procedures for making referral to Infant-Toddler Services

The CPS specialist will send a referral to the local Infant-Toddler program via the Referral to Infant-Toddler Services PPS 2015 the same day or within one working day of the case finding decision.

The CPS specialist shall inform the parent of a referral made to the Infant-Toddler program by sending:

1. PPS 2012 Notice of Department Finding
2. PPS 2015 Referral to Infant-Toddler Services; and
3. Appendix 2D Information regarding Infant-Toddler Services

Contact information for the local Infant-Toddler program shall be added as indicated at the end of Appendix 2D. A brochure from the local Infant-Toddler program may be substituted for Appendix 2D.

B. Children in out of home placement

The referral for children in out of home placement shall be made by the CPS specialist and sent to the county where the child is currently placed.

The Referral to Infant-Toddler Services PPS-2015 shall include the location of the child to the Infant-Toddler program. If the parents are unaware of the child's location, this information shall be removed from the parent's copy.

The Referral to Infant-Toddler Services PPS-2015 shall also be sent to the contracting agency providing the out of home services.

C. Previous referrals to Infant-Toddler Services

A referral shall be made to the Infant-Toddler Services each time a child under the age of three is affirmed or substantiated. If the child is currently receiving Infant-Toddler services or if the child has been previously referred as a result of an affirmed or substantiated finding, the referral shall be sent.

D. Location of parent and/or child is unknown

A referral shall be made to the Infant-Toddler Services when the whereabouts of the parent and/or child are unknown. The referral shall indicate the information to contact the parent and/or child is unknown.

E. Location of Infant-Toddler Services statewide

Programs available for each community can be located on the Kansas Department of Health and Environment website at http://www.kdhe.state.ks.us/its/index.html , click on the link for “Local tiny-k Programs”.

F. Additional information to Infant-Toddler Services

If the Infant-Toddler Services requests additional information regarding the family following the referral, a release of information signed by the family is required.

2544 Notification on Facility Reports

A. Child Care Facility Electronic Notification of Reports to Kansas Department of Health and Environment (KDHE)

When a report concerns a Child Care facility such as, Licensed Day Care Homes, Group Day Care Homes and Child Care Centers, the CPS Specialist shall send all notices of the case finding decision to KDHE electronically according to the following procedures. The notice shall contain the Notice of Department Finding PPS 2012.

The forms to be sent shall be converted to .pdf file format and sent to: cclrreports@kdheks.gov

The subject line of the e-mail shall contain specific information necessary to identify the type of report for KDHE.

1. Type of communication: Finding
2. Type of facility: Child Care (CC)
3. County where the facility is located: Two letter county code.
4. Name of Facility: The name of the facility or the last name of the licensee

B. Foster Care or Residential Facility Electronic Notification of Reports to DCF Foster Care and Residential Facility Licensing

When a report concerns a Foster Care Home or Residential Facility the CPS specialist shall send all notices of the case finding decision to DCF Foster Care and Residential Facility Licensing electronically according to the following procedures. The notice shall contain the Notice of Department Finding PPS 2012.

The forms shall be sent to: DCFCCLReports@dcf.ks.gov

The subject line of the e-mail shall contain specific information necessary to identify the type of report for DCF Foster Care and Residential Facility Licensing.

1. Type of communication: Finding
2. Type of facility: Foster Care (FC), or Residential Facility (RF)
3. County where the facility is located: Two letter county code.
4. Name of Facility: The name of the facility or the last name of the licensee

C. Psychiatric Residential Treatment Facilities (PRTF) Electronic Notification of Reports to Kansas Department for Aging and Disability Services (KDADS)

The CPS specialist shall send all notices of case finding decisions regarding Psychiatric Residential Treatment Facilities (PRTF) to KDADS electronically according to the following procedures. The notice shall contain the Notice of Department Finding PPS 2012.

The forms to be sent shall be converted to .pdf file format and sent to: MHPRCReports@dcf.ks.gov

The subject line of the e-mail shall contain specific information necessary to identify the type of report for KDADS.

1. Type of communication: Finding
2. Type of facility: Residential Facility (RF)
3. County where the facility is located: Two letter county code.
4. Name of Facility: The name of the facility or the last name of the licensee

D. Abuse/Neglect of or by a Youth Adjudicated as a Juvenile Offender Electronic Notification of Reports to KDOC-JS

The CPS specialist shall send all notices of the case finding decision involving abuse/neglect of or by a youth who has been adjudicated a Juvenile Offender to KDOC-JS electronically according to the following procedures. The notice shall contain the Notice of Department Finding PPS 2012.

The forms to be sent shall be converted to .pdf file format and sent to: DCFIncident@doc.ks.gov

The subject line of the e-mail shall contain specific information necessary to identify the type of report for KDOC-JS.

1. Type of communication: Finding
2. Type of facility: Foster Care (FC), or Residential Facility (RF)
3. County where the facility is located: Two letter county code.
4. Name of Facility: The name of the facility or the last name of the licensee

E. Violations of Regulations Discovered During Abuse or Neglect Investigation

All substantiated and affirmed findings of abuse or neglect in a facility subject to licensing or regulation by KDHE/DCF Foster Care and Residential Facility Licensing shall be reported to KDHE/DCF Foster Care and Residential Facility Licensing within five (5) working days of the finding. An investigation which does not substantiate or affirm abuse or neglect may uncover information which should be reported to KDHE/DCF Foster Care and Residential Facility Licensing for evaluation whether a regulatory or licensing violation may have occurred. The information should be

specific enough that KDHE/DCF Foster Care and Residential Facility Licensing can use the information to determine if an investigation of regulatory or licensing violation is necessary.

F. Notice to KDHE/DCF Foster Care and Residential Facility Licensing Regarding Findings of Maltreatment Outside a Facility by a Person Who Works, Resides or Regularly Volunteers in a Facility and Incidents Involving a Child of Such Person

If such person is substantiated or affirmed for child abuse or neglect, notice shall be sent to KDHE/DCF Foster Care and Residential Facility Licensing within five (5) working days of the finding. Form PPS-2012 shall be used for this purpose.

G. Notification to DCF Child Care

If the investigation involved a child day care home or center, DCF Child Care Provider Manager shall receive a copy of the notices sent to KDHE.

2546 Providing Affirmed and Substantiated Findings to the Kansas Attorney General

The Kansas Attorney General may request case finding documentation of affirmed and substantiated case findings.

A. Process for forwarding

When the Kansas Attorney General's Office requests case finding documentation the following shall be forwarded:

1. A copy of the Case Finding PPS 2011,
2. Notice of Department Findings PPS 2012, and
3. Face Sheet, PPS 1000 page 1.

The PPS 2017 shall be used to forward the requested forms within 10 working days of the request from the Kansas Attorney General. All the information requested on the PPS 2017 shall be completed.

B. Additional Information Forwarded Upon Request of the Kansas Attorney General

Upon request of the Kansas Attorney General's office, a copy of the complete investigation case record shall be provided. DCF Legal Division will be responsible for coordinating all requests for case records from the Attorney General's office. DCF Legal Division will make the request through the Regional

Director. A copy of the case file shall be provided to DCF Legal Division via certified mail within 10 working days of the request.

If the Attorney General's Abuse/Neglect and Exploitation (ANE) unit contacts a CPS specialist to request additional information, the CPS specialist shall forward the request to the DCF Liaison in PPS Administration.

C. DCF Denied the Ability to Complete an Investigation

In the event DCF has been denied the ability to complete a full investigation of abuse and neglect but have reasons to believe abuse and neglect did occur, the Attorney General's shall be notified within 10 working days. Prior to notifying the Attorney General, the PPS supervisor shall promptly contact PPS Protection Unit staff to determine if an investigation applies to this requirement.

Cases that may apply to this requirement include, but are not limited to, persons refusing access to interview an alleged victim, a school refusing access to interview an alleged victim or others refusing to release records despite authorization to do so. Nothing in the policy shall interfere with DCF requesting assistance from local law enforcement or county/district attorney to ensure child's immediate safety.

2547 Notification to County or District Attorney of DCF Finding of Abuse or Neglect

When the case finding is affirmed or substantiated, notice shall be promptly provided to the county or district attorney. The CPS specialist shall document on the PPS 2011 Case Finding, Section III:

A. the report was sent to the county or district attorney,

B. the date sent, and

C. DCF recommendation regarding CINC case:

1. No recommendation,
2. Recommend no CINC, or
3. Recommend CINC

A request that a child be placed in the custody of the Secretary of DCF shall meet policy requirements in PPM 2472.

The notice shall include copies of the following:

A. Case Finding PPS 2011,

B. Notice of Department Findings PPS 2012,

C. Face Sheet, PPS 1000 page 1, and

D. FAX Transmittal cover page, PPS 2017 used to forward the requested information to the Attorney General's office.

Additional information may be required based on requests from the local County or District Attorney. DCF shall cooperate with the county or district attorney by providing requested information which is in the possession of the DCF and by being available for testimony if required.

2548 Notice Regarding Affirmed or Substantiated Case Finding of a Youth Who Has Been Adjudicated a Juvenile Offender

Upon a case finding of affirmed or substantiated abuse/neglect of or by a youth who has been adjudicated a Juvenile Offender, DCF shall notify the county or district attorney and the community corrections case manager for the child or Commissioner of KDOC-JS according to local procedures. Notice may be verbal (and documented in the case file) or in writing if requested. No particular forms are specified for this notice.

2549 Notice Requirements for Case Findings on a deceased perpetrator

In order to provide the family and/or executor of an estate information to appeal on the perpetrator's behalf, notices of agency findings will be sent to the perpetrator's last known address or the perpetrator's estate when the perpetrator is deceased.

2550 Findings on Reports Investigated by a Law Enforcement Agency, Native American Tribal Agency, or Military Authority

Substantiated findings made on reports received from law enforcement, Native American Tribal Agency or Military Authority shall be documented on the case finding form (PPS 2011) and notices shall be sent as indicated in PPM 2540. There is no entry required in the KIDS computer application.

Law Enforcement Agency

If DCF receives a report of abuse or neglect which has been investigated by a law enforcement agency a finding shall be made if the report contains sufficient information to reach a conclusion using the department preponderance standard of evidence.

When a case finding is made based on the information received from law enforcement, the case is not required to be assigned for investigation. If the report does not contain sufficient information to make a finding, and the case otherwise meets the criteria for accepting the report, the report shall be investigated/assessed and a finding made using established DCF policies and procedures.

If the agency becomes aware of a child's death associated with allegations of abuse and neglect through the media, word of mouth or any source, DCF shall request the law enforcement reports regarding the child's death, even if DCF has not been involved in the investigation. DCF shall review report for the purposes of making a case finding.

A case finding is only made when law enforcement reports meet the criteria for substantiation. The perpetrator is entered into the Central Registry based on the law enforcement finding.

If the report from law enforcement is regarding a DCF employee as the alleged perpetrator, the finding will be made on the law enforcement report alone without additional investigation. The case finding will be entered into FACTS as described above.

Policies regarding Notice of Department Findings apply to reports investigated by Law enforcement, including a DCF employee as the alleged perpetrator.

Native American Tribal Agency Tribes with Whom DCF Executed a Memorandum of Understanding:

DCF may have a memorandum of understanding with Native American Family Services (NAFS), Prairie Band Potawatomi Social Services (PBPSS), the Kickapoo Social Services (KSS) and Sac and Fox Social Services (SFSS) for these agencies to provide protective services to members of the following tribes:

• Iowa Tribe of Kansas and Nebraska-NAFS
• Kickapoo Tribe of Kansas
• Prairie Band of the Potawatomi Nation
• Sac and Fox Nation of Missouri in Kansas.

Substantiated findings by NAFS, PBPSS, KSS, and SFSS will be accepted and the perpetrator entered in the Central Registry via the KIPS system. When a case finding is made based on the information provided, the case is not assigned for investigation/assessment. Native American Tribal Agencies will send any notice of substantiation.

If a report of an investigation by other tribes is received by DCF concerning a report of abuse or neglect over which the tribe has jurisdiction, a finding shall be made if the report contains sufficient information to reach a conclusion using the preponderance standard of evidence. When a case finding is made based on the information provided, the case is not assigned for investigation/assessment. If the report does not contain sufficient information to make a finding, and the case otherwise meets the criteria for accepting the report, the report shall be investigated and a finding made using established DCF policies and procedures.

Only reports from other tribes which meet the criteria for substantiation will be entered into the Central Registry via the KIPS system. Policies regarding Notice of Department Findings apply to reports investigated by other tribes. See PPM section 2540.

Military Authority

DCF shall enter a finding on any investigation conducted by the military or jointly by DCF and military authorities or agencies. If the investigation was conducted by military authorities within the boundaries of the military enclave, and sufficient information was provided to DCF to make a finding, the case is not assigned for investigation/ assessment.

Only reports from military authority which meet the criteria for substantiation will be entered into the Central Registry via the KIPS system. Policies regarding Notice of Department Findings apply to reports investigated by military authorities. See PPM section 2540.

Entering Findings into the Central Registry

The report shall be sent to the Assessment and Prevention Program Manager at PPS Administration. When substantiation criteria is met, the finding shall be entered into the Central Registry via KIPS. The Program Manager shall notify the region when the finding has been entered. The region is responsible for sending the appropriate notices. The “Report Date” on the PPS 2012 Notice of Department Findings shall be the date the Assessment and Prevention Program Manager enters the report in KIPS. The

region shall maintain the hard copy file of the report for potential appeals and expungement requests.

2560 Recurrent Maltreatment Reviews

For the purposes of this policy, recurrent maltreatment is defined as a second affirmed or substantiated victim finding within six months from the initial affirmed or substantiated finding date.

Cases with a second affirmed or substantiated finding will be reviewed by the Assessment and Prevention Administrator, an uninvolved PPS supervisor or a designated CPS specialist in the supervisor's absence. The reviewer shall read the entire event of the current affirmation or substantiation and the previous affirmation or substantiation within the past six months. The reviewer shall give specific consideration to the following areas: Completion of the Investigation/Assessment Activities, Concurrence with Findings, Service Provision, and Recommendations.

The review shall be documented on the PPS 2018 Review of Recurrent Maltreatment in Six Months. The PPS 2018 shall be maintained in the case.

2570 Appeal of Finding Decision By a Perpetrator

Persons who have been substantiated or affirmed as a perpetrator of abuse or neglect may appeal the DCF finding decision. Requests for fair hearing pursuant to K.A.R. 30-7-68 et seq. are to be made in writing within 30 days of the date of finding notice. An additional 3 days are allowed if the notice is mailed. Fair hearing requests received by DCF are to be forwarded to the Office of Administrative Hearings. Fair Hearing request forms may be obtained from any local DCF office. Individuals identified as perpetrators may have legal counsel or others to represent them at the hearing. If a person identified as a perpetrator is dissatisfied with the hearing decision, they may request a review of the decision by the State Appeals Committee. The decision of the State Appeals Committee may be appealed to the district court.

If the finding on a facility licensed KDHE by is appealed, KDHE shall be notified within 5 working days of the notice of appeal and any final action resulting from the appeal.

2571 Finding Decisions Reversed by the Administrative Hearing Office

When a finding is reversed by the Administrative Hearings Officer, documentation and notices shall be updated. The Case Finding PPS 2011 needs to reflect the change in finding and the reason for the change in finding. A new Notice of Department PPS 2012 shall be sent all the same parties receiving the original Notice of Department Finding. The notice shall indicate the case finding as directed by the decision of the appeal officers.

The decisions made regarding the family based on the original case finding shall be reviewed. Decisions regarding the out of home placement of a child related to the original substantiated or affirmed finding shall be reviewed by the CPS specialist, supervisor (or designee) and Assessment and Prevention or Foster Care Contract Administrator (or designee). The review shall be made to determine if the out of placement is still recommended despite the reversed finding on the abuse/neglect report. The review shall be documented including the rationale for any decisions made as a result of the finding being reversed.

2580 Requests For Expungement

A person who has been identified as a confirmed (before 7/1/97) or validated (on and after 7/1/97) or substantiated (on or after 7/1/2004) perpetrator of abuse or neglect may apply in writing to the Secretary to have his/her name expunged from the Child Abuse/Neglect Central Registry when:

A. Three years has elapsed since the perpetrator's name was entered on the central registry,

B. A change of circumstances or identification of new information, and

C. Twelve months have passed since the last request for expungement was submitted.

If a person requests their name to be expunged from the registry, the person should be directed to make the request in writing to the Secretary of DCF stating the basis for their request. The letter need not follow any particular form and should be addressed to the Secretary of the Department for Children and Families, attention: Prevention and Protection Services, 555 S. Kansas Ave. Topeka, KS. 66603.

2600 Risk Assessment

Risk assessment is a research based tool designed to indicate the likelihood of future maltreatment of a child, based on identified risk factors that have been statistically correlated to future maltreatment. Elements of the risk assessment include:

A. current incident

B. history of past abuse/neglect

C. child behaviors

D. assessment of parenting skills

E. social relationships/support of the family

F. current or history of substance abuse of the parent(s)

G. emotional well being of the parent(s)

H. victim or perpetrator of spouse abuse

I. victim of child abuse

J. criminal history of parents

K. significant stress factor in the home such as unemployment, divorce, financial difficulty

L. parental attitude toward the current event

2610 Advantages of a Structured Risk Assessment

The assessment of risk is an integral part of any investigation/assessment. The advantages of using the structured Risk Assessment tool PPS 2030B include:

A. it is research-based

B. ensures that all significant risk factors are considered in each assessment

C. quantifies the level of risk

D. assists DCF in identifying risk factors to help families identify behaviors, perceptions, attitudes, motives, emotions, etc. contributing to the likelihood their child(ren) may be abused or neglected in the future.

E. assists the worker in making service action decisions

2620 Assignment Types Requiring Completion of a Risk Assessment

A risk assessment is a part of the family based assessment completed for abuse and/or neglect unless the alleged or suspected person responsible for the maltreatment is non-family/unregulated care giver, or the child is alleged or suspected to have been maltreated while receiving care in a facility subject to regulation by the Kansas

Department of Health and Environment or DCF Foster Care and Residential Facility Licensing.

2630 Time Lines for Completion of a Risk Assessment

A risk assessment is part of a family based assessment and is subject to the same time lines. The Risk Assessment, PPS 2030 D, shall be completed with as much information as available at the time of family preservation referral; completed within two working days of foster care referral; or completed at the time the Notice of Department Finding is completed if services are being recommended to the family. The Risk Assessment is due 30 working days of intake assignment.

2631 Required Family Contact on an Open Investigation/Assessment

When a case is open for investigation/assessment, the assigned CPS specialist shall make in person contact with the family at least one time every 30 calendar days from the date the case is assigned. The purpose of the contact is to review safety and risk factors identified from earlier family contacts and to determine if those safety and risk factors continue to exist in the family or if they have been mitigated.

If the family is unable to be contacted in person, the CPS specialist and supervisor shall determine whether it is necessary and appropriate for the case to remain open.

In person contact with the family is considered to have occurred on an open case if contact is made with the primary caregiver and the alleged victims or involved child(ren) on a CINC/NAN. It is not necessary for the contact with all family members to occur at the same time.

2640 Documenting the Risk Assessment

Except as otherwise provided in this section, risk assessments are completed for reports assigned for abuse/neglect (A/N). All information gathered during the investigation and assessment which indicates potential risk concerns for the child shall be documented in the sections most appropriate on the PPS 2030 C for A/N reports only, or PPS 2030 D for A/N reports. A printed form is the official copy and shall be in the case record.

2641 Presenting Report Type and History

When completing the risk assessment (PPS 2030 D) the CPS specialist shall indicate the report type as provided on form PPS 1002, Initial Assessment, and briefly describe any known previous history of abuse or neglect regarding the child or the child's current care givers.

2642 Risk Factors

For each child and care giver in the report, the CPS specialist shall indicate the presence of listed risk factors and describe its effect on the child's safety.

2643 Family Strengths and Resources

For each risk factor identified, the CPS specialist shall describe the family's ability to use their strengths and resources to manage the risk factors. Identifying family strengths and resources shall include collecting information regarding kinship resources. A kinship resource may include relatives or other adults whom the family has a close positive emotional attachment. The information collected shall include the name of the kinship resource, the relationship to the child or family and contact information for the resource. This information shall be included on the PPS 2030 D Risk Assessment and entered in FACTS.

2650 Risk Assessment Conclusions

Upon considering all the information available, the CPS specialist shall document a conclusion related to risk on Section V of the form, PPS 2030 D, Risk Assessment. The conclusion shall be one of the following:

A. No significant risk factors: In the course of the assessment, no significant risk factors were identified.

B. Risk is controlled by family or community resources: Some significant risk factors were identified, but family resources and strengths are sufficient to provide for the safety of the child(ren).

C. Risk is present: Significant risk factors were identified and there are not sufficient resources and strengths within the family to provide for the safety of the child(ren) without agency intervention.

When some but not all members of the family are unable to be located or the family cannot be located once the assessment has begun, the risk assessment and risk conclusion should be completed based on the information available.

The Risk Assessment shall be documented on the KIDS application. A printed form is the official copy and is placed in the case file.

2660 Risk Assessment Short Form

The short form of the Risk Assessment (PPS 2030 C) may be utilized rather than the full form PPS 2030 D under the following circumstances:

A. The safety assessment decision indicates the child is "safe," AND
B. Services are not being recommended, AND
C. The abuse/neglect finding is or will be "unsubstantiated", OR
D. The abuse/neglect finding is "substantiated" or "affirmed" AND access by the perpetrator is highly improbable, e.g. incarcerated for an extended period; perpetrator lives in a distant state and the care giver will not permit contact, AND
E. All children in the home are 6 years of age or over.

A full Risk Assessment (PPS 2030 D) is required if services are being recommended to the family.

2661 Time lines for Completing the Risk Assessment Short Form

The PPS 2030C short form risk assessment is part of a family based assessment and shall be completed within 30 working days of case assignment.

2662 Documenting the Risk Assessment Short Form

A Risk Assessment (short form) is documented on form PPS 2030 C. Documentation includes identification of any risk factors and the family's ability to respond to these factors.

Note: If the short form risk assessment indicates that uncontrolled risk is present for the child, the CFS specialist shall complete the PPS 2030D full risk assessment.

If services are going to be offered, a PPS 2030D full risk assessment is required.

2700 Assessment of Reports of Child in Need of Care - Non Abuse/Neglect

Children are referred to the department due to conflicts with home, school or community; runaway; school non-attendance; human trafficking or other reasons defined as child in need of care by K.S.A. 38-2202. The purpose of assessment is to determine whether the child may be a child in need of care and whether services to the child and family are indicated.

If the report is not a request from the family, the CPS specialist shall inform the family that the Kansas Code for Care of Children requires DCF to make an inquiry. The CPS specialist shall advise the family that they are not required to cooperate with the department and the possible consequences of such refusal.

If the assessment indicates the child and family are eligible for family preservation services a referral shall be made with the agreement of the family. See PPM section 4000.

2701 Reasonable Efforts to Complete Response Time for CINC/NAN Assignment

The CPS specialist shall initiate action as soon as practical but within the response time set. The response time is met when the child, a parent, guardian or caregiver of the child has been contacted by DCF.

A. CINC/NAN- not assigned for Humans Trafficking (HT) Assessment:

> A minimum of two attempts shall be made to contact a family subject of a CINC/NAN assignment. Contact in person is preferable but telephone contact or a letter offering services may be used in situations which do not appear to pose a serious risk to the child. The two attempts shall be within the response time set. Any in-person attempt shall be made where it is reasonable to expect one or both of the parents to be found.

B. CINC/NAN Assigned for HT Assessment:

Cases with the assignment type CINC/NAN (WPC) for Human Trafficking Assessment require an in-person contact with the child. Refer to PPM 2703 for CINC/NAN (HT) Assessment requirements for reasonable efforts to meet the response time.

2703 Reasonable Efforts to Meet Response Time for CINC/NAN Human Trafficking Assessments

When a report has been assigned as CINC/NAN for a Human Trafficking (HT) Assessment, an in-person contact with the child is required within the assigned response time established on the form PPS 1002, Response Determination.

Telephone or letter contact with the child is not sufficient. See PPM 2130 and 2140 for guidance on the interview setting and parental permission.

In-person contact shall be made by a CPS specialist or authorized collateral, i.e., law enforcement officer or licensed child welfare case management provider assigned case responsibility.

DCF shall make a reasonable effort to make an in-person contact with the child. Reasonable effort is made if the DCF staff or authorized collateral attempted in-person contact with the child in a location where it is reasonable to expect the child to be found. If the child is located, in-person contact shall be made within the response time set.

A. Reasonable Efforts to Meet Response Time

Two attempts must be made to satisfy the reasonable effort requirement. Either:

1. two attempts within the response time set, OR

2. at least one attempt within the response time set, and

    a. a second attempt by the close of business the next working day for a "same day" response time, or

    b. within 72 hours, excluding week-ends and state holidays, of the initial attempt on a 72 hour response time.

B. Allowable Reasons

If it is determined contrary to the safety and best interest of the child to proceed within the response time, an exception shall be requested from the Assessment and Prevention Administrator.

If it is determined the child is not available due to allowable reasons; and depending on the circumstances of the situation, two attempts may not be required.

Allowable reasons for not making in-person contact with the child within the response time include the following:

1. Family left the state
2. DCF has been directed not to proceed by county/district attorney or law enforcement
3. Family refuses to cooperate
4. Appointments were scheduled but the person(s) failed to keep the appointment
5. Act of God (weather, road conditions)
6. Parents refused access to the child
7. Child(ren) out of state - i.e. visiting relatives
8. Child is currently hospitalized and hospital personnel verified the child will not be dismissed prior to face to face visit being arranged.

Allowable reasons apply only to whether a time line requirement can be met. If the person to be interviewed can be located or made available, the CINC/NAN Human Trafficking Assessment should be carried out. (Example: The parents missed a scheduled appointment causing the in-person contact to be delayed but the assessment will continue.)

DCF should honor a request from a law enforcement agency not to take an action which would interfere with a criminal investigation.

C. Documentation

If unable to make in-person contact with the child within the response time set, include the reason the contact was not made and the attempts to locate the child (date and results). Attempts to contact the child and determine safety are documented on the PPS 2030E, Section IV Child in Need of Care - Non Abuse or Neglect Assessment. Exceptions to timelines or allowable reasons shall also be documented on the PPS 2030E, Section I (E).

2710 Documenting the Child in Need of Care – Non Abuse/Neglect Assessment

Assessments of reports which indicate a child is in need of care due to actions or behaviors of the child and in which there is no allegation or suspicion of parental or other adult abuse or neglect of the child are assessed and documented using form PPS 2030E, Child in Need of Care-Non Abuse/Neglect, and the PPS 2030F, Family Based Assessment Summary.

In cases where there is a child in the home under 6 years of age, the CPS specialist shall review KIDS and FACTS for agency history on all caregivers. In addition to agency history, the caregivers shall be searched on the Central Registry, the Kansas Department of Corrections website, the Kansas Sex Offender website, the National Sex Offender website http://www.accesskansas.org/kbi/ro.shtml and local court databases, where available.

All history shall be documented on the Child in Need of Care-Non Abuse or Neglect, PPS 2030E, Section III and IV. Documentation shall clearly state the name of the person searched, the date the search was conducted, the database or website searched and what the search yielded, including if no history is found.

2711 Presenting Problem

The CPS specialist shall identify the family's presenting problem using the reason for case assignment found on form PPS 1002, Initial Assessment.

2712 Contributing Factors and Family Strengths and Resources

The CPS specialist shall identify any other contributing factors as appropriate to the child and family circumstances.

For each contributing factor identified, describe the family's ability to use its strengths and resources to manage the factor. Identifying family strengths and resources shall include collecting information regarding kinship resources. A kinship resource may include relatives or other adults whom the family has a close positive emotional attachment. The information collected shall include the name of the kinship resource,

the relationship to the child or family and contact information for the kinship resource. This information shall be included on the PPS 2030E Child in Need of Care - Non Abuse or Neglect Assessment and entered in FACTS.

2713 Assessment Conclusion

Upon considering all available information, the CPS specialist shall document a conclusion regarding the circumstances of the child. The options are as follows:

A. No Problem Behaviors: The child is not a danger to self or others and there is no service need by the child or family.

B. Problem Behaviors Controlled: Problem behaviors have been identified and/or contributing factors have been identified, however, the family is able to address the concerns without further agency intervention.

C. Problem Behavior Present (child is a danger to self or others): Behaviors are significantly problematic, and family strengths and resources are not adequate to control the identified problem(s).

2714 Assessment Summary

A Family Based Assessment Summary, PPS 2030 F, shall be completed for CINC/NAN assignments. PPS 2030 F Sections II through V shall be completed as appropriate to document the case action and initial case goal. A printed form is the official copy and shall be in the case record.

If the assessment indicates the family is eligible for family preservation services, a referral shall be made with the agreement of the family. See PPM section 4000

2720 Time line For Completing a CINC/NAN Assessment

A CINC/NAN assessment is part of the family based assessment and subject to the same time lines. The CINC/NAN assessment shall be completed with as much information as available at the time of family preservation referral; or completed within two working days of foster care referral. The CINC/NAN Assessment is due 30 working days of intake assignment.

2721 Reasonable Efforts to Initiate Contact in a Pregnant Woman Using Substances Case

Face to face contact shall be made with the pregnant woman within 72 hours, excluding weekends and state holidays, of case assignment in a location where it is reasonable to expect the woman to be found. If she is not located on the first attempt, a second attempt shall be made within 72 hours of the original attempt, excluding weekends and state holidays.

2722 Assessment the Pregnant Woman Who is Using Substances

Service needs assessments of pregnant women using substances shall address circumstances and resources of all household members and others identified during the assessment process of the pregnant woman. Information on the PPS 2005, 2030E and 2030F shall be gathered to determine if a referral for Family Preservation Services may be made. Any decision regarding service needs shall be made in consultation with the supervisor.

If the pregnant woman using substances is receiving TAF cash assistance, the CPS specialist shall contact the EES worker to determine if she is Solutions Recovery Care Coordination (SRCC) eligible. If the pregnant woman is SRCC eligible, PPS and EES shall staff the case and determine which program will best meet her needs. Other professionals who may provide relevant information regarding appropriate service provisions shall be invited to the staffing as time permits. If the decision made during the staffing is for the pregnant woman to be served by SRCC, the CPS specialist shall close the PPS case.

2723 Family Preservation Referral Criteria for a Pregnant Woman Using Substances

The pregnant woman shall be actively using or at imminent risk of relapse and shall meet at least one of the criteria below to be appropriate for Family Preservation Services.

A. Crisis situation which increases the need for the frequency of contact and the intensity of service need or;

B. Other children in the home with needs related to mom's drug/alcohol use or; Three or more areas of need which are or are perceived as barriers to treatment;

1. Mental Health issues
2. Unemployment or vocational problems
3. Housing
4. Childcare
5. Domestic Violence
6. Criminal/Legal or other court involvement
(i.e. CINC proceedings)
7. Health concerns-infectious diseases etc.
8. Previous treatment episodes
9. Parenting
10. Transportation

To document the pregnant woman meets or does not meet these criteria, the CPS specialist completes the UNCOPE screening tool PPS 2005 with each woman. Each "Yes" response recorded on the UNCOPE with information received either from the pregnant woman or from a collateral contact is documented on the 2030E Child in Need of Care-Non Abuse or Neglect Assessment in KIDS. The UNCOPE form will be attached to the 2030E in the paper file. Description of the current crisis being experienced by the pregnant woman shall be documented on the 2030E in the narrative section of the appropriate category.

The barriers to drug and /or alcohol treatment described by the pregnant woman and the results of the UNCOPE screen shall be documented on the 2030E.

2731 Non-attendance of Child Age 7 or More But Less Than 13

The responsibilities of DCF are to:

A. Contact and assess the family to determine if there is reason to suspect the child is in need of care for reasons other than school non-attendance. If so, take appropriate action.

B. Determine if services are necessary and feasible to enable the family to comply with the attendance laws. Provide or refer for services, if needed.

C. Determine if a petition should be requested of the county or district attorney: request petition if "yes."

2732 Home Schools

The schooling of children in private/home schools is not defined in statutes, but Kansas recognizes Non-Accredited Private Schools/Home Schools. Registration of Non-Accredited Private Schools/Home Schools is required per K.S.A. 72-53,100-102. If it is discovered a child is home schooled during the assessment of a report which is assigned to assess for a child not attending school as required by law, DCF shall determine whether the private/home school is registered with the Kansas Board of Education. Verification with Kansas Board of Education can be made by calling (785)296-6066.

If the private/home school is not registered with the Kansas Board of Education, and there is no reason to believe a child may otherwise be a Child In Need of Care, the parents shall be informed of the requirement for registration with the Kansas Board of Education. The parents shall also be informed DCF is required to follow-up to verify registration and the requirement for DCF to notify the county/district attorney if the family has not registered.

DCF shall follow-up with the Kansas Board of Education to verify if the private/home school is registered prior to case closure. If the private/home school is not registered and the children are not attending any other school, such information shall be shared with the County/District Attorney. If at any time there is reason to believe the child may otherwise be a Child In Need of Care, DCF shall take necessary action.

2740 Family Based Assessment

It is the policy of the department that a Family Based Assessment (FBA) is the method used for the purpose of identifying those services necessary to keep families intact, determine the necessity for a placement and/or to reunite them. Except as otherwise provided by this manual, a Family Based Assessment is required for all cases accepted for further assessment by the department.

Family Based Assessment is a dynamic, ongoing, mutual process between the CPS Specialist and the family which evaluates both objectively and subjectively the family situation and the people that comprise the family on the basis of facts, feelings, persons, and circumstances. The primary purpose of the assessment is to identify the family strengths and needs and to develop an action plan to address those circumstances which led to the family coming to the attention of the department. The

CPS Specialist completes the Family Based Assessment with the active involvement of the family. The FBA lays the foundation for a comprehensive and effective case plan.

EXCEPTIONS: A Family Based Assessment is not required when:

A. The alleged or suspected person responsible for the maltreatment is non-family/unregulated care giver,

B. The child was alleged to have been maltreated while receiving care in a facility subject to regulation by the Kansas Department of Health and Environment or DCF Foster Care and Residential Facility Licensing.

2745 Purchase of Services or Resources during the Family Based Assessment

During the Family Based Assessment, if specific services are identified which may alleviate the risk of removal for the child(ren), the CPS specialist shall consult with the supervisor to seek approval of DCF purchasing the service. The CPS specialist shall identify in Section IV(A) of the FBA summary what those specific need(s) are and how provision of the service(s) reduces the risk of removal.

The allowable services or resources available for purchase and the method of purchase are found in the Handbook for Client Purchases. Cash or gift cards will not be given directly to clients. Payment shall be executed according to established payment procedures as presented in PPM Section 2900.

2747 Documenting the Family Based Assessment

The following documents comprise the minimum requirements for an initial Family Based Assessment (FBA):

A. Child Abuse or Neglect

1. Face Sheet, PPS 1000
2. Report/Request for Services, PPS 1001
3. Initial Assessment, PPS 1002
4. Agency Response, PPS 2030 A
5. Safety Assessment, PPS 2030 B
6. Risk Assessment (short or full form), PPS 2030 C or PPS 2030 D

7. Case Finding, PPS-2011
8. Family Based Assessment Summary, PPS 2030 F

B. Child in Need of Care/Non-Abuse/Neglect

1. Face Sheet, PPS 1000
2. Report/Request for Services, PPS 1001
3. Initial Assessment, PPS 1002
4. Child In Need of Care/Non-Abuse/Neglect Assessment, PPS 2030 E
5. Family Based Assessment Summary, PPS 2030 F

During the investigation and assessment, if information is gathered regarding resources available for Kinship Care it should be documented on the PPS 1000 page 2 to be available in the event of any future placement for a child.

2749 Time lines for the Family Based Assessment

A. Closure

The Family Based Assessment (FBA) shall be completed within 30 working days of intake assignment. The FBA is completed when the CPS specialist and supervisor sign and date the Family Based Assessment Summary PPS 2030 F electronically in KIDS.

B. Allowable reasons

Allowable reasons for not completing the FBA within the time frame include:

1. Cannot locate family
2. Family has left the state
3. DCF has been directed not to proceed by county/district attorney or law enforcement
4. Family refuses to cooperate
5. Appointments scheduled but persons failed to keep the appointments
6. Parents refused access to the child
7. Child out of state-i.e., staying with relatives

If the FBA cannot be completed within the time frame, document the reason on the PPS 2030 F, Section V.

C. Family Service/Provider Referrals

A referral to services may be made before the Family Based Assessment is closed for abuse/neglect assignments when the investigation is ongoing and the case finding is not complete. For CINC/NAN and PWS assignments the Family Based Assessment should be used to make the decision to open family services or refer to a contracted provider, although, completion of the Family Based Assessment shall not delay a referral for services when a family is in crisis. The referral shall be made at the time services are needed to address the crisis situation.

The Family Based Assessment shall be completed with as much information available at the time of a family preservation referral; and within two days working days of a foster care referral. The Family Based Assessment Summary PPS 2030 F Sections I-IV shall be completed to provide the Initial Permanency Goal and Child Protection Objectives to the contracted providers. The FBA shall be closed within 30 working days, unless allowable reasons apply.

2752 New Reports Assigned as CINC-NAN

A new report assigned as a CINC-NAN requires a new Child in Need of Care, Non Abuse/Neglect, PPS 2030 E and a new FBA Summary, 2030 F. All reports assigned for further assessment containing CINC/NAN Human Trafficking (HT) concerns require a new CINC/NAN assessment.

2753 Safety and Risk Consultation with Supervisor

The purpose of the consultation with the supervisor is to critically analyze and evaluate all risk and safety information gathered in the investigation and assessment. The CPS specialist and supervisor shall evaluate all information gathered from the intake interviews, history searches, investigative interviews and activities, and assessment activities. The Safety and Risk Assessment tools PPS 2030 A-D and PPM 2020(A-J) shall be used as guides to evaluate the information.

Based on the evaluation of the case information, the CPS specialist, CPS investigator, if applicable, and the supervisor shall determine whether sufficient information has been gathered to inform assessment decisions. The consultation should consider the case action/initial service plan to meet the needs of the family and ensure safety of the children involved.

Preference for this consultation is to be in person, if necessary phone conference is acceptable. The consultation may occur at any time during the assessment, but should allow time to gather additional information if determined necessary. A subsequent consultation shall occur if additional information is determined to be needed.

2754 Family Based Assessment Summary

The Family Based Assessment Summary, PPS 2030F, pulls together all the assessment decisions, findings and conclusions throughout the investigation/assessment process including, but shall not be limited to:

A. The safety decision from the Safety Assessment
B. The risk level from the Risk Assessment
C. The Case Finding from Abuse/Neglect investigations
   If there are multiple finding decisions associated with a report, the highest level of finding will be indicated as the case finding.
D. The assessment conclusion from a CINC/NAN assessment
E. The Family Preservation Screen
F. The family's strengths and needs
G. Any other assessment tools used such as genograms, eco-maps, and timelines

The CPS specialist shall use the Family Based Assessment Summary to review all the decisions, findings and conclusions to reach a case action/initial service plan decision. If there are multiple finding decisions associated with a report, the highest level of finding is indicated as the case finding in the FBA summary.

2755 Family Preservation Screen

Except when a child is determined to be unsafe, a referral for Family Preservation Services should be considered. To determine if the family meets the criteria for a referral the Family Preservation screen on the PPS 2030 F is to be completed. When the family meets the criteria and express willingness to accept services, a referral is to be made within 24 hours of the determination of the appropriateness of the services.

2756 Case Action/Initial Service Plan

Case Action/Initial Service plan decisions are made by considering all the findings and conclusions, as well as the family's strengths mitigating risk and safety concerns, and the family's needs identified in the assessments. Decisions made as a result of a Family Based Assessment should be consistent with and the logical result of the FBA findings and conclusions. Another person reviewing the case record should be expected to reach the same or similar decisions or at least understand the decision.

For all case actions in which contact is made with a family, a minimum of one family strength, and one family need shall be identified. Family strengths and needs shall be described on the PPS 2030 F, Section IV(A).

Based on a Family Based Assessment, families who are in need of and willing to accept services shall be offered services or referred to community services which address their

strengths and needs. The case action decision shall be made in consultation with the supervisor and shall be clearly documented in the file. The supervisor's signature on the PPS 2030 F is not required to initiate family services or a referral to contractor.

The case action decision and initial service plan is documented in Section IV of the FBA Summary, PPS 2030 F. Case action decisions may be:

A. provide Family Services
B. refer to Family Preservation
C. refer to Foster Care
D. refer to Adoption
E. close case

When services are to be provided, a summary of the reason for DCF involvement shall be recorded in Section IV B(2) of the FBA Summary, PPS 2030 F.

The Family Service Case open date is the date upon which both of the following actions have occurred, which may not necessarily occur on the same date:

A. The family agrees to participate in services, and
B. The CPS specialist has consulted with the supervisor.

This date shall be documented on the Family Service Case Status PPS 4005 and provided to the FACTS data entry unit.

2758 Initial Permanency Goal and Objective(s)

When the case is opened for services an Initial Permanency Goal and Child Protection Objectives shall be documented on the PPS 2030 F, Section IV.

A. Initial Permanency Goals may be any one of the following:

    1. Maintenance at Home
    2. Reintegration
    3. Adoption
    4. Guardianship
    5. Independent Living

B. Child Protection Objectives are concise statements of the reason for agency involvement and specify the changes that need to occur for state involvement to be terminated in language that is clear to all. The purpose of establishing child

protective objectives is to focus on the issues which brought the family to the attention of the agency and which need to be remedied so that the child can remain or return to home, and to prevent the establishment of expectations for the child and family that are unrelated to the child protection objective.

C. The Child Protection Objectives will transfer to the case plan for ongoing service planning and the development of tasks toward achievement of the child protection objective and ultimately the permanency goal. A child protection objective can be revised or additions can be made in coordination with DCF and the family on or before the first case plan.

2760 Case Closure

Case closure is documented on the Family Based Assessment Summary PPS 2030 F, Section IV(C).

Reasons for case closure:

A. DCF services not indicated

The investigation and assessment is complete and DCF services are not indicated.

B. Family refuses services

The department may close the case if the family refuses services and there are no unaddressed child safety needs.

C. The family cannot be located or has moved out of state

Once initial contact has been with the family and then the family cannot be located or has moved out of state, the case may be closed.

D. Another agency is currently providing necessary services

The family is experiencing problems but another agency is assessing the family's needs and/or providing services. If an assessment by the department will duplicate an ongoing assessment and/or treatment by a qualified person or agency and/or an assessment by DCF would be disruptive to the treatment of the family, the case may be closed if there are no unaddressed child safety issues.

E. Assessment completed and DCF service plan continues:

If the assigned report is associated with a case already open to the agency and the current service plan will continue, this option shall be indicated.

2770 Uploading Documents in KIDS

The Kansas Initiative Decision Support System (KIDS) application is a statewide web-based application used to record and maintain PPS Assessment and Prevention case information.

A. Documents Generated in KIDS:

The following are the official report forms generated from the KIDS application:

1. PPS 2030A Agency Response - Family Based Assessment Only
2. PPS 2030B Safety Assessment
3. PPS 2030C Risk Assessment (short form)
4. PPS 2030D Risk Assessment
5. PPS 2011 Case Findings
6. PPS 2030E Child in Need of Care - Non Abuse or Neglect Assessment
7. PPS 2030F Family Based Assessment Summary Report
8. PPS 2025 Agency Response - Facility and Third Party Reports
9. PPS 2016 Facility Complaint Report (Utilized on events assigned prior to January 1, 2016)
10. PPS 2015 Referral to Infant Toddler Services

B. KIDS Upload Feature:

KIDS has an upload feature to attach additional documents to an event. Refer to Appendix 2G for instructions for uploading in KIDS. The following provides guidance on KIDS upload requirements:

1. PPS 1010 Social Service Case Activity Log shall be uploaded on all cases.
2. When the case finding is affirmed or substantiated the following shall be uploaded:

    a. PPS 2012 Notice of Department Findings
    b. PPS 2017 Fax Coversheet to the Attorney General
    c. Appeal information, if applicable.

3. PPS 2003 Family Based Safety Plan may be uploaded under the following circumstances, if applicable:

    a. A referral to a Child Welfare Case Management Provider (CWCMP) or Family Services provider is made.
    b. Case finding is affirmed or substantiated.
    c. Safety Decision on PPS 2030B is conditionally safe and a safety plan was completed.
    d. The family relocates out of county.

4. Reports, including but not limited to the following, shall be uploaded if the report is not already in KIPS and the report is relevant to the case finding or service decision:

   a. Law enforcement
   b. Medical
   c. Mental health
   d. Drug/Alcohol
   e. School

5. Emails, images, etc. may be uploaded if they are relevant to the case finding or service decision.

6. Petitions requesting DCF involvement with no out of home placement may be uploaded if the document is relevant to the case finding or service decision and is not already in KEES.

7. The following documents shall not be uploaded to KIDS:
   a. PPS 0500 State Child Death Review Board Case Information Summary
   b. PPS 0550 Critical/Significant Incident and related documents
   c. Legal staffing and correspondence

8. It is not necessary to upload the following documents:
   a. Emails and correspondence related to Attorney General
   b. PPS 0100 Authorization for Release of Confidential Information
   c. Background check related documents
   d. PPS 5000 Family Preservation Referral and Transmittal Sheet
   e. PPS 5110 Initial Referral to Out of Home Placement Provider for Child in DCF Custody
   f. PPS 5110A Initial Referral to Out of Home Placement Provider for Child in DCF Custody-Consideration of Relative Placement
   g. Petitions, Journal Entries/Court orders
   h. PPS 2018 Review of Repeat Maltreatment in Six Months
   i. PPS 4005 Family Service Case Status

2780 DCF Responsibilities at the Time of Referral to Case Management Provider

A. At the time the decision is made that out-of-home placement is required and DCF has documentation of custody, the DCF staff shall:

1. Notify the mother, father, parents of siblings, grandparents, aunts, uncles, adult siblings, and any other adult relative suggested by the parents that the child has

been removed by providing the Relative Notification Letter, PPS 5125, and the Relatives as Caregivers Card, PPS 5130 within 30 days of the child's removal, unless documentation exists regarding a listed relative confirming safety issues related to family and domestic violence;

2. Adoptive parents of siblings shall also be notified when a sibling of the child(ren) they adopted is in the custody of DCF for out of home placement by receiving the Adoptive Parent of Sibling Notification Letter, PPS 5126;

3. Gather relevant information about the relatives and provide to the CWCMP, including a review of the history of the relative in FACTS/KIDS to assess prior reports, and the nature and outcome of those reports;

4. Notify the CWCMP of relatives who cannot be approved for placement and inform them of the reason;

5. Provide names, relationships and contact information of those notified to the CWCMP;

6. Determine the Primary Reason for Removal for the "Initial Referral to out of Home Placement Provider" PPS 5110. The primary reason for removal is the reason the child was determined unsafe resulting in DCF requesting the petition for out of home placement. In situations when DCF has not requested removal, list the reason the court placed the child in the custody of the Secretary for out of home placement. The reason for removal may differ from the reason for case assignment.

If DCF has requested the removal, the primary removal reason should be an abuse/neglect reason over a CINC/NAN reason. For example, if parents are using substances, the primary reason for removal should be what A/N occurred as a result of the substance abuse. Parental substance abuse alone is not a primary reason for removal. The substance abuse is a precipitating factor to an action or inaction on behalf of the parent which caused the concern for the safety of the child. i.e., a parent uses substances, falls asleep on the couch and a 2 year old child is found wandering alone outside on a busy highway. The primary reason for removal would be lack of supervision and the secondary or additional reason is the substance abuse;

7. E-mail the "Initial Referral to Out of Home Placement Provider", PPS 5110 and PPS 5110A, to the Case Management Provider. Include on the PPS 5110A information about possible relative/kin placement resources;

8. Telephone the CWCMP to alert them of the referral, if possible;

9. Contact CWCMP to verify receipt of all referral materials;

10. Be available to answer any questions regarding the referral.

B. At the time the child is placed with the CWCMP, the DCF staff shall provide the following information:

1. PPS 1000 Face Sheet, pages 1 and 2, updated as needed;
2. Any additional information for the PPS 5110 and 5110A Initial Referral to Out of Home Placement Provider;
3. Copy of CINC petition, if available;
4. Journal Entry or other documentation of custody;
5. A recently signed Consent for Medical Care, PPS 5123 or PPS 5124;
6. Authorization for Release of Confidential Information, PPS 0100;
7. Notice of Medical Coverage, accompanied by either a screen print of the current medical card, if available, or a copy of the case profile screen in KAECSES that verifies the child's eligibility for foster care medical coverage;
8. Appendix 5Q, Authorization to Disclose Information Including Child(ren)'s Individually Identifiable Health Information (for foster care database);
9. KSDE Consent for Release of Information (for foster care database).

C. DCF shall pick up the child's clothing and personal items and provide them to the CWCMP at the time of child's placement. DCF shall also ask the parent for the child's medical card, if applicable. DCF shall transport the child to a DCF regional location designated by DCF when the child's physical location is at the child's home at the time of referral. Staff picking the child up shall have proper identification available indicating he or she is a DCF employee and has authority to transport the child. The CWCMP shall obtain the child's clothing, personal possessions, medications, etc. upon receipt of physical custody of the child if DCF has not been able to obtain these items beforehand.

D. If the placement resource for the child is employed by the Child Welfare Case Management Provider, the Child Welfare Case Management Provider shall inform the DCF PPS Program Administrator or designee for the region where the child's DCF case is located.

E. At the time of referral, but no later than 2 working days from the date of the referral, DCF shall provide a copy of the following additional information with the above, if available. Such information includes:

1. Family Assessment tools such as Genogram and Eco-map

2. Court Service Officers reports
3. Services provider reports (transfer/discharge summary or most recent report)
4. Medical, dental, immunization records
5. Psychological/Psychiatric Reports
6. Copy of birth certificate or verification
7. Copy of school records
8. Third party insurance information
9. Verification of Social Security Number
10. Family Based Safety Plan, PPS 2003

If DCF has any case file from a prior out of home placement, it shall be given to the CWCMP.

When the above information or documents are not available in the case record at the time of referral, the CWCMP shall obtain the information or documents needed, with the exception of the social security card. DCF shall make application for a social security card, or a copy of the child's social security card for employment purposes. (See Appendix 5F for instructions and sample letter)

F. Within 2 business days of the referral, DCF shall participate in the Initial Team Meeting. The Family Handbook shall be provided to the family at this meeting. (See PPS 5137)

G. Within 2 working days of referral, DCF shall furnish the CWCMP a current photo of the child.

2800 FACTS Investigative and Assessment Procedures

Complete screen navigation requirements for adding investigative and assessment information are located in the Service Management section of the FACTS User Manual Volume II, Section 500. Codes for applicable screens in FACTS are located in the USER Manual Volume I, Section 800. Information on investigative case activity shall be entered into FACTS within 5 working days from the date of occurrence, action, or agency decision regarding a child or family. Case information that is required in FACTS

and which is received from outside agencies shall be entered within 5 business days of receipt of the information.

2811 Kinship Resources and Relevant Persons

Kinship resources shall be reported on COLL screen. Information is obtained from the PPS 2030D and the PPS 2030E.

Relevant persons interviewed for each event may be, but are not required to be, reported on COLL. To determine whether or not a particular individual is listed in FACTS as a collateral, utilize COLS (Collateral Search).

2812 Assessment Tools

All assessment tools are recorded on MAAS (Maintain Assessment). A MAAS screen is completed for each assigned event associated with a case number. Each assessment has its own unique number. To search for all previous assessment tools for a particular case number, utilize CALS (Case Assessment List Search). To record a subsequent assessment to a case, a new MAAS screen is created specific to that event.

2813 Case Findings

Maltreatment findings for each allegation associated with a child are recorded on FIND (Finding). Specific information regarding a particular victim is located on VICT; a particular perpetrator, on UNNI until all appeal time has been exhausted, then information is available on PERP; a particular unsubstantiated or affirmed individual on UNNI. PERP and UNNI include information regarding whether or not the finding involved an allegation regarding an individual who resides, is employed by or volunteered in a facility regulated by KDHE.

2814 Appeals

Appeals regarding agency maltreatment findings is located on APEL. To search for a person involved in an appeal, utilize the person's name on APLS (Appeal Search).

2821 Entering Contact with Victim/Family

The time and date the worker first attempted contact with the first alleged victim in the assigned report shall be entered into the work start date and time on the top half of MAAS. Information for this data field is located on the 2030A for abuse neglect reports, PPS 2025 for reports involving facilities and third parties, and the 2030E for reports involving Non Abuse Neglect or Pregnant Woman Using Substances. The work start

time cannot be earlier than the date the report was assigned. If contact was made by DCF or law enforcement prior to report assignment time, enter the date and time assigned as the work start time on MAAS.

2822 Entering Safety Determinations

A tool code for safety determination (SAD) shall be recorded in the tool section of MAAS for reports alleging abuse or neglect. Work start date and times for the SAD is the date and time the assigned social worker determined safety.

A tool code of special investigator (SPI) is recorded in the tool section of MAAS if such a position is utilized during the investigation.

A tool code of courtesy interview shall be recorded in the tool section of MAAS for courtesy interviews between DCF areas. The area requesting the courtesy interview is responsible for entering the worker number of the other area who conducted the interview and times of contact for the interview.

2823 Recording Ongoing Safety Assessment

To record the second face to face contact of the ongoing safety assessment, enter the tool code of 'SFI' on the MAAS screen. The start date is the date of the face to face contact with the alleged victim who is under six years old. The contact information is on the Agency Response, 2030A, Section I. If the second contact with the alleged victim never occurred regardless of reason, enter the tool code of 'TIM' and the date of the finding decision. Finding decision date is located on the PPS 2011.

For additional information on the ongoing safety assessment, see PPM section 2313.

2831 New Reports Assigned as Alleged Abuse/Neglect

A new report requires the completion of a new Agency Response, PPS 2030 A, a Safety Assessment, PPS 2030 B and a Case Finding, PPS 2011, with appropriate notices. See 2600.

The Risk Assessment , PPS 2030 C or D, may be updated by noting changes to the existing Risk Assessment. When entering updates on the KIDS computer application,

the addition shall be noted as an update and the entry dated. The updates on the printed file copy shall be initialed and dated.

A new FBA Summary, PPS 2030 F, must be completed.
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2832 Safety Action

Safety Plans initiated with the family shall be entered with responsibility service action code PR12N on RESP screen for the head of household. Episodes of Police Protective Custody are recorded as LE (law enforcement) plans on a child's plan in FACTS as needed. Placements in emergency shelter prior to agency custody are considered a protective action service (PR08N), not a placement (FO...) code. Information for these safety actions is located on the PPS 2003, 2030B; or located in case logs/ protective orders.

2841 Case Conference Date

The date that the investigative finding regarding maltreatment is staffed with a supervisor shall be entered into the "Case Conf Date" field on FIND. This date (date of finding) is located on the PPS 2011 and the date cannot be entered until the supervisor has signed the PPS 2011. The finding date cannot be earlier than the date the report was assigned.

2842 Finding Decision Fields

Decisions of unsubstantiated, substantiated, affirmed and unable to locate from the PPS 2011 shall be entered on the victim and/or perpetrator rows on the FIND screen. In FACTS, enter the finding code of 'UL' (unable to locate) only on the victim and/or perpetrators who were unable to be located. If both the child and adults of the family were never located, the Initial Assessment decision on event should be changed to no further assessment needed. See PPM 1700.

Requirements

A finding decision number is required for each allegation of maltreatment associated with a child. The decision number is system generated when the screen is added.

1. A summary of the basis for finding located on the PPS 2011 is entered on the "Basis for Decision" field on FIND. If the incident occurred out of state, indicate that in this field description.

2. To document maltreatment finding for an alleged victim select the row with the victim's information, record finding codes from the PPS 2011, and enter the alleged perpetrator's ID number in the field to the left of Notice Date. By entering the perpetrator ID number in the victims' row, the system will automatically link the alleged victim and decision to the alleged perpetrator. Enter the perpetrator finding in the perpetrator row. If the severity is unknown, enter the severity code of UK (Unknown).

3. If the alleged perpetrator is unknown, enter all 9's in the victim ID number field. In this instance, do not enter a finding in the perpetrator row.

4. Information regarding alleged victim and perpetrator finding, finding type, injuries, and degree of injury entered in FIND shall match PPS 2011. The notice date shall match information from the PPS 2012. The notice date is the date that the applicable notice was sent to the alleged or substantiated perpetrator.

Finding Changes or Updates

If a change in finding is made as a result of appeal, or other activity, the conference date on the top half of the FIND screen is updated to reflect the new finding date and the finding disposition types are updated as needed on the bottom rows for perpetrators and victims.

2843 Individual Information

Victim

1. After a finding decision is successfully processed, select each victim, flow to VICT to record specific information on that victim. Data fields such as date of birth and SSN previously entered on EVRL carry over onto VICT. Information on date of birth, race, ethnicity, relationship to perpetrator, and facility information are all required fields except for military family.

2. In order to successfully process VICT, the victim must be linked to their client ID number. This task is accomplished via a system required linking procedure. This process facilitates submission of federal reporting requirements. From VICT, flow to LINC, select the victim's name and flow to CLNT. On CLNT select the desired client, and return to LINC. Back on LINC, verify the person you selected is

accurate and link via PF6. Return to VICT to finish entering demographic information to add the screen.

3. Indicate that the report involves a facility when all of the following factors are indicated:
   a. The alleged perpetrator is an employee or volunteer in a facility regulated by KDHE; and
   b. The alleged victim resides in or receives services from that facility.

Perpetrator

1. After a finding decision is successfully processed, select each perpetrator, flow to UNNI to record specific information on that alleged perpetrator. Data fields such as date of birth and SSN previously entered on EVRL carry over onto UNNI. Information on date of birth, race, ethnicity, relationship to alleged victim, facility involvement and facility types are all required fields except for military family.

2. Indicate that the report involves a facility when both of the following factors are indicated:
   a. The alleged perpetrator is an employee or volunteer in a facility regulated by KDHE; and
   b. The alleged victim resides in or receives services from that facility.

3. With regard to perpetrator relationship to victim, enter foster parent (FP) only if the perpetrator was the foster parent provider for the victim at the time of the substantiated incident. Victim must also be in DCF custody to use the FP code. Enter employee at a placement (EP) only if the perpetrator was an employee at the victim's OOH placement at the time of the substantiated incident. If a victim's perpetrator is a relative who is also a licensed foster parent for the victim, enter the relationship code of foster parent in the perpetrator relationship field.

2850 Appeal Information

Information regarding appeal information is recorded on APEL. An agency decision is not final until all appeal time has expired for that action. Decisions from an Administrative Hearing Officer and / or State Appeals Committee decision are not updated in FACTS until appeal time for that decision has been exhausted. As long as there is an active appeal, a perpetrator shall not appear on the child abuse central registry (CERS) for that finding decision under appeal. A perpetrator with an active appeal can be viewed on UNIS until finding decisions regarding substantiation are final.

2860 Recording Non Abuse Neglect Decisions

The top half of the FIND screen captures information on a service decision regarding Non Abuse Neglect decisions.

2870 Recording Risk Assessment Information

Immediate Medical Concern (screen) on the 2030B, safety decision, risk conclusion, or assessment conclusion located on the 2030F are entered as applicable in the "Assess Desc" field. (Ex: no med exam needed, conditionally safe, risk controlled)

2880 Recording Family Based Assessment Information

A tool code for strengths/ needs determination (SND) shall be recorded in the tool section of MAAS for all CINC reports except for those reports involving a facility. Work start times are when the agency made contact with the family. The initial end date on MAAS is the date of FBA completion indicated by the supervisor's signature on the PPS 2030F.

2900 Eligibility and Payment Procedures During the Investigation and Assessment of Reports

To fund services for families who are clients of the Department for Children and Family Services (DCF), it is necessary to establish three categories of eligibility: a) customer eligibility, b) service eligibility, and c) provider eligibility.

2901 Customer Eligibility

Services are provided to children and families whether or not they can afford to pay. Individual customer eligibility determines what source of federal funding may be claimed by DCF for services. Families are expected to participate in determining eligibility and paying for services based on their ability. However, needed services are provided regardless of family income or ability to pay.

2902 Assessing Family Resources in Determination of Services

The intake and assessment process must be initiated before a plan for services can be developed and funding eligibility is established.

A. Assessment of Financial Resources

An assessment of the family's financial resources is completed prior to the DCF paying for services. The assessment will determine the eligibility or potential eligibility for a specific funding source, regardless of whether or not there is an immediate plan to use them to pay for specific services

B. Application for Potential Benefits

Families requesting assistance from the DCF will be asked to apply for all benefits for which they may qualify. Exceptions are made for special circumstances. DCF staff shall provide direction in the application process.

2903 Providing and/or Purchasing Services

When the intake and assessment process determines that a family or child requires services, the service case continues, and a case plan is completed, where applicable.

Specific services or resources that will assist in reducing the risk of child(ren) being removed from the home may be purchased by the DCF. If the level of risk for placement outside of the home requires a higher level of intensity and/or will go beyond 30 working days, Family Services or Family Preservation shall be considered. The decision to open a Family Service case shall be made in consultation with the supervisor and shall be clearly documented in the file. If a Family service case is initiated, the Family Service Plan shall be developed with the family within 20 calendar days of initiation of ongoing services. See Section 4000 for Family Services or Section 5000 for Family Preservation.

During the Family Based Assessment, if identification of specific services occurs that may alleviate the risk of removal for the child(ren), the worker shall identify in Section IV(A) of the FBA summary what those specific need(s) are and how provision of the service(s) reduces the risk of removal.

The allowable services or resources available for purchase and the method of purchase are found in the Handbook of Services. Cash will not be given directly to consumers. Payment shall be executed according to established payment procedures.
The Social Service case shall remain open for the entire period services are purchased or provided through PPS.

2904 Application for a Social Security Number

In order to comply with federal requirements, families, receiving federal funding for services are required to have a social security number (SSN) for all family members. If a family member does not have a SSN, the family shall be referred to the Social Security Administration to complete an SS-5 "Application for Social Security Card".

2905 Funding Codes

As part of the payment process, a speedchart code shall be assigned to indicate the funding source for each payment. To determine the appropriate speedchart and sub-obj funding codes, refer to PPM section 4902.B.2.

2909 Payments for Miscellaneous Investigative Costs

Investigative costs such as photographs, drug testing or interpreter services shall be paid with Family Services speedchart numbers ISD27321 or ISD27322. See PPM section 4902.B for details on how to make a payment.

2910 Eligibility for Medical Exam Related to an Abuse or Neglect Investigation

During an abuse or neglect investigation the CPS specialist determines and documents need for a child's CPS medical exam.

Check KAECSES to determine if the child has a medical card, if a parent is unwilling or unable to pay for the child's medical exam or subsequent treatment during an investigation of alleged abuse or neglect. Upon implementation of KEES the status shall be reviewed in KEES. Authorize payment as authorized by section 2450 if the family is not eligible for medical assistance.

A. Payment Procedures for CPS Medical Exams

1. Payments for medical exams arising out of a CPS investigation are made with the case and client numbers from a KAECSES or KANPAY case

2. A PPS 2833 Client Purchase Agreement shall be completed by PPS staff to document the medical exam expense. The provider must present a bill for the specific medical service in order to generate a payment. Payment should not exceed the established Medicaid rate. Use the Family Services speedchart number ISD27321 (Program=27321, INF45=3290). See the Handbook for Client Purchases for details on purchasing procedures.

2911 Law Enforcement Emergency Placements

K.S.A. 38-2231 and 38-2232 provides law enforcement agencies the ability to take children into police protective custody on an emergency basis without a court order, for the protection of children. Refer to section 2471 for additional information.

A. Purchase Limitations/Guidelines

Emergency placement providers shall receive documentation from law enforcement when a child is placed with them stating that law enforcement has given the facility custody, and the provider has consent for medical treatment and for transportation of children placed in their facility or home. Law enforcement agencies have forms called law enforcement applications for this purpose. PPS must receive a copy of the "law enforcement application" before payment is made to the provider. The following applies:

1. PPS is responsible for payment through DCF Region in which the law enforcement emergency placement occurred. Each DCF Regional office has a list of licensed emergency placement providers. PPS staff shall not pay for law enforcement emergency placements if the provider is unlicensed or is not designated as an emergency placement, unless approved by the Assessment and Prevention Administrator.

2. Emergency placements made by law enforcement are limited to 72 hours following admission (excluding weekends and holidays or days on which the office of the clerk of the court is not accessible), unless a court has continued the custody hearing.

3. Payment for the care of children in licensed and designated emergency placements is made by DCF even though these children are not in DCF custody. RE/FC/AD Child Welfare Case Management Providers are responsible for payments when the child has been referred to them prior to their law enforcement placement and the referral is still open. Payment shall not exceed the established DCF rates found on PPS intranet site http://dcfnet.dcf.ks.gov/Pages/Home.aspx.

4. If the emergency placement overlaps a weekend or holiday or day on which the office of the Clerk of the Court is not accessible, payment should also be made for the weekend or holiday or day on which the office of the clerk of

the court is not accessible and these days do not count toward the 72 hour limit. Any portion of a calendar day shall be considered as one day.

5. In situations where the child remains in a law enforcement emergency placement over a Court or DCF weekend and holiday, the placement may last up to 8 calendar days. When the placement exceeds 5 calendar days, the last day of care is not paid.

6. In rare situations the child does not leave the emergency placement within 72 hours; e.g. temporary custody hearing not yet held or parent did not pick up the child as scheduled. When this occurs, staff will need to evaluate circumstances for exceeding the 72 hour time period to determine if DCF is responsible for any further payment as an emergency police admission payment or as a family service payment. If paid as a family service payment (see section 4900), a Client Service Agreement would be required.

B. Payment Procedures for Law Enforcement Emergency Placements

1. Payments for law enforcement emergency placements are made with the case and client numbers from a KAECSES or KANPAY case.

2. A PPS 2833 Client Purchase Agreement shall be completed by PPS staff documenting the emergency placement expense. Use the following accounting codes: Program=27322, INF45=3232. See the Handbook for Client Purchases for details on purchasing procedures.

3. DCF pays for detention only when:

a. the court places a child in DCF custody, orders a juvenile detention placement, and a referral to a RE/FC/AD CWCMP has not been made. A detention payment covers only a 24 hour period, excluding weekends, legal holidays, or days on which the office of the clerk of the court is not accessible per K.S.A. 38-2260. A copy of a journal entry ordering a juvenile detention placement is required.

b. law enforcement places a child who is in the custody of the Secretary in detention and a referral to a RE/FC/AD CWCMP has not been made or the year of aftercare is complete. The law enforcement officer must first deliver the child to a shelter facility. If the person in charge of the shelter

facility and the law enforcement officer agree the child will not remain, the law enforcement officer may place the child in detention. K.S.A. 38-2232.

c. Payment shall not exceed the established DCF rates found on PPS' SharePoint site.

Use the following accounting codes: Program=27322, INF45=3230. See the Handbook for Client Purchases for details on purchasing procedures.

3000 Case Management

3000 Case Management

Case management delivery shall be culturally competent and family centered. Basic principles of family centered practice are:

A. The family as a whole, including both the mother and father, is our focus.

B. We must build on strengths and capacity of families to function effectively.

C. We engage families emphasizing their participation in all aspects of policy development, service delivery, and program evaluation.

D. Families are a part of a larger community rich with resources and we must utilize communities to help families.

E. Children, youth, and their families receive services in the least restrictive and most family-like setting.

F. Immediate and extended family members are crucial partners in case planning and are expected to be actively involved in the case planning process unless their involvement is significantly detrimental to the child or youth.

G. Families shall be treated with respect.

H. Families have the right to privacy.

3010 Protection of the Child

The protection and safety of the child shall be assessed and evaluated throughout the time period the child is receiving services. Ongoing assessments of risk and safety shall be completed per PPM 4101.

Case planning decisions shall weigh the "risk of harm" to the child. Whether a child needs protection from abuse and/or neglect or is in conflict with the family or community, services provided to the family are the most effective form of intervention.

3020 Full Disclosure

A respectful, candid discussion with parents regarding the impact of services and out of home placement on family is necessary early on. The discussion shall also include the

rights and responsibilities of birth parents, the services to be provided, other permanency options, and the consequences of not following through with the case plan goals, tasks, objectives and other offered services. This discussion shall be documented in the case logs. Open discussions shall be held with all parties, child, birth families, relatives/non related kin, resource families, attorneys, and other service providers regarding the case planning process. All participants shall be informed that the information being shared is confidential.

3030 Worker/Child Relationship

A. The worker shall have a relationship with the child, to assure the child's:

1. continued safety, permanency and well-being
2. developmental needs are being met
3. important connections are maintained

B. The worker shall:

1. Inform the child, family and placement resource, if applicable, of when visits and interactions are to take place.
2. Be prompt and dependable in keeping appointments.
3. Give the child, on a developmental and age appropriate level, information as it affects the child's life.
4. For each required child/worker visit to children in out of home placement, provide blank copies of the Monthly Individual Contact PPS 3061 to every child over the age of 10 for their use during each visit; insure the child understands the purpose of the PPS 3061; assists the child in completing the form if needed; and routes completed copies of the form as indicated by the child.
5. Provide the child, at every visit, a means of contacting the worker.
6. Listen to the child's perspective of how well visits and interactions are going.
7. Listen to the child's assessment of how the goals of the case plan are being met.
8. Observe the child's reactions to information presented.
9. Assess for evidence of maltreatment or failure of the child to achieve developmental progress.
10. Determine when modifications to the case plan are warranted.
11. Document the quality of the visit using the Child Welfare Case Management Provider approved Child/Worker visit guide or protocol.

3040 Children in the Custody of KDOC-JS and DCF Simultaneously

A. When a child in the custody of the Secretary is later adjudicated as a juvenile offender and placed into the custody of KDOC-JS, DCF legal staff shall work with the child welfare case management provider to obtain an order relieving the Secretary of custody of the child.

B. If the court is unwilling to relieve the Secretary of custody, KDOC-JS is responsible for the care and treatment of the child until requirements of the juvenile offender case are met.

1. The Child Welfare Case Management Provider is no longer involved and closes their case unless an exception is made by the PPS Program Administrator in order to meet the permanency needs of a parental rights terminated child.

2. DCF and the Child Welfare Case Management Provider will be responsible for carrying out the custodial duties under the Child In Need of Care code once the KDOC-JS Secretary is relieved of custody.

3. Communication between DCF and KDOC-JS staff is necessary to avoid any lapse in services.

C. When a child in need of care is subsequently adjudicated as a juvenile offender but is not placed in the custody of KDOC-JS, DCF and therefore the Child Welfare Case Management Provider shall be responsible for collaborating with KDOC-JS to facilitate continued progress toward achieving the case plan goal.

1. The Secretary continues to have custody, placement authority and primary case planning responsibility.

2. When the youth is adjudicated as a juvenile offender for the first time and for a misdemeanor and the placement agrees, the court may require the child to remain in the same placement pursuant to K.S.A. 38-2304(g).

3. The Secretary is never responsible for the cost of sanctions for the juvenile offense.

D. When the youth is placed in the custody of KDOC-JS, the Secretary of KDOC-JS has placement authority and primary case planning responsibility.

1. This includes payment responsibility for the placement.

2. KDOC-JS's responsibility for placement continues as long as the child is in their custody.

3. If the youth has not been released from the custody of the DCF Secretary by the time of release from KDOC-JS Secretary's custody, DCF shall make a new referral and the Child Welfare Case Management Provider shall again assume full responsibility for the youth's case planning including placement.

4. If the child's parental rights are terminated at the time of KDOC-JS custody, KDOC-JS may request the Child Welfare Case Management Provider continue efforts to locate an adoptive resource. If no such request is made, recruitment of an adoptive family will cease until the KDOC-JS case is closed.

E. On some occasions, the court may find reintegration is not a viable alternative for a youth who has been adjudicated a juvenile offender and a child in need of care petition will be filed pursuant to K.S.A. 38-2365(h). If the youth is then placed in the custody of

the Secretary, DCF shall make a new referral and the Child Welfare Case Management Provider shall assume responsibility to work with KDOC-JS toward achieving an alternative permanency for the youth.

3100 Assessments

Culturally respectful assessments of the family and child that address individual and family strengths, needs, and core concerns are essential. Assessments are a mutual process between the Child Welfare Case Management Provider and family. It is essential that individual family members are involved in the assessment process.

An accurate assessment of the child's safety (risk of harm), the family's capacity and motivation to change, and family's strengths and resources must be completed prior to developing and evaluating case plans.

3110 Types of Assessments

Assessment tools can be used as an ongoing measurement of family progress during the life of a case. They help determine the strengths and needs of the family and identify services that may be needed to assist the family in reaching their goals. Information obtained in these assessments is used to determine the direction of case planning.

3111 Family Based Assessment

The Family Based Assessment shall be completed before an initial case planning conference and is updated as new information is obtained. It includes the safety assessment as well as the risk assessment. If the child is in the custody of the Secretary of DCF, the Family Based Assessment shall include background checks on the child’s caregivers, including the non-custodial parent if they are being considered for reintegration. (See section 0160, for a definition of a caregiver.) The background checks shall consist of the Child Abuse/Neglect Central Registry, Adult Protective Services Adult Abuse Registry, KASPER (Kansas Adult Supervised Population Electronic Repository) and the KBI Registered Offender website. The history in KIDS shall also be explored in consultation with DCF. If there is a reason to believe there may be criminal charges related to child safety from another state, a fingerprint check shall be completed. Information from background checks shall be used in assessing risk and safety to the child. Clearance is not a requisite for biological parents to be considered as a possibility for reintegration.

Non-residential/custodial, mothers, fathers, paternal and maternal relatives, and non-related kin shall be considered first when seeking resources. The Child Welfare Case Management Provider shall obtain information from the family regarding relatives and

persons they consider to be non-related kin. The family shall be encouraged to provide names and contact information of designated relative/non-related kin who can be a support to the family, not limiting this support to a placement resource for a child. See Appendix 3N for Family Finding Search Websites.

3112 Genogram

A genogram is a diagram similar to a family tree and depicts the family across generations. Genograms list additions and losses in a family, communication and relationship patterns, and other important events. The genogram assesses the family at a certain point in time and is used to monitor or evaluate change over weeks or months. Examples are available in Appendix 3B-1, 3B-2, and 3B-3.

3113 Eco-map

An eco-map is a visual representation of the family and the larger world in which the family resides. Symbols are used to depict the nature of relationships between the family and other community systems. These community systems include but are certainly not limited to school, the physical and mental health systems, law enforcement, work, spiritual and other community supports, including relative/non-related kin and friends.

Eco-maps also show the flow of energy, either positive or negative, between community systems and the family. The information learned from the process of constructing an eco-map can help the family identify resources in persons and systems. An example is provided in Appendix 3C.

3114 Social History

A social history is written in chronological order and includes a narrative summary of the family's history. It includes identifying information, a summary of the presenting problem, background information, and medical history. When a child is in an out-of-home placement, the Child Welfare Case Management Provider, shall gather information for the social history starting at the time of the referral. If there is knowledge of a prior history of out of home placement, the CWCMP shall contact DCF to request the information be provided to them. The CWCMP shall complete a narrative social history when it is likely the case plan goal will become adoption. The social history shall be updated as new information becomes available. If the case plan goal becomes adoption and a social history has not been completed, the social history shall be written within 20 days.

The social history includes a review of the child’s case records and medical, educational, social and developmental reports. Interviews with the child, previous and current foster families, other professionals, individuals who have significant relationships with the child, and family members assists the worker with gathering information that is

accurate, complete and up to date. A good social history provides the foundation for decision making and provision of services that best meets the needs of the child. The document shall be shared when the child becomes an adult and requests information from their records.

An outline for a complete social history is provided in Appendix 3A.

3115 Time line

A time line is a chronological representation or exhibit of key events within a particular historical period. These events often have connections to developmental stages in a child's life. They also impact family functioning and can highlight periods of stress or well being. A time line can be used to help assess family strengths and needs in order to develop and evaluate case plans. Appendix 3E provides an example.

3116 Medical Checklist

A Medical Checklist is a tool used to ensure a child's medical needs are being taken care of on an ongoing basis. Medical issues covered by the Kan-Be-Healthy screening are documented on the Medical Checklist. Additional areas that shall be considered when documenting the health needs of a child at the case planning conference include but are not limited to eye and dental examinations and screening for Fetal Alcohol Spectrum Disorders. An example is provided in Appendix 3D.

3117 Genetic Background History Form (PPS 5340)

When children are placed in the custody of the Secretary for out of home placement, birth and background information shall be collected and documented on the PPS 5340 by the first case planning conference. The form shall be signed by the mother and father, but information may be collected from other family members, if needed. The PPS 5340 is a tool used as a tool throughout the life of a case to obtain information about the family and the child that assists in case planning. The information on this form may be helpful for medical professionals and other providers who provide treatment of the child in out of home placement, and it provides information concerning the family's support systems, including relative and non-related kin.

The PPS 5340 is part of the information required if a child's case progresses to termination of parental rights. Completion of this form helps the child progress to adoption and shall include information from both the birth mother's and birth father's families of origin. If this information is not available, reasons shall be documented in the case file. The information, if requested, is shared with the adoptee once they become an adult.

3120 Assessment with Out of Home Placement

Each child referred for out of home placement services shall receive a comprehensive assessment of physical, emotional, developmental and educational needs. This assessment shall also include the needs of the child's mother, father, and family, especially, regarding barriers to reintegration of the child. Services to meet identified needs shall be documented at the case planning conference. Using Family Centered Principles, the family shall be actively engaged in determining the services they shall be receiving, selection of the service provider, and evaluation of the services.

3121 Needs Assessment

DCF is responsible for providing information related to the child's and family's needs to the provider and for reviewing the work of the provider to ensure the identified needs are being assessed.

The Child Welfare Case Management Provider is responsible for completing the assessment with the family and child and for sending the completed assessment to the DCF social worker.

3122 Assessing Parental Capacity for Reintegration

Assessment of parental progress towards completing the tasks of the case plan shall an ongoing process, not one reviewed during the case planning conference alone. The assessment process shall include the Child Welfare Case Management Provider and supervisor as well as the DCF social worker and supervisor. Information can be obtained from a number of sources, including, but not limited, to the child's CASA, therapists involved with the family, resource families, family support workers, the child, birth parents, relative/non related kin, and providers of other services such as specialized day care, and the child's school.

3123 Life Skills Assessment

A. DCF requires that all children/youth shall have age appropriate care, treatment, and training that will develop their life skills. All children/youth in the custody of the Secretary of DCF and in out of home placement regardless of their permanency goal, or older youth who are receiving Independent Living Services from DCF, shall be assessed for life skills as follows:

1. Children age 4 - 13: see PPM 3120

2. Children/Youth age 14 years and older or children who will turn age 14 within 190 days of referral who are in DCF Custody and out of home placement shall have a Casey Life Skills Assessment (CLSA) completed by the child/youth and caregiver using the age appropriate assessment. Birth parent(s) may also complete the assessment;

3. Youth who are receiving Independent Living Services from DCF shall complete the CLSA.

B. All children/youth age 14 and older shall have a CLSA completed by the child/youth and caregiver at a minimum of once every 12 months. The current CLSA shall be attached to the case plan and copies of each assessment maintained in the case file. The CLSA is a free on-line assessment accessed through www.caseylifeskills.org

3200 Development of the Case Plan

The Case Plan is a mutual, cooperative agreement between the family, child/youth, the agency, and others, as identified or agreed upon by the family, and/or required by the type of case plan. This plan formalizes the family's agreement to participate towards the achievement of the case plan goal.

A. The initial plan is developed within twenty (20) calendar days of the date the services are initiated. The date services are initiated is defined as either the date the family agrees to work with DCF (beyond 30 days) or the date of referral to a Child Welfare Case Management Provider. Participants in the case planning process are referred to as the Child and Family Team.

B. Case planning is a continuous and ongoing process integral to decision making in partnership with the family and/or child. Case planning is based on family centered practice principles which include:

1. Engaging families in service design
2. Treating families with respect
3. Respecting families' privacy
4. Involving immediate, extended, and kin family members as active partners in case planning
5. Providing services in the most family-like setting possible
6. Linking families to community-based, diverse, and comprehensive supports and services
7. Strengthening the capacity of families to function independently
8. Providing culturally sensitive services

C. Case planning involves the child, mother, father, the family's supports and natural community supports. Case planning services shall be directed toward maintaining the integrity of the family, consistent with child safety, permanency and improved family functioning.

D. Case plans shall utilize information provided by the mother, father, child, relative/non related kin and other support persons identified or agreed upon by the family. Additional information may be provided by social workers, resource families, school personnel, guardians, CASA and others who have knowledge of the family and child. Case plans shall also utilize information contained in the Family Based Assessment, psychological and other assessments, medical reports, and therapist reports. Specific tasks are developed using the above mentioned resources.

The Child Welfare Case Management Provider shall document the participation of the family in the case planning conferences.

E. A Child/Family case planning conference shall be completed with the family when:

1. There is an open family services case and the child is not in the custody of the Secretary.
2. There is an open family preservation case and no child in the family is in DCF custody.
3. A youth, no longer in DCF custody, requests Self-Sufficiency/Independent Living services from DCF. (Self-Sufficiency Plan completed with Youth)
4. A child is in DCF custody, regardless of placement setting. Each child requires their own specific case plan.

F. A Case Plan is required for all cases open for services. The plan contains specific services to be provided to meet the needs of the family. It identifies specific steps to be taken by the family, the DCF Social Worker, Child Welfare Case Management Provider and any other service providers involved. The plan documents this participation for purposes of meeting the child's protection objective of the plan, the goals for the family, and/or young adult working towards Self-Sufficiency, time frames to meet goals, criteria for success, and permanency goals.

Case Plans shall:

1. Be relevant to the critical issues in the family situation;
2. Be realistic in terms of the emotional, physical, and intellectual capabilities of the family members;
3. Be written in language that is clear and understandable to the family and youth;
4. Address the issues identified in the Family Based Assessment Summary (PPS2030F);
5. Specify the steps to be taken to address the identified issues
6. Describe how success shall be determined;
7. Specify the time lines and review dates;
8. Describe possible outcomes as the case plan is implemented;
9. Have the signature of all case plan participants;
10. Utilize and document the participation of the family in (family meetings);
11. Include any relevant orders from the court;
12. Include actions likely to be taken by DCF if conditions of the agreement are not carried out.

3202 Issues to be considered in Case Plan Development

A. The mother and father shall be assessed in order to develop appropriate and effective case plans. The assessment tools in PPM section 3100 provide expectations related to assessments to be completed. Elements to be assessed include but are not limited to:

1. Support network
2. Housing
3. Economic Conditions
4. Physical and emotional care of the child
5. Discipline methods
6. Coping methods and problem solving abilities
7. Physical and mental health needs

B. The child's functioning shall be assessed in order to develop appropriate and effective case plans. Elements to be assessed include but are not limited to:

1. Academic adjustment and progress;
2. Social, emotional, physical, and intellectual development;
3. Relationship with the parent(s);
4. Physical and mental health

3203 Preparing for Case Planning Conference

The services provided to the child, the child's family, and the child's care giver (i.e., resource family home, residential, relative/non related kin, etc.) are directly related to a permanency goal for the child.

A. For healthy emotional development, children need permanency in "child time". While the period of one year may seem a relatively short period of time for an adult, in the life of a four year old it comprises one fourth of their existence. Therefore, it is critical that careful planning and consideration be given to the child, the most vulnerable member of the child welfare team.

B. In addition, children need permanency in relationships, continuity in environment, and predictability in their daily lives. Connections with supportive adults must be maintained and developed during the child's formative years in order to prepare him or her to become a self-sufficient adult.

C. Permanency planning assumes children deserve a family of their own who can commit to a lifetime relationship. To achieve permanent homes for children in out of home placements, permanency planning requires:

1. Active participation by family and their support system in development of the plan, as they are the experts on the family's situation
2. Structured, time limited rehabilitation programs for parents, to help reunite families;
3. Early intervention, from the time the child first comes into contact with the agency;
4. Planned, regular interaction between parent and child;
5. Decisiveness about the best future placement for the child;
6. Knowledge about how to work with the courts to terminate parental rights when return home is not a viable option;
7. Full disclosure

3204 Accommodations for Participants

If any of the participants are non-English speaking or hearing impaired, the Child Welfare Case Management Provider is responsible for making arrangements to have an interpreter present at the case planning conference.

Consideration shall be given to ensure parents/children with disabilities to have adaptive/supportive services and/or adaptive equipment to maximize their participation in the case planning process.

3205 Time Frames

The following time frames apply:

A. The initial Child/Family/Self-Sufficiency Case Plan must be completed and signed by all parties 20 calendar days following the date of referral or in Family Services/Self-Sufficiency cases, within 20 days of the family/youth agreeing to the service.

B. A formal case planning review is conducted at least every 170 days. If a Child Welfare Case Management Provider is involved, the documentation shall be sent to DCF within 3 business days of the conference. Any member of the case planning team may request a formal review of the case plan at any time. The purpose is to re-evaluate the case plan and modify it as needed to better meet family and child needs.

C. In those cases in which a Child Welfare Case Management Provider is involved, a case planning conference shall be held within 30 calendar days of a permanency goal

change. If the case planning conference is being held due to a child returning home after a short (less than 30 days) out of home stay in detention or a PRTF, the case plan shall be completed within 2 business days following the return home. The PPS 3055 shall be used for this purpose.

3206 Establishing a Time and Place

The Child Welfare Case Management Provider or DCF if provider is not involved in case, shall in coordination with the family, establish the time and place for the case planning conference. The location shall be a place convenient for the parents and the child, providing a safe and conducive setting for family members and their support systems to meet to develop their plan. The time of the conference shall be adjusted to take into consideration the parents' work schedule and the child's school attendance.

It is expected the Child Welfare Case Management Provider staff provide transportation for the parents and/or child in the event other transportation is not available.

Parents who are incarcerated or otherwise unavailable can also participate via conference call, or provide input by email, or other written correspondence.

3207 Case Plan Participants

Participants in the case planning conference are selected based upon their involvement in the life of the child and the type of case plan being developed. Participants in case planning conferences shall be willing to address the concerns that brought the family to the attention of the agency. All participants shall have equal opportunities to actively participate.

A. Diligent efforts to locate both parents shall be made and documented in the case file.

1. Incarceration or living out-of-state does not automatically preclude a parent from such notification.
2. If there is a no contact order, the parent still maintains the right to have full information regarding his/her child. Notification of the case planning conference shall be sent with additional information informing the parent that his/her input is requested, but due to the no contact order, he/she will not be able to attend the meeting in person.
3. Alternative methods to participate shall be offered to the parent. If there is not a child in DCF custody, the same efforts to involve the non-custodial parent are required when appropriate.

B. The third party participant is a person who may have involvement with the family but is not directly responsible for providing services to the child and family. This may include: an advocate for the family's cultural needs; an advocate for special mental health needs of the family/child who is not delivering services; a worker, supervisor, or program support worker not directly involved in providing services to the child & family or a representative from another agency.

C. Persons required to be invited to participate in all case planning conferences:

1. Parents or legal guardians, if whereabouts are known;
2. The child, if age 7 or over, providing the child has the cognitive ability to understand the process and to participate;
3. The Child Welfare Case Management Provider or DCF Social Worker;

D. In addition, If child(ren) are in the custody of the Secretary, the following persons shall be invited:

1. The DCF staff assigned
2. A third party participant not directly involved in providing services to the child & family;
3. The guardian ad litem;
4. The resource family, including relative and non-related kin providers, for child in out of home placement;
5. The Court Appointed Special Advocate (CASA), if applicable;
6. Tribal representative for children when ICWA applies. The tribe shall also receive a copy of the signed case plan.
7. The DCF Regional Independent Living Coordinator or designee for all youth in out of home placement with a case plan goal of OPPLA, beginning at age 16, or all youth within 90 days of turning age 18 regardless of case plan goal, to begin discussion and preparation for self-sufficiency services in the event permanency is not achieved.

E. Persons who should be invited to attend, as applicable:

1. Residential or institutional setting treatment staff if the youth is in a residential placement
2. The prospective custodian, if permanent custodianship is the permanency plan;
3. The prospective adoption parent(s);
4. Teachers;
5. The education advocate assigned to the child,
6. The youth's positive supportive adult(s);

7. Any other individuals important to the family or the child who can contribute to the case planning process;
8. The child's HCBS waiver case manager
9. The Case Manager of a parent with a disability, either physically or cognitively, who is involved with a Center for Independent Living (CIL) or a Community Developmental Disability Organizations (CDDO),
10. The Corrections Counselor for an incarcerated parent or parole officer for a paroled parent.
11. Child Placing Agency staff responsible for support to the foster family where the child is placed.

F. Notification of Conference Participants

1. If the child is in the custody of the Secretary and placed at home or in out of home placement, notification shall be given to required participants in writing at least 10 days prior to the date of the case planning conference.
2. If DCF is providing Family Services, DCF shall provide the notification; if services are provided by a Child Welfare Case Management Provider, the Child Welfare Case Management Provider shall provide the notification.
3. If the family is being served by a CWCMP and it is anticipated the permanency goal may be different from what it was at the last case planning conference, DCF shall be given notification of the possible change.
4. Parents and legal guardians shall be the only case plan participants who may request the case plan be held without the opportunity for providing the 10 day notice to required participants. The request and decision shall be documented in the file.
5. The 10 day notice shall be provided by email, fax or letter.
6. Documentation of notification shall be retained and if services are provided by a Child Welfare Case Management Provider, a copy shall be sent to DCF.

G. Participant Education

All participants shall be educated on the purpose of the case planning conference. For the initial case planning conference, the Case Management Provider or DCF Social Worker for cases not referred to provider, shall meet with the family in person to describe its purpose. This education shall be documented in the case logs.

This education shall be accomplished by making available to the participants the handout "An Introduction and Parents Guide to Family Service and Family Preservation (child not in custody) Case Planning Conferences", PPS 3049A, for family service, AR

and Family Preservation cases. For children in custody cases, the parents will be provided “An introduction and Parents Guide to Child in Custody Case Planning Conferences”. The parents shall also be referred to the Family Handbook, PPS 5137, for the initial case planning conference.

These handouts shall be available at the agency conducting the case planning conference. Once a person has had an opportunity to read the handout they do not have to read it during subsequent conferences. These handouts are also available in Spanish.

3208 Case Plan Documentation

A. Case Plans shall be documented on the PPS 3050 series and/or PPS 7000 Self-Sufficiency Case Plan, determined by type of case and service. At a minimum, a signed copy of the plan shall be placed in the case record and a copy given to the family or young person. Staff shall allow the family or young person to audio and video record the case planning meeting.

B. Objectives, tasks, and success criteria shall be documented on the PPS 3050, 3051 or PPS 7000.

1. Objectives shall coincide with the reasons the child is at risk for removal, was placed in out of home care or is in need of a self-sufficiency goal.
2. Tasks are measurable, quantitative steps for achieving the objective, and
3. success criteria are qualitative, behavioral statements about what will change.

An ongoing review of the young adult’s efforts toward self-sufficiency or parental efforts toward reintegration shall occur frequently, and young adults or parents shall be provided feedback regarding their efforts. Parents shall be informed their efforts and progress are reported to the court, for court involved cases. The efforts of all parties toward reintegration or self-sufficiency shall be documented in the case logs.

C. All case plans shall contain the following:

1. Each child in the custody of the Secretary and in out of home placement shall have a permanency goal, and a concurrent goal if appropriate.
2. Tasks related to Self-Sufficiency goal(s) of young adult (for Self-Sufficiency Cases only);
3. At least one child protection objective identified for each youth
4. Clear action steps identified to accomplish the objectives of the plan;
5. At least one action step to be taken by the youth to meet the plan objectives;
6. Steps to be taken by the parents to meet the case plan objective.
7. At least one service or action to be taken by the social worker/case manager related to case planning;
8. At least one service concerning proper care for the youth;
9. The identified strengths of the youth and his/her family;
10. Identified needs of the youth and his/ her family;
11. At least one service directed toward reintegration if the child is placed out of the home and the goal is reintegration;
12. Services documented on the PPS 3057. This includes basic life skills/independent living for those youth age 15 and older.

D. Initial Case Plan for child in custody only:

1. A task to complete Casey Life Skills Assessment (CLSA) by the child/youth and a caregiver prior to the completion of the 2nd case plan,
2. A task to develop Learning Plan from completed CLSA with Youth by 2nd case plan,
3. Placement provider will begin working with the youth on daily living activities and provide documentation to appropriate service provider as requested, and

E. Subsequent Case Plans for child in custody only shall include three (3) specific daily living activities chosen by the child/youth.

3210 Roles Related to Case Planning

Case Planning is required for all types of services provided by DCF and/or Child Welfare Case Management Provider. Case plans may or may not involve a service provider, depending on the type of case plan and permanency goal.

A. Case Plan Services Without Custody

1. Case plan services without custody may include Family Services, Family Preservation and Self-Sufficiency. If a child welfare case management provider is involved DCF staff shall:
   a. Provide information related to the child's and family's needs to the Child Welfare Case Management Provider;
   b. Participate in the initial case planning conference;
2. The following activities are related to all case planning for cases without custody. The case manager is responsible for completing these services with the family.
   a. Meet with mother, father and other appropriate maternal and paternal kin;
   b. Develop tasks and objectives to meet Child Protection Objective(s) from the Family Based Assessment summary for Family Services and Family Preservation cases only;
   c. Develop tasks related to Self-Sufficiency Goal(s) of young adult for Self-Sufficiency cases only;
   d. Follow through with tasks assigned to DCF and/or service provider;
   e. Monitor progress of achieving tasks with family and/or young adult:
   f. Determine with family when child protection objective(s) have been met and no further services are needed and case can be closed;
   g. Determine with young adult when self-sufficiency goal(s) have been met and no further services are needed and case can be closed;
   h. Complete Forms PPS 3050, 3055, and 3057 for Family Services and Family Preservations cases only;
   i. Complete Forms PPS 7000, 7000A, 7001, 7210, 7215, 7220, 7230, 7235, 7240, 7245, 7250, and 7300 as applicable for Self-Sufficiency cases only.

B. Case Plan Services With Custody

1. DCF is ultimately responsible for all children in the custody of the Secretary and accountable to the court of jurisdiction. Case plans and permanency goals are subject to DCF approval. If a child in custody is not referred to a Child Welfare Case Management Provider for services, the DCF social worker is responsible to provide or contract for all case planning tasks and services. This includes cases where the aftercare period of the Child Welfare Case Management Provider ends and the child remains in the custody of the Secretary.
2. If a child, or children, in the family have been placed in the custody of the Secretary of DCF but allowed to remain in the home, a separate set of case

plan documents shall be completed for each child. If a child welfare case management provider is involved DCF staff shall:

a. Provide information related to the child's and family's needs to the Child Welfare Case Management Provider;
b. Participate in the initial case planning conference;
c. Participate in case planning conferences when it is anticipated the permanency goal will change.

3. The following activities are related to all case planning for cases with custody:
   a. Meet with mother, father and other appropriate maternal and paternal kin;
   b. Develop tasks and objectives to meet Child Protection Objective(s);
   c. Follow through with tasks assigned to DCF and/or service provider;
   d. Monitor progress of achieving tasks with family;
   e. Determine with family when child protection objective(s) have been met and a recommendation can be made to the court that custody be released;
   f. Complete Forms 3051, 3052, 3054, 3055, and 3057 if child is at home. In addition to the forms just listed, complete 3053 and 3056 if child is in out-of-home placement, and 3059 for youth 16 and older and in out-of-home placement;
   g. Submit court reports as required by the Judicial District;
   h. Provide a copy of completed case plan documents for each child in DCF custody to the court at least every 180 days during the time the child remains in DCF custody;
4. For youth who are in the custody of the Secretary at age 14, the case plan shall note that they may request and receive a high school diploma once they are at least 17 years of age. They shall have achieved the minimum high school graduation requirements adopted by the State Board of Education and make the request to the school where they are currently enrolled or reside.
5. Youth age 14 or older shall receive a copy of Appendix 7D, Do You Know Your Rights as a Kansas Foster Youth, and acknowledge the receipt of the information on the PPS 3051.
6. Each youth shall have photo identification upon turning age 16. Providers shall assist the youth in obtaining a photo ID without charge by completing the PPM Appendix 7F Kansas Department of Revenue DL-DCF1 Department for Children and Families Certification for Original Identification Card. The DL-DCF1 may be used one time per youth.
7. A PPS 3059 Transition Plan for Successful Adulthood shall be prepared by the Child Welfare Case Management Provider with the youth who have a case plan goal of OPPLA when the youth is age 16 or for youth with case plan goals other than OPPLA not less than 90 days prior to their 18th birthday. The DCF Regional Independent Living Coordinator or designee shall participate in helping the youth develop their Transition Plan for Successful Adulthood.
   a. The DCF Regional Independent Living Coordinator or designee shall attend case planning conferences for all youth with transition plans.
   b. The youth shall be assisted in considering and identifying specific options for housing; health care and insurance; education; opportunities for being

mentored; continuing support services; employment supports and services; and other services needed to maintain self-sufficiency for the youth and if applicable, for any minor child of the adult.

c. The plan shall include where the youth will live and how they will support themselves. Information on available services, supports, and resources shall be provided to the youth, including if applicable, supports and services for which an adult with a disability is eligible including but not limited to funding for home and community based services waivers.
d. For youth receiving services through an HCBS waiver, the Child Welfare Case Management Provider shall invite the DCF Regional Quality Management Specialist, the responsible HCBS waiver agency and the HCBS waiver case manager for the youth to the case planning conferences. If the youth intends to move to a different area to receive HCBS waiver services, this may involve inclusion of more than one service provider.
e. If the youth is age 18 and has not completed high school or obtained a GED, the plan shall include activities to achieve this goal by June 1 of the year in which they turn 18.
f. The plan may include the purchase of services including Foster Family Transition Services for the youth to be supported in achieving self-sufficiency.
g. The plan shall identify at least one connection for success. Youth shall also be assisted in identifying additional connections with community resources for help with housing, employment, transportation, finances, and school. The CWCMP worker shall work with the young person and community agencies, extended family members, foster parents and their relatives, teachers or ministers, friends, or volunteer staff to help the young person find connections for success. All young people shall be provided with opportunities to interact and develop relationships with dedicated adults in the community. CWCMP staff, including IL Coordinators, shall not be considered for this purpose.

The connections for success shall be documented in Section 7: My Connections for Success in the PPS 3059 Transition Plan for Successful Adulthood. Section 7. shall be reviewed at every transition planning meeting with the youth and kept up to date.

C. Case Plans for Children in DCF Custody with a Maintenance at Home Goal who Have Been in a Short-Term Out of Home Stay

Children who are in DCF custody, and who have a case plan with a goal of maintenance at home sometimes require a short term (less than 30 days) stay out of the home in a detention facility or a PRTF. In these situations, the PPS 3055 Family/Permanency Plan Review can be used to indicate the actions taken to address the reasons for the stay out of the home. The PPS 3055, Sections 1 and 2 of the PPS 3052, and signature page of the PPS 3051 shall be completed with a new case plan date and attached to the current Case Plan documents (PPS 3051, PPS 3052, PPS 3054, PPS 3057) and sent to DCF.

3211 DCF Responsibilities for Monitoring Case Plans

DCF staff shall:

A. Review and approve all custody case plans, PPS 3051.

1. A DCF social worker shall complete the Custody Case Plan Checklist, PPS 3058, to document the review and approval of the case plan documents.
2. The Child Welfare Case Management Provider shall provide the completed case plan documents to DCF within 3 business days of the case planning conference.
3. The assigned DCF social worker shall review the case plan using the PPS 3058 and, if all review items are scored "yes", return the approved case plan to the Child Welfare Case Management Provider within 3 business days of receipt of the case plan.
4. Chart the child's progress and monitor "reasonable efforts";
5. Track the progress and ensure the Child Welfare Case Management Provider is meeting the goals and objectives established during case planning conferences for the child and family through a system of both formal and informal monitoring.

B. If the DCF social worker is unable to approve the case plan due to required information not being included in the case planning documents, the case plan shall be returned to the Child Welfare Case Management Provider along with the PPS 3058, which shall reflect the information that is missing. Case Management staff are responsible to take the steps needed to make the needed corrections and provide the corrected case plan to DCF for review within 3 business days. DCF staff shall review the revised case plan and return the approved case plan to the Child Welfare Case Management Provider within 3 business days of receipt of the revised case plan.

Refer to PPM 3239 for instructions on determining Candidacy for Care

3212 The Child Welfare Case Management Provider's Responsibility

Child Welfare Case Management Providers are responsible for working with the entire family of referred children. This includes both the mother and father, when possible. In addition to the responsibilities listed in PPM 3210 A & B, the Child Welfare Case Management Provider shall:

A. Facilitate, maintain, and enhance family relationships to the fullest extent possible;

B. Complete on-going assessments with the family and child;

C. Complete case planning for each sibling who is in the Secretary's custody and remains in the home unless the child removed from the home has a case plan goal other than reintegration or maintenance in the home.

D. Ensure the case plan meets all state and federal mandates and DCF policy and procedures;

E. Document all case activities for each child in the custody of the Secretary in the child's file;

F. Conduct all case planning conferences;

G. Ensure all case planning conferences are held at least once every 170 days;

H. Provide written notification on custody cases to DCF, child, parents or legal guardian, guardian ad litem, placement providers, the CASA, a third party participant, and any other appropriate individuals at least 10 days before the date of the case planning conference;

I. Document receipt of requests from participants to reschedule case planning conferences and subsequent action in response to those requests;

J. Document the reason why the child or any other invited individuals did not participate in the case planning conference;

K. Provide or purchase a full array of services for the family and/or child as per the case plan;

L. Coordinate with the family regarding responsibility for issues such as transportation to visits, payments for alcohol/drug testing for parents, etc. Decisions are to be made jointly with the best interests of the child at the forefront of the discussion;

M. If requested, provide additional information to assist DCF social worker to be able to approve case plans when DCF staff did not participate in person or by phone;

N. Ensure all interaction plans with mothers and fathers, siblings, and the assigned Child Welfare Case Management Provider staff are carried out according to the plan;

O. As appropriate or indicated complete, gather, and compile social history, medical and psychological reports, placement history, school reports, and family assessment information on the child and family;

P. Complete placement histories;

Q. Monitor the case plan to ensure the goals are being met as planned and assessing whether new or revised goals should be established;

R. Develop an individualized adoptive family recruitment plan for children who have a case plan goal or concurrent goal of adoption and no identified adoptive resource;

S. Complete initial/annual/updated family assessments with adoptive families;

T. Following an adoptive placement, monitor the case plan to assure the goals are being met as planned and assessing whether new or revised goals should be established;

U. Recruit guardians for youth with profound disabilities who are aging out of the custody of the Secretary and do not have the capacity to manage their own affairs;

V. Formally review the case plan with family and/or child at least once during the time frame of the current case plan and complete the PPS 3055 Family/Permanency Plan review;

W. Complete all paperwork associated with case planning, including all required forms and ensure copies are provided to all case planning conference participants;

X. Submit the original case plan to the local DCF staff within 3 business days of a case planning conference for review and approval;

Y. Make required revisions to case plan noted on the Custody Case Plan Checklist PPS 3058 and re-submit to DCF for approval within 3 business days, if original case plan cannot be approved by DCF;

Z. For all youth age 16 and older, assist the youth in obtaining photo identification. PPM Appendix 7F Kansas Department of Revenue DL-DCF1 Department for Children and Families Certification for Original Identification Card may be used to waive fees and certify identification required for obtaining a photo ID. The form shall be used only once per youth.

AA. Assist the youth in developing the PPS 3059 Transition Plan for Successful Adulthood, for all youth in out of home placement beginning at 16 years of age with a case plan goal of OPPLA, or for youth age 17 regardless of case plan goal.

BB. Invite the DCF Regional Independent Living Coordinator or Designee to all case plans for youth in out of home placement beginning at 16 years of age with a case plan goal of OPPLA, or for youth age 17 regardless of case plan goal, to begin discussion and preparation for self-sufficiency services in the event permanency is not achieved.

CC. Assist the youth with preparing a KanCare Application for the Aged Out Medical Program and submit a paper application by mail or fax to the Clearinghouse. Add “Youth Aged out of Foster Care” at the top of the application.

Upon implementation of KEES the application can be accessed and submitted on line at http://kancare.ks.gov/apply.htm

DD. Beginning when the youth turns 14, assist in protecting the identity and future credit worthiness, and resolving any inaccuracies or instances of identity theft of the youth by requesting a credit report from each current credit reporting agency : TransUnion, Experian, and Equifax. See Appendix 7E for guidance about how to access credit reports.

EE. Complete Section 8. Exit Interview of the PPS 3059 prior to discharge with all youth when they have reached 18 years of age or have been emancipated.

FF. Invite the DCF Regional Independent Living Coordinator/Designee to participate in the exit interview prior to discharge for all youth in out of home placement who are exiting the system because they have reached 18 years of age or have been emancipated.

GG. Send the final PPS 3059 with the completed Section 8. Exit Interview to the Independent Living Coordinator where the youth will be located or has requested services. The PPS 3059 shall be accompanied by copies of the youth's identifying documents, PPS 3050 series, confirmation the youth has been assisted with applying for aged out medical if eligible, and the most recent completed Casey Life Skills Assessment (CLSA).

3214 Planning with Youth Prior to Release of Custody

A. Youth Request Release of Custody

A youth 18 years of age or older may seek emancipation by requesting release of custody to the court in writing. See K.S.A. 38-2203 (c).

B. Young people who leave the Secretary's custody shall have at least one connection for success with an adult they can reach out to for support. Youth shall also be assisted in identifying additional connections with community resources for help with housing,

employment, transportation, finances, and school. The CWCMP worker shall work with the young person and community agencies, extended family members, foster parents and their relatives, teachers or ministers, friends, or volunteer staff to help the young person find connections for success. All young people shall be provided with opportunities to interact and develop relationships with dedicated adults in the community. CWCMP staff, including IL Coordinators, shall not be considered for this purpose.

Document the connections for success in Section 7: My Connections for Success in the PPS 3059 Transition Plan for Successful Adulthood. Section 7 shall be reviewed at every transition planning meeting with the youth and kept up to date.

C. PPS 3059 Transition Plan for Successful Adulthood

1. Youth exiting the system because of release of custody at age 18 or emancipation shall have a PPS 3059 Transition Plan for Successful Adulthood. The PPS 3059 shall be developed with youth who have a case plan goal of OPPLA beginning when the youth is age 16. For youth with case plan goals other than OPPLA, the PPS 3059 shall be developed beginning when the youth is age 17. Youth shall be involved in developing the Transition Plan for Successful Adulthood, and complete it together in a cooperative manner between the youth and the case manager. The PPS 3059 shall be reviewed and updated prior to each case plan and attached to the current case plan. The region DCF IL Coordinator shall participate in the development of the Plan. The Plan shall identify at least one connection for success in Section 7 of the PPS 3059.

2. In developing the PPS 3059 Transition Plan for Successful Adulthood, Child Welfare Case Management workers shall assist youth to identify strengths and needs for services that support self-sufficiency.

    a. Youth shall be assisted in considering and identifying specific options for housing; health care and insurance; education; opportunities to be mentored; continuing support services; employment supports and services; and other services needed to maintain self sufficiency.
    b. Youth shall be assisted in protecting their identity and future credit worthiness, and resolving any inaccuracies or instances of identity theft of the youth by requesting a credit report from each current credit

reporting agency : TransUnion, Experian, and Equifax. See Appendix 7E for guidance about how to access credit reports.

c. Each youth shall have photo identification upon turning age 16. Providers shall assist the youth in obtaining a photo ID without charge by completing PPM Appendix 7F Kansas Department of Revenue DL-DCF1 Department for Children and Families Certification for Original Identification Card. The DL-DCF1 may be used one time per youth.

d. The Plan shall provide for where the youth will live and how they will support themselves. Information on available specific services, supports, and resources shall be provided to the youth. If applicable, the Plan shall provide for home and community based services waivers.

e. For youth receiving services through an HCBS waiver, the DCF Regional Quality Management Specialist, the HCBS waiver agency and the HCBS waiver case manager shall be invited to participate when considering and identifying specific options for HCBS waiver services.

f. Transition Planning shall include assisting the youth with learning about the State's MCO's and completing a KanCare Application for "Families and Children" for the Aged Out Medical program. Applications must be completed on paper and mailed or faxed to the Clearinghouse. Applications can be obtained from a local DCF office or and submitted to the Clearinghouse by fax or mail. Youth shall be assisted with ensuring documents proving citizenship and identity have been provided to the Clearinghouse. Upon implementation of KEES the application can be downloaded and printed or submitted online at http://kancare.ks.gov/apply.htm

g. The Plan shall address the actions planned for youth who are at least 17 years of age, have been in the custody of the Secretary at any time after turning 14 years of age, and have achieved the minimum high school graduation requirements adopted by the State Board of Education. The youth may request and receive a diploma from the school district where they are enrolled or reside.

h. If the youth is age 18 and has not completed high school or obtained a GED, the Plan shall include activities to achieve this goal by June 1 of the year in which they turn 18.

i. The Plan may include the purchase of services including Foster Care Transition Services for the youth to be supported in achieving self sufficiency.

j. Transition Planning shall include helping the young person identify one or more connections for success that are listed in Section 7. My Connections for Success of the PPS 3059 Transition Plan for Successful Adulthood.

D. The Transition Plan for Successful Adulthood shall verify the following information and items have been provided to the youth before discharge:

1. Information about the process to request services from DCF after their release and up to their 21st birthday
2. Verification the youth's dental, eye care, immunizations, and medical services are up-to-date
3. Copies of health and medical records including immunization records and list of medical providers who have provided treatment to the youth while in custody; information involving the youth's health care and records shall be completed in the Health Guide for Kansas Teens booklet. This booklet shall be maintained with current records and information with the youth and shall transition with the youth upon release of custody.
4. Instruction on use of prescribed medications, how to obtain them, and a month's supply of maintenance medications when appropriate.
5. Copy of the PPS 5340 Medical and Genetic Information for the Child
6. Information about MCO's and KanCare.
7. Information about the importance of designating a person to make health care treatment decisions on behalf of the youth if the youth becomes unable to participate in such decisions and there is no relative who would be authorized to make such decisions
8. Information which provides the youth with the opportunity to execute a health care power of attorney, health care proxy, or other similar document recognized by Kansas law
9. Certified copy of their birth certificate and information about how to obtain a certified copy
10. Social Security card and information about how to obtain original card. See 5205, DCF Responsibilities at the Time of Referral to Case Management Provider and Appendix 5F, Requesting New or Replacement SS Card
11. Photo ID or Driver's license (if youth already has one) and information about how to obtain a license
12. Proof of citizenship and information about how to obtain it. Refer to the KEESM manual Appendix A which outlines documents to prove citizenship and identity. http://content.dcf.ks.gov/ees/KEESM/Appendix/Appendix.html
13. A copy of their diploma, transcript or GED certificate and information about how to obtain such
14. Any other education records such as IEP the youth may need to be self sufficient
15. Information on the Foster Care Tuition Waiver Program and Education & Training Voucher Program (ETV)
16. Information and application for Kansas Kids @ GEAR UP for youth grades K-12 found at http://webs.wichita.edu/?u=KKGU&p=/downloads/

17. Post secondary scholarship information and application for Kansas Kids @GEAR UP found at: http://webs.wichita.edu/?u=KKGU&p=/downloads/
18. Contact for DCF for Independent Living Services after discharge from custody
19. Copies of any existing credit reports and verification of corrective action to dispute inaccuracies or identity theft
20. Information about how to contact the adults and community resources the young person has identified as connections for success in Section 7. of the PPS 3059 Transition Plan for successful Adulthood.
21. Letter verifying custody of the youth.

3220 Updating the Case Plan between Conference Dates

Minor revisions in the case plan which do not add new tasks for the family or young adult to accomplish, can be done by adding notations to the PPS 3051, Permanency Objectives or the PPS 7000, Self Sufficiency Plan. The notation shall be initialed and dated by those affected.

Progress towards completion of case plan tasks shall be reviewed with the family and child, or young adult at least once in between conference dates and documented by completion of the PPS 3055, or in the log notes in the case of a young adult with a Self Sufficiency Plan. A copy of the PPS 3055 shall be provided to all preceding case plan participants.

When a child in DCF custody with a goal of maintenance at home requires a short term (less than 30 days) stay out of the home in a detention facility or a PRTF, the PPS 3055 Family/Permanency Plan Review can be used to indicate the actions taken to address the reasons for the stay out of the home. The PPS 3055, Sections 1 and 2 of the PPS 3052, and signature page of the PPS 3051 shall be completed with a new case plan date and attached to the current Case Plan documents (PPS 3051, PPS 3052, PPS 3054, PPS 3057) and sent to DCF.

3230 Elements of Case Plan

A case plan shall:

A. Contain time lines for reintegration, other permanency goal, or self-sufficiency, child protection objectives and measurable tasks needed to be accomplished

B. Include the visitation/interaction plan

C. Document the persons listed in 3207 A were invited to the case planning conference.

D. Document service delivery

E. Document reasonable efforts made to make it possible for a child to safely return home

F. Document the court has found such efforts not to be a viable alternative.

G. Document steps taken to finalize the permanent custodianship.

H. Ensure that properly credentialed staff sign case plans

I. Include Permanency Plan Review

3231 Development of Permanency Goals

There are five possible permanency goals: maintenance of the child at home, reintegration, permanent custodianship, adoption, and other planned permanency living arrangement (OPPLA).

Each case plan shall contain a permanency goal for the child. Each child in the Secretary's custody and in out of home placement shall have a concurrent permanency goal established, if appropriate, pursuant to Appendix 3F. Also, see Section 3232. The permanency goal shall be established at the first case planning conference. The case plan shall be monitored until the permanency goal is achieved. The permanency goal may be changed when it is apparent the original goal cannot be met within a reasonable time frame.

Permanency goals and progress toward meeting the goals are documented on the PPS 3050 Family Service/Preservation Plan or PPS 3051 Permanency Plan.

A. Maintenance of the Child at Home

Maintenance of the child at home is the preferred goal. The child's safety must be assured. Family services or family preservation services shall be considered as options to prevent out-of-home placement of the child.

The DCF social worker has the primary responsibility for the initial assessment of the family and for determining the safety of the child. Once the case is referred to a provider, the DCF social worker and the Child Welfare Case Management Provider case manager are responsible for continuing to assess the safety of the child.

The tasks required to meet the goal of maintaining the child safely at home are recorded on the PPS 3050, Section 4, Maintenance Objectives.

B. Reintegration of a Child in Out-of-Home Placement

For children who cannot remain with their family and must be placed in out-of-home care for their safety and well-being, the preferred permanency goal is reintegration. Case planning is directed toward addressing those concerns which led to the child being removed from his or her home. The Child Welfare Case Management Provider shall provide a full array of services to ensure the parents can resume responsibility for the child in the home in the shortest time possible, with consideration of child's safety and well-being.

The initial permanency goal for children in out-of-home placement shall be reintegration and efforts shall be made by the Child Welfare Case Management Provider to achieve that goal, unless the court has ruled that no reasonable efforts to reunify are required. (See Section 3371)

Tasks needed to accomplish the permanency goal of reintegration are recorded on the PPS 3051, Section 4, Permanency Objectives.

Agency efforts and family progress toward meeting the goals in the case plan are documented in the case logs. This information is reported to the court at every hearing.

C. Adoption

When reintegration is not viable, adoption by relatives/non related kin, resource parents or another unrelated and approved family is the preferred permanency goal in most cases.

If a child has been placed out of home for 12 continuous months at the time of the most recent case planning conference, the permanency goal of adoption shall be considered.

Factors to consider when determining if adoption should be the permanency goal include:

1. The parent's lack of progress in completing the goals and objectives of the case plan successfully;
2. A youth's interest in adoption if age 14 or over;
3. The probability an adoptive family can be developed for the youth;
4. The youth is already placed with relatives/non-related kin on a permanent basis;
5. Age, disability, acute or chronic illness, behavioral issues, or any other single decision element shall not be the deciding factor when considering whether or not to pursue termination of parental rights and to select adoption as the permanency goal for a specific child. The best interests and well-being of the child are the goal for any plan for a child's permanency.

If adoption was considered but not established as the goal, the reasons shall be documented in the summary section of the PPS 3051, Section 7.

If adoption is established as the goal, the possibility of obtaining a relinquishment of parental rights from the parent(s) shall be considered during the case planning conference and by the 12th month of out-of-home placement.

If relinquishment is deemed appropriate, it shall be discussed with the parents and documented in the summary section of the PPS 3051, Section 7.

Tasks needed in order to achieve the permanency goal of adoption are recorded on the PPS 3051, Section 4 Permanency Objectives.

Progress toward meeting the objectives associated with the permanency goal of adoption is recorded on the PPS 3051, Section 7.

If it is determined the goal needs to change from adoption to another permanency goal, approval shall be given by the Regional PPS Program Administrator before the case planning conference where the goal is changed.

D. Permanent Custodianship

For those youth for whom the court has determined that reintegration and adoption are not viable permanency options, permanent custodianship provides the child with the next preferable goal. Permanent custodianship enables the caretaker to exercise all the rights and responsibilities of a parent without the on-going oversight of DCF. Custodianship may be an option for youth with or without the termination of parental rights, and can be established with either a relative or non-relative.

The tasks required to meet the goal of permanent custodianship are recorded on the PPS 3051, Section 4, Permanency Objectives

E. Other Planned Permanency Living Arrangement (OPPLA)

The permanency goal of OPPLA is appropriate only for youth age 16 or older, and when documentation has been provided to the court compelling reasons exist

which make all other permanency options unacceptable. The compelling reasons may include:

1. An older teen requests emancipation;
2. A parent with a disability, who even with supports, cannot care for a child, but a significant bond exists between them, and the placement resource is willing to sign a commitment agreement for the child to remain in their home, but is not willing to adopt or be a permanent custodian for the child;
3. A tribe has identified a planned permanency living arrangement for an Indian child.

Choosing this option is appropriate only when there is a specific, long-term placement for the child. Long-term out of home placement is not an acceptable permanency option and shall not be chosen as a planned permanency living arrangement.

A planned permanent living arrangement is subject to ongoing review at later permanency hearings. Other permanency options for the child shall continue to be explored throughout the time the child is placed out of the home. At no time shall the permanency option of OPPLA rule out other more permanent options.

3232 Concurrent Case Planning

Concurrent case planning emphasizes frequent interactions with birth families to achieve the preferred permanency goal of reintegration while simultaneously developing another goal as an alternative permanency plan for the child, if reintegration cannot be achieved. Concurrent case planning minimizes the negative impact of separation and loss on the child, and maintains the continuity in the child's family and sibling relationship.

A. The Child Welfare Case Management Provider shall use a concurrent case planning model reflecting frequent parent/child interactions while the child remains placed in a relative/kin/foster/adopt home, intensive, time-limited work with birth families targeting the reason the child is in out of home placement, and develop a network of permanency planning resource parents who can work toward reintegration and also serve as the permanent resource for the child.

1. The Child Welfare Case Management Provider case manager and supervisor shall use the Concurrent Case Planning Guide (Appendix 3F) or a research based

instrument to staff cases where concurrent planning might be in the best interest of the child.
2. Early reunification prognosis indicators and poor prognosis indicators shall be noted.
3. If the staffing concludes a concurrent case plan should be done, a case plan shall be scheduled within 30 days.

When it has been determined by the court that reintegration is no longer a viable option, the alternative permanency goal shall become the primary goal.

B. Relative/Kin/Foster/Adopt Family Role in Concurrent Case Planning

While efforts are being made to reintegrate the child with his/her family, diligent efforts shall be made to locate an absent parent, relatives, and/or non-related kin. Reasonable efforts to place a child for adoption or with a legal guardian, including identifying appropriate in-State and out-of-State placements, may be made concurrently with reasonable efforts to reunify the child and family. Assessing the out of state placement possibilities when it is in the best interest of the child allows them to become placement options when it is appropriate. These persons shall be explored as a possible resource for the child if reintegration cannot be achieved. Relative homes may be approved using Provider agency standards instead of being approved as meeting KDHE licensing standards. If the concurrent goal is adoption, the assessment shall include the KBI, DCF Central Registry, and fingerprint checks. If there are prohibitive crimes, the Child Welfare Case Management Provider shall send the completed assessment and background checks to the PPS Program Administrator, or designee, for review.

If relatives and/or non-related kin are not an option, efforts shall be made to find a foster/ adopt family. A foster/adopt family provides out of home placement care for the child and works toward reintegration with the family if the plan is feasible. They also agree to be the permanent/adoptive resource for the child if parental rights are terminated. The Reintegration/Foster Care/Adoption Provider shall recruit and prepare families for this unique role, as well as provide support to these families.

Relative/Kin/Foster/Adopt families who have children in their care with a concurrent case plan should understand their dual role. The Reintegration/Foster Care/Adoption Provider shall select the family by considering the family's ability to not only meet the current needs of the child but the future needs as well. The placement of a child with a relative/kin/foster/adopt family shall be made only after a team of professionals have carefully considered all factors relevant to the family and the well-being of the child.

3233 Development of Objectives and Tasks

When developing objectives for the family and child, consideration shall be given to the strengths and needs of each family member. The objectives shall relate to the strengths and needs and designed to help the family overcome barriers to the child remaining at

home or returning home. The objectives, tasks and criteria for success are to be listed on the PPS 3050 or 3051, Section 4.

A. Objectives

1. Objectives shall relate to presenting problems, not prior or anticipated problems.
2. There shall be at least one but no more than three objectives listed with the associated tasks and responsibilities. The objectives shall be taken from the PPS 2030F. (See Section 2820 for FBA timelines.)
3. The case plan shall contain at least one objective that addresses the safety of the child and the reason why the child came into custody.
4. Objectives shall be measurable and shall state an end result (i.e., what changes will be made).

B. Tasks

1. Specific tasks to be accomplished by the parents, child and/or other members of the household shall be identified;
2. Tasks shall be written at the parent's level of understanding;
3. Tasks shall be listed in the order of priority
4. Tasks shall identify specifically what shall be done, by whom, how, and in what time frames;
5. There may be multiple tasks and multiple persons assigned responsibility for completion of the tasks;
6. Tasks shall address needs identified through the CLSA.
7. Tasks to develop or enhance a support network shall be a part of the case plan.

C. Prior to discharge, case plans on all youth shall have tasks identified to meet these goals:

1. A stable and safe place to live, documented in a signed agreement between the youth and the placement resource, as applicable.

2. Life skills training
3. Attained specific academic or educational goals appropriate for the youth (at a minimum GED/high school diploma).
4. Information and/or training on postponing parenthood.
5. Information regarding available medical and mental health services and have in their possession copies of their health records.
6. A connection for success with at least one supportive adult, as identified in Section 7. of PPS 3059 Transition Plan for Successful Adulthood.
7. A checking/savings account.

All youth must be involved in all planning conferences related to their future and shall help design their plan for self-sufficiency.

D. Criteria for Success

1. Criteria for success statements shall indicate what qualitative, behavioral changes will occur as a result of the services provided.
2. Each objective listed in the case plan shall have criteria for success identified.
3. Parents' input shall be considered
4. The criteria for success statements shall be individualized for the specific family
5. The language used shall be easily understandable.

3234 Participation/Signatures

All individuals who participate in the case planning conference shall sign the Participants' Signature section of the form. If a person participates by phone, a copy of the PPS 3050 or 3051 shall be sent for them to sign and return to be included in the case planning documentation. Social workers/Case Managers shall not sign for participants. The case plan shall be dated with the date the person participated in the case planning conference.

A. The Child Welfare Case Management Provider Case Manager is required to participate in the case planning conference and sign the case planning document. If the assigned Child Welfare Case Manager is unable to attend the case planning conference, the supervisor or case manager covering the case in the absence of the assigned case manager may participate in and sign the case plan form.

B. For child in custody cases, the third party participant is required to participate in the case planning conference and sign the case planning document.

C. Participation of both parents in case planning conferences is crucial to the development of the permanency goal for the child. The parents shall be provided proper notice of the case planning conference and have an opportunity to request a change in the date, time, or location of the conference. The importance of their involvement and their rights and responsibilities shall be explained.

D. If the parents do not attend the case planning conference, the case planning conference may proceed. Tasks can be assigned to the parents in their absence. Following the case planning conference, the Child Welfare Case Management Provider shall attempt contact with the parent(s) who did not attend the conference to review the case planning document. If a parent is in agreement with the case plan, they sign on the signature page of the original document and date their signature the day the case planning document is signed.

E. If a parent is not in agreement with the case planning document, they must indicate such on the signature page and sign the form with the date the signature was made. The parents shall then receive another case planning conference within 14 days of the date of the request.

F. Parents who are unable to attend due to incarceration, living out of state, hospitalization in a mental health facility or drug and alcohol treatment shall be offered an opportunity to participate in the case planning conference by telephone.

G. For children age 14 or older, their signature acknowledges that they received and had explained: Appendix 7D, Do you Know Your Rights as a Kansas Foster Youth; their health rights; and the right to have an annual credit check.

3236 Education

The Child Welfare Case Management Provider shall assure that the child's education needs are assessed and met, and shall coordinate with the local school district and request copies of school records. The coordination shall include a discussion of how to ensure the child’s stable placement in school, and if needed, how transportation will be provided to assure the child can stay in the same school.

A. Special services shall be pursued when a need is identified or suspected. These may include but are not limited to the following special services:

   1. An education advocate
   2. IEP or 504 Plan
   3. Vocational rehabilitation services

4. GED or Alternative Diploma
5. SSI
6. Accredited Kansas Virtual School

B. The youth shall work toward completing a high school education, GED or other alternate education plan. A GED can only be explored if a youth:

1. has dropped out of school and cannot be persuaded to return to school.
2. is 18 years old.
3. is two or more years behind his or her grade level.

C. Youth shall be informed the school district in which they are enrolled or reside must award a high school diploma if the youth meets minimum graduation requirements and a diploma is requested by the youth. Youth are eligible if they were in the custody of the Secretary of DCF at any time after turning 14 years of age and are at least 17 years of age.

3237 Interactions/Visitations

A. Parent/Child Interaction

1. Parents retain the right of reasonable contact with their children, regardless of the case plan goal, unless parental rights have been legally terminated or the court orders no contact.

a. If the case plan goal is reintegration, in person parent/child interaction shall occur at least once a week, with telephone and email contact if deemed appropriate and in the best interests of the child. Parent/child interaction shall increase in duration, as appropriate.

b. If the case plan goal is other than reintegration, the frequency of in person parent/child interaction shall be a family driven decision reflected in the case plan for the child.

c. Parent/child interactions shall occur in naturally occurring settings, and foster parents shall have input and opportunity for involvement in these interactions.

2. The location of the parent/child interactions shall be determined based on the best interests of the child, and the activity in which the parent and child shall be engaged. When possible, parent/child interactions shall occur unsupervised.

3. Parent/child interactions may occur in the foster home. Prior to a first interaction in the foster home, roles and expectations shall be reviewed with the birth parents, child, and foster family.

4. Plans for required interactions between the parent and child shall be documented on form PPS 3051, Section 5, and the schedule for interactions shall be tracked on the PPS 3053, Parent/Child Interaction Schedule. The PPS 3053 is a stand-alone document that shall be updated and sent to all affected parties whenever the Interaction Schedule changes. Illness, inclement weather or other situations may arise which may affect a planned interaction, however, documented interactions should demonstrate a pattern of consistent and frequent visitation.

Parent/child interactions shall be documented in the case file. An encounter data code has been created for these interactions, and these interactions shall be included in the monthly submission of encounter data to PPS.

B. Supervised Interactions

Supervised interactions shall take place only as required by a court order or for reasonable cause documented on the PPS 3051, Section 5.

C. Exceptions to Face-to-Face Parent/Child Interactions

1. Parent-child interaction may be limited or prohibited for therapeutic reasons documented in the case record or if required by court order.

2. Punishment of either the parent or the child shall not be deemed a legitimate reason to limit visitation.

3. Restrictions on interaction or contact for therapeutic reasons shall be based upon the written recommendation of a physician or mental health practitioner. Restrictions on interaction or contact for safety reason shall be based upon concerns documented in the ongoing assessment and the Child Welfare Case Manager shall staff the case with their supervisor or designee prior to making the decision to limit interactions or contact. The court shall be informed of the decision in writing with a copy of the person whose interaction or contact is being restricted.

D. Sibling Visitation

Siblings are defined as children who have one or more parents in common either biologically, through adoption, or through the marriage of their parents, and with whom the child lived before his or her foster care placement, or with whom the child would be expected to live if the child were not in foster care.

1. The responsibility for arranging visitation with siblings who reside with the parent(s) rests with the parent(s) and shall occur with the same frequency provided for parent/child interactions unless joint visitation does not further the permanency goal.
2. Visitation between siblings in the custody of the Secretary and in out of the home placement shall occur at least twice monthly. Exceptions to sibling visitations include:
    a. valid therapeutic reasons for increasing or decreasing the frequency of visitation and documented in the child's case record; or
    b. a court order limits visitation.
3. When siblings are not placed together, a visitation plan shall be in place which allows for frequent and regular contact between the siblings not placed together, unless the Case Management Provider documents that visitation is contrary to the safety or well-being of any of the siblings. Sibling visits shall occur at least twice monthly. At least one of these visits shall occur during a parent/child interaction to allow the parent(s) and all children to be together at least once per month (N/A if PRT has occurred).

Plans for sibling visitation shall be made at the case planning conference and documented on PPS 3051, Section 5 and the PPS 3054 Visitation Schedule. The PPS 3054 is a stand-alone document that shall be updated and sent to all affected parties when the Visitation Schedule changes. All sibling visits shall be documented in the case file.

E. Worker/Child Contacts

Face to face worker/child contact shall occur a minimum of once a month. Contact may be with the Child Welfare Case Management Provider case manager or a paraprofessional, who is part of the child's case planning team. A primary contact, Child Welfare Case Management Provider case manager or paraprofessional shall be

designated on the visitation form. Plans for Worker/Child contact shall be made at the case planning conference and documented on PPS 3051, Section 5 and the PPS 3054 Visitation Schedule. The quality of all worker/child contacts shall be documented in the case file, using the Child Welfare Case Management Provider approved Child/Worker visit guide or protocols. The offer of the Monthly Individual Contact PPS 3061 form shall also be documented.

If either the child or the parent with whom reintegration is the plan is located outside of Kansas but not located in the Kansas City Metropolitan Area, a request shall be made to the state in which the child or parent is located to carry out the required frequency of contact. The Child Welfare Case Management Provider shall make this request via the ICPC agreement.

F. Worker/Parent Contacts

Face to face worker contact with mothers and fathers shall be at least monthly, when reintegration is the goal. For children with a case plan goal other than reintegration, the frequency of worker/parent contact shall be a family driven decision reflected in the case plan for the child. Contact may be accomplished by the child's Child Welfare Case Management Provider worker or with a paraprofessional who is part of the child's case planning conference and assigned this task. Plans for required contact between the worker and parent shall be made at the case planning conference and be documented on form PPS 3051, Section 5 and the PPS 3054 Visitation Schedule. All worker/parent contacts shall be documented in the case file.

The required frequency of worker/parent contact may be modified for valid therapeutic reasons documented in the service plan.

3238 Life skills

A. Child Welfare Case Management Providers are responsible for teaching or coordinating the delivery of life skills services. Life Skills services shall be provided to all children 4 years of age and older who are in DCF custody and in out of home placement. All youth who are receiving Independent Living Services from DCF shall also have life skills services provided to them as appropriate and needs are identified. Life skill/independent living services shall be documented on the PPS 3057 in the independent living code section.

All youth 14 years of age and older in out of home placement shall complete the Casey Life Skills Assessment CLSA). See PPM Section 3100 for information regarding the CLSA. The CLSA identifies youth abilities based on the age appropriate assessment level. The Child Welfare Case Management Provider shall provide specific services to address the youth's needs as identified by the CLSA.

Foster families are expected to support and integrate these services into daily living activities with the youth. Birth and foster families, shall have knowledge and training to reinforce or teach methods to address these needs. Youth shall be given opportunities through daily living to practice and learn these life skills. The Case Management Provider shall provide resources and training in the appropriate competencies identified in the following age appropriate life skills domains:

1. Communication
2. Daily Living
3. Home Life
4. Self Care
5. Work and Study Skills
6. Social Relationships
7. Housing and Money Management
8. Career Planning
9. Work Life

Free resources are available through www.caseylifeskills.org related to the nine (9) life skill domains listed above. Additional resources may be used as deemed appropriate to meet the youth's needs.

B. Life Skills Training

Life Skills training and activities shall be provided according to the child/youth's strengths and needs as determined by the CLSA. The PPS 3055 documents the dates of completion of the CLSA, summary of life skills progress and Connections for Success developed between the young person and supportive adult(s).

The CLSA generated Learning Plan is used as a resource tool only and specific tasks identified on the Learning Plan may or may not be included as tasks on the case plan, depending on identified youth goals. A copy of the Learning Plan shall be included in the file. A new Learning Plan shall be generated at a minimum of every twelve (12) months with the up-dated CLSA.

When a youth is already a parent or expecting a child, classes in parenting skills and child care shall be made available and documented. Casey Life Skills has supplemental assessments for Parenting Infants and Parenting Young Children, which may be used as resources in working with young parents.

Vocational Rehabilitation shall be informed of the youth's location and situation and asked to evaluate a youth's need for services when appropriate. Youth with an IEP qualify for vocational rehabilitation evaluations at age 16.

Some children/youth shall have identified special needs that will limit their ability to achieve age appropriate life skills and self sufficiency as adults. These youth may have debilitating conditions that may require a life long or long term care plan. They may need guardians as adults. Youth shall be referred for vocational rehabilitation services by age 16 if needs are identified. Youth shall also be referred to other community resources, such as community mental health, SSI, adult services, and resource centers as necessary. These specialized programs can help provide the intensive services needed for the youth's transition to adulthood.

Child Welfare Case Management Providers are encouraged to develop specialized programs for youth. The contractors may have a separate complex in their facility and/or provide a subsidy for youth under the age of majority and learning to live independently and renting an apartment. Independent living subsidy is not available to youth under the age of 18, as set forth by Chafee regulations. Other funding sources must be utilized to support this population.

C. Information Provided to Youth

Youth shall be provided information regarding all aspects of health care. This shall include information regarding avoidance of unsafe health practices such as:

1. use of tobacco, products, drugs and alcohol
2. sexually transmitted diseases or unplanned pregnancies
3. factual information on how and when to seek medical care
4. basic first aid training
5. discussions on health insurance and KanCare
6. specific information for any youth who has special medical needs. Information shall be provided that provides opportunities for the youth to learn to meet those needs (e.g. appointments, etc.)

3239 Determination/Redetermination - Candidate for Care Status

In order for the state to receive IV-E administrative funds for activities provided to children receiving in-home services, DCF must determine if the child meets criteria as a candidate for care. The standard to determine a child is a candidate for care is; the child is at imminent risk of removal and the services provided in the current case plan are intended to eliminate the risk of removal from the home.

A. At the initial case plan conference and no less than every 180 days thereafter during the in home service case, DCF social work staff must determine eligibility for candidates for care. An individual child determination must be made for all family service, family preservation, and Reintegration/Foster Care/Adoption cases without regard to custody status. The worker shall review the case plan and determine if the child is a candidate as indicated on the PPS 3050 and 3052.

B. Review statement on PPS 3050 or 3052 which reads "Absent effective preventive services to assure the child's safety, the child will be determined to be at imminent risk of removal from the home". If this statement applies to the child who is the subject of the case plan, check the "Yes" box next to their name. If this statement does not apply to the child, check the "No" box. DCF social worker making this determination shall provide their signature..

3240 Referral for Guardian/Conservator for Youth With Intellectual/Developmental Disabilities

Older children/youth with intellectual/developmental disabilities in out of home placement and unable to support themselves may need to be appointed a guardian/conservator. See KSA 39-1803 for definition of developmental disability.

A. A guardian is defined as a person or an approved non-profit corporation appointed under law to act and make decisions of physical health and safety on behalf of a legally disabled adult.

B. A conservator is defined as a person or corporation appointed under law to act and make decisions regarding the financial resources or estate of a legally disabled adult. See KSA 59-3050 et seq. for more information.

C. The youth's case plans, beginning with the case plan following the youth's 16th birthday, shall include tasks related to assessing the need for a guardian/conservator and identifying the responsible parties to secure a guardian/conservator if the need is determined. The Child Welfare Case Management Provider shall use the "Decision Making and Function Assessment: Criteria for Legal Impairment-A Multidisciplinary Tool" DCF form PPS 10610 to assess the need for a guardian/conservator.

D. If a guardian/conservator is needed, the goal is to have a guardian/conservator appointed as soon as possible after the child reaches age 18. See Section 3214 for information on transition planning for youth turning 18. Youth who have disabilities will have needs that shall be addressed to plan for their transition to adult services. These include referrals for adult SSI, planning for living accommodations, and coordination with the CDDO and/or CMHC. If the youth receives SSI as a child, referrals to the Social Security Administration, through the current contractor, for adult SSI shall be made 90 days prior to the youth’s 18th birthday.

E. The Child Welfare Case Management Provider shall attempt to identify a guardian/conservator for the youth, if needed, by checking with the connection for success or mentor for the youth, kin, foster parents, teachers, etc. If the Child Welfare Case Management Provider has not been able to identify a resource, the Child Welfare Case Management Provider shall consult with DCF Adult Protective Service (APS) staff in the Region where the child was referred to the Child Welfare Case Management Provider, to determine the appropriateness of DCF making a referral to the Kansas Guardianship Program for the appointment of a guardian/conservator. Although DCF/APS staff will not officially accept the case until the youth is 17, preparation for referral to DCF/APS can begin prior to that date.

F. The CWCMP shall invite the assigned social worker for the APS case and the KGP recruiter to the transition case planning conference held within ninety (90) days prior to the youth's eighteenth (18) birthday.

G. If the Child Welfare Case Management Provider has not been able to identify a guardian/conservator for a youth who needs one, the Child Welfare Case Management Provider shall contact the APS APA and follow the procedure outlined in the Section 10630.

3300 Legal/Court Information

DCF and thus Child Welfare Case Management Providers are authorized to work with families in the State of Kansas through the permission and consent of the family, or by order of the court. The family may or may not be involved with the court while receiving services. If the court is involved, the child may or may not be placed in the custody of the Secretary of DCF.

3310 Legal Base

Public Law 105-89, The Adoption and Safe Families Act (ASFA) of 1997 (42 U.S.C. 620 et seq. and 670 et seq.) was signed into law on November 19, 1997 and designed to improve the safety of children, to promote adoption and other permanent homes for children who need them, and to support families. The law requires CPS agencies to provide more timely and focused assessment and intervention services to the children and families are served within the CPS system.

ASFA and subsequent amendments to the Kansas Code for the Care of Children state child safety is paramount, and when efforts to maintain or reintegrate a child with the family are not appropriate, other permanency efforts shall be made.
The Revised Kansas Code for the Care of Children (K.S.A. 38-2201 et seq) was amended to comply with federal ASFA laws, which require the court of jurisdiction hold a permanency hearing within 12 months the date the court authorized the child's removal from the home and not less frequently than every 12 months thereafter.

The Kansas Code for Children at K.S.A. 38-2269 provides for the termination of parental rights and K.S.A. 38-2270 the commitment to DCF for the purpose of adoption. KSA 59-2124 gives DCF the authority to accept relinquishments of children by their parents for the purpose of adoption and establishes procedures for the filing of petitions to adopt.

The policies and procedures are applicable for all children in the custody of the Secretary through the provision of the Kansas Code for the Care of Children (K.S.A. 38-2201 through 38-2283) or relinquishment (K.S.A. 59-2124) The provisions of the codes and policies of DCF are incumbent upon private Child Welfare Contract Management

Providers as well. Children in the custody of the Secretary and in out of home placement are served by Child Welfare Contract Management Providers.

Children are placed by the Court in the custody of the Secretary of DCF in the following ways:

> **A**. The Court may award custody to the Secretary through the provisions of the Kansas Code for the Care of Children. A child in DCF custody is referred to as a "Child in Need of Care" or "CINC" for short. The Court can choose to allow the child to remain in the custody of the Secretary as a CINC until his/her 21st birthday.
>
> **B**. A divorce court may award temporary custody of the child to another person or agency if the court finds the award of custody to the other person or agency is in the best interests of the child. Temporary custody orders shall remain in effect until there is a final determination under the Kansas Code for the Care of Children. When the divorce court enters orders awarding temporary custody of the child to an agency other than the parent, the court shall refer a transcript of the proceedings to the county or district attorney. K.S.A. 60-1610(a)(5)(C) The county or district attorney shall file a petition as provided in K.S.A. 38-2233 and may request termination of parental rights pursuant to K.S.A. 38-2266.

3320 Working with the Court System

DCF and the Child Welfare Case Management Provider shall have thorough knowledge of the court system. The Kansas Code for Care of Children (K.S.A. 38-2201) imposes certain duties on DCF for notifying the district court of commitment of initial placement, subsequent moves after placement, and the child's progress. Notices shall be provided to the judge, guardian ad litem, and all involved attorneys regarding information relevant to the child and family's progress toward meeting goals for permanence.

DCF shall be responsible to provide these notices and progress reports for the family service cases which include a child, or children, in the home who are in the custody of the Secretary. The Family Preservation Provider shall be responsible to provide these notices and progress reports for the cases referred to them involving a child who is in the custody of the Secretary and remains in the home. The Reintegration/Foster Care/Adoption Providers shall be responsible to provide these notices and progress reports for the children who are in out of home placement.

Throughout the remainder of this section, if DCF is providing services to a child who is a Child in Need of Care in a family services case, the responsibilities listed for the Child Welfare Case Management Provider will be applicable to DCF, with the exception of responsibilities related to out of home placements.

This information is provided to the court through several avenues, including:

A. Periodic reports

B. Testifying in court

C. Notifying the court of certain issues

The court is responsible for notifying all parties of upcoming hearings. However, the Child Welfare Case Management Provider shall insure the child, the parent(s), and the child's placement are notified of any court hearings. The Child Welfare Case Management Provider shall document these notifications in the case file.

DCF and Child Welfare Case Management Providers are responsible to the court for all children in the custody of the Secretary of DCF. The Child Welfare Case Management Provider is responsible for providing reports to the court and DCF for all children under court jurisdiction as a child in need of care..

3321 DCF and Child Welfare Case Management Provider Responsibility to the Court

DCF and Child Welfare Case Management Providers are responsible to the court for each child in the custody of the Secretary and are held accountable for any orders of the court. All reports to the court shall be comprehensive in nature, detailing the gains and losses of the family and/or child. Each report to the court shall contain detailed case information to explain the child's current situation, the unique needs of the child, and the plan of action the agency intends to implement to meet these needs. The report shall have a clear permanency goal, or concurrent goal, if appropriate, the steps taken, and the progress made to meet that goal.

The Child Welfare Case Management Provider shall:

A. Attend all court hearings;

B. Provide any reports requested by the court;

C. Assure the content of court report is complete, accurate, up to date, and addresses specific concerns of the court;

D. Provide the Court with the child's PPS 3003-Court Report Summary-unless otherwise specified by the court-at least 10 days prior to the date of the hearing or per court requirements (if different than 10 days)

E. Abide by all court orders

F. Provide written notice to the court of planned and emergency moves, per PPM sections 3361-3364.

G. Beginning when the youth is age 16, prepare a PPS 3059 Transition Plan for Successful Adulthood with the youth to present to the court for the court’s approval;

H. Notify the court of jurisdiction when the adoption of a child is finalized; and

I. Follow verbal orders from the court and document those orders in the case file.

3330 Court Orders

Staff shall comply with every order made by the court. When a court order is received, which appears to go beyond the limits of the statute, requires something which can not be accomplished or appears to be contrary to the welfare of a child, consult legal counsel for guidance and any necessary action.

3340 Documentation of Custody

A written order from the court of commitment signed by the judge with jurisdiction of the case places a child in the custody of the Secretary of DCF. All court orders authorizing an initial out of home placement and custody to the Secretary are required to be on forms provided by the Office of Judicial Administration (OJA).

3350 Returning the Child Home (Reintegration)

For a child in the custody of the Secretary who has been adjudicated a Child in Need of Care, the Kansas Code for Care of Children prohibits the Child Welfare Case Management Provider from returning a child to the home from which the child was removed without providing written notice to the court at least 14 calendar days prior to the planned date of return. After reviewing the information provided to justify the child's return to a parent, if the court sets a hearing on the matter, the child may not be returned to the parent's home without written consent of the court.

3361 Informing the Court of Placement Moves

The Child Welfare Case Management Provider shall inform the Court as well as other parties required to be notified, including DCF, of the child's placement/living arrangements at the time of the initial placement and for all changes in placement. This may be accomplished by sending a copy of the Acknowledgment of Referral/Notification of Move/Placement form (PPS 5120). If the court does not approve of the child's placement, a hearing shall be set to discuss placement plans for the child.

3362 Thirty Day Notice of Planned Move

KSA 38-2258 of the Children in Need of Care code (K.S.A. 38-2201) provides for the written notification 30 days in advance of the planned move for all children in court custody who have been in the same foster home or facility for six continuous months or longer or in the home of a parent or relative for any period of time.

The notification shall be provided to: 1) the court having jurisdiction over the child; 2) the petitioner; 3) the attorney for the parents, if any; 4) each parent whose address is

available; 5) the foster parent or custodian from whose home or shelter facility it is proposed to remove the child; 6) the child if age 12 or older; 7) the child's guardian ad litem; 8) any other party or interested party; and 9) the child's court appointed special advocate. The notification to the court of jurisdiction and other interested parties allows time for any of these parties to request a court hearing to determine whether or not the change of placement is in the best interest of the child. The move may take place prior to the expiration of the 30 days if all parties notified agree in writing to the move.

3363 Hearings Regarding Placement Moves

Within 14 calendar days, anyone receiving 30 day notice of planned move may request either orally or by written motion that the court conduct a hearing to determine whether or not the proposed change in placement is in the best interests of the child. When requested, K.S.A. 38-2258 requires the court to schedule a hearing and immediately notify DCF of the time and date of such hearing and shall notify persons as identified by the court records. The child shall not be moved until action is approved by the court.

3364 Exceptions to Thirty Day Notice of Planned Move

There are two exceptions to the requirement of thirty day advance notice of planned move:

A. The move is to the home of the pre-adoptive family selected by the best interest staffing team. For these moves, a copy of the Acknowledgement of Referral/Notification of Move/Placement Form shall be sent to the court at the same time it sent to DCF.

B. The child is being returned to the parent's home. For these moves, written notice shall be made to the court at least 14 days prior to the planned date of return. After reviewing the information provided to justify the child's return to a parent, if the court sets a hearing on the matter, the child may not be returned to the parent's home without written consent of the court.

3365 Emergency Placements

DCF or the Child Welfare Case Management Provider may change placement of a child without providing prior notice if:

A. An emergency exists requiring immediate action to ensure the safety and protection of the child; or

B. DCF or the Child Welfare Case Management Provider is notified the child has become unwelcome in the resource home or residential facility.

In either situation, DCF or the Child Welfare Case Management Provider may transfer the child to another resource home or other residential facility without prior notice or court approval.

Written notice of the emergency move and the reasons shall be sent to the court, DCF, the parent(s), and the guardian ad litem by the first day following the move through submission of the Acknowledgement of Referral/Notification of Move/Placement Form (PPS 5120).

3370 Compliance with State and Federal Requirements

The Adoption Assistance and Child Welfare Act of 1980 (Public Law 96-272), and the Kansas Code for Care of Children K.S.A. 38-2201 thru 38-2283 set practice standards for child welfare services. Among these standards are "reasonable efforts", which have been reinforced on the federal level by the Adoption and Safe Families Act (ASFA). Providing and/or purchasing services for the family are methods of complying with these mandates.

If the court finds that reasonable efforts have not been made, the CWCMP will notify DCF Regional Director, DCF Regional Attorney and PPS Foster Care Administrator within one day of the finding.

3371 Reasonable Efforts

The primary goal of DCF and the Adoption and Safe Families Act (AFSA) is the safety of the child.

A. Reasonable efforts shall be made to prevent the removal of the child from the home. The legal documents (journal entries), prepared by the court, must articulate reasonable efforts the agency made to keep the child at home or demonstrate that an emergency existed and the child's safety was in jeopardy, requiring out of home placement.

While it is the court's responsibility to document these efforts, it is the responsibility of the Child Welfare Case Management Provider to provide the court with documentation of all efforts made to keep the child at home.

Reasonable efforts need to be taken into consideration when determining case plan objectives. It is important to be aware of services that have already been implemented as well as services that may yet be needed.

Services to the family which are used to document reasonable efforts include but are not limited to:

1. Referral to DCF Family Services;

2. Referral to other community resource agencies (i.e. clothing/food banks, day care centers, churches, and counseling centers, etc);
3. Referral to services provided by the school system;
4. Referral to the Family Preservation Case Management Provider.

The court shall document this finding at a permanency hearing and a copy of the documentation placed in the case record. Reasonable efforts to return the child to his/her home continue until at the court permanency hearing find reasonable efforts are not needed. The court shall document this finding in writing and a copy of the written documentation must be in the case record.

B. Efforts to Return Child Home

In those situations where a child has been removed from his/her home, the Child Welfare Case Management Provider is responsible for the provision of services to facilitate reintegration. The decision to recommend reintegration is a decision made by and communicated to the court. The primary factors in this decision are the safety and well-being of the child. Demonstrating reasonable efforts to return a child home when there is a concurrent plan is especially important.

During the time the child is in out of home placement, the Child Welfare Case Management Provider shall ensure the family receives services to address the concerns, which resulted in out of home placement. Identification of these services shall take place during all case planning conferences. The Case Management Provider shall continually monitor the effectiveness of these services.

In the case of divorced or unmarried parents, the child is considered "reunified" when he/she is placed with either parent, regardless of the home of removal.

The family shall receive adequate follow-up services from the Child Welfare Case Management Provider during the 12 months aftercare period following the child's return home.

Services to the family and/or child, which facilitate reintegration, include but are not limited to:

1. Assistance in building a family support network;
2. Family counseling/therapy;
3. Assistance in accessing school resources;
4. Parenting Classes;
5. Referral to Drug/Alcohol Treatment;
6. Individual Therapy;
7. In Home Services;

8. Budgeting instruction;
9. Employment services;
10. Housing assistance;
11. Assistance in accessing all applicable community resources;
12. Assistance with transportation and in developing the family's transportation resources;
13. Development of a safety plan at reintegration;
14. Development of a crisis intervention plan.

All of these efforts shall be documented in detail in the case record and reported to the court. The court shall determine if the child may be safely reintegrated and document all such efforts in journal entries.

Reasonable efforts to ensure the child's safety at the time of reintegration and during the Child Welfare Case Management Provider aftercare period shall be documented in the case file and the PPS 3051, Permanency Objectives. The case plan shall be attached to the PPS 3003, Report to the Court. Other documentation includes any special reports prepared by the Child Welfare Case Management Provider, case logs, and schools reports/records, resource parent logs/reports, therapist reports, etc.

If a determination is made that the reintegration efforts have not been successful, the Child Welfare Contract Management Provider shall submit a report to the court recommending termination of parental rights. The court shall document these reasonable efforts in the journal entries.

C. Conditions When Reasonable Efforts are not Required

Both ASFA and the Kansas Code for the Care of Children clarify that child safety is paramount and efforts to maintain a child at home or reintegrate the child are not required when:

1. A parent has been convicted of murder of any child;
2. A parent has aided, abetted, attempted, conspired or solicited the murder of any child;
3. A parent has been convicted of a felony battery that resulted in bodily injury to any child;
4. A parent has subjected any child to abandonment, torture, chronic abuse, sexual abuse, or chronic life threatening neglect;
5. Parental rights to any child have been involuntarily terminated; or
6. The child has been in out-of-home placement for 15 of the last 22 months.

When the child is in DCF custody and placed out of the home for 12 continuous months, or 15 of the last 22 months, consideration shall be given to the termination of parental rights. Unless there are compelling reasons to the contrary, it is expected the Child Welfare Case Management Provider shall pursue termination of parental rights.

3372 Permanency Hearings

During a permanency hearing the court shall review evidence and make a written finding whether reasonable efforts have been made to accomplish the permanency goal and continued out of home placement is necessary for the child's safety. The Child Welfare Case Management Provider shall track when permanency hearings are due for all children assigned in their region.

A. The initial permanency hearing takes place within 12 months of the date the court authorized the child's removal from the home and every 12 months thereafter.

B. The court is responsible for sending a notice of the permanency hearing to all interested parties. The court may elect to notify other individuals as appropriate. Interested parties include but are not limited to:

1. Parents;
2. Maternal/Paternal grandparents;
3. Resource Parents;
4. Adoptive Parents;
5. Court Appointed Special Advocates;
6. DCF and Child Welfare Case Management Provider involved with the child.

C. If the permanency goal is reintegration and the court finds reintegration continues to be a viable option, the court shall determine when the child shall be returned to the parent. The court may order a new reintegration plan be prepared and submitted.

D. A permanency hearing is required when there is agreement by the case plan participants that a change in permanency goal is required. The Case Management Provider shall notify the court of the change in permanency goal and the court shall schedule a permanency hearing.

E. If the court determined reintegration is not a viable option the county or district attorney shall file a motion to terminate parental rights or a motion to establish a permanent guardianship with 30 days and the court shall set a hearing on the motion within 90 days of the filing of the motion.

F. For children with a case plan goal of OPPLA, at each permanency hearing, the Child Welfare Case Management Provider shall document in the court report:

1. The intensive, ongoing efforts to place the child/youth with a fit and willing relative, legal guardian, or adoptive parent;
2. That the child's placement follows the reasonable and prudent parenting standards and opportunities to participate in appropriate activities;
3. What permanency outcome the child's desires.

3373 Administrative Desk Reviews

When a child has been in out-of-home placement for 15 of the most recent 22 months since referral, an administrative desk review shall be held and documented on the PPS 3056, Permanency Plan Desk Review form.

A. The Provider case manager and supervisor, at a minimum, shall participate in the administrative desk review.

B. The Child Welfare Case Management Provider staff shall be in full agreement as to whether reintegration remains a viable option. If reintegration remains a viable option, the PPS 3056 shall explain why the child is not reintegrated and an anticipated date when reintegration will occur.

C. If reintegration is not viable, and adoption is the case plan goal, a motion to terminate parental rights must be on file on or before the last day of the 15th month in out of home placement. If reintegration is not viable and adoption is not the case plan goal, documentation shall provide a compelling reason why adoption is not in the child's best interest.

D. If permanent custodianship is the case plan goal, there shall be documentation why reintegration is not viable and adoption is not in the best interest of the child.

E. If Other Planned Permanent Living Arrangement is the case plan goal, documentation shall state that no other case plan goal is in the best interest of the child.

Detailed instructions are available in Appendix 3Q.

3380 Reports to the Court

The Child Welfare Case Management Provider shall comply with providing the court any information needed for hearings. The information shall be provided in a timely manner to ensure the court receives the information before a hearing is held. For a child in DCF custody a report must be submitted to the court of jurisdiction within 30 calendar days of the date the child entered custody and at least 180 days thereafter. The court does request a report prior to the permanency hearing, and may request interim reports at any time. The Child Welfare Case Management Provider shall comply with all such requests.

Reports shall effectively document all case activities, service needs and plans for the child and family, progress being made to achieved the goal, and shall include recommendations for further work with the child/family. The Child Welfare Case Management Provider shall use the Court Report, PPS 3003, if required by the court, and other attachments as necessary, including reports from other professional providing services to the child/family. A copy of the Court Report, PPS 3003, if required by the court, and any attachments shall be sent to DCF at the same time it is sent to the court.

3381 Time Frames for Required Court Reports

For those children under court jurisdiction, a report is made every 180 days and more frequently if requested by the court. The Child Welfare Case Management Provider shall provide the report to the court, with a copy to DCF, at least 10 days in advance of the court hearing or per court requirements (if different than 10 days).

3382 Permanency Hearing Court Reports

Case planning conferences shall be held prior to the date of the permanency hearing in order to allow enough time the Child Welfare Case Management Provider responsible for the case to provide comprehensive reports to the court documenting the permanency recommendations. The Child Welfare Case Management Provider shall make a recommendation to the court based on the most current information available regarding the child and his/her family. This recommendation shall include whether reintegration is a viable option and provide a review of the family progress toward the goals, tasks and objectives. The Child Welfare Case Management Provider shall ensure all documenting evidence is available and presented to the court in clear concise language.

3383 Parent and Foster Parent Confidential Report to the Court

K.S.A. 38-2261 provides the right of foster parents and parents to submit a report to the court at the time of each court hearing. The report made by foster parents shall in a specified format. Appendix 3G provides a sample cover letter and a sample of the report. The report submitted by the parent and/or foster parent shall be available to all parties.

The Child Welfare Case Management Provider shall inform the child's parents and resource parent(s) of the right to submit a report directly to the court. The Child Welfare Case Management Provider shall provide the parents and resource parents with information as to the name and address of the Judge to whom the report may to be sent, as well as the dates of the court hearings. Documentation of this task shall be placed in the child's case file.

3384 Change of Venue for Out of Home Service Cases

Cases in which jurisdiction is transferred from one court to another are called "change of venue" cases. In many instances, the change from one court of responsibility to another will also require a change in DCF region of responsibility and a change in the Child Welfare Case Management Provider providing out of home services.

A. Change of Venue to Another Region

1. Child Welfare Case Management Provider responsibility ends for children who reside in out-of-home placement when there is a change of venue to another region. A referral will be made to the Reintegration/Foster Care Provider in the new region. The referral to the receiving Child Welfare Case Management Provider shall be sent by DCF Regional staff within 5 working days of the receipt of information from the receiving court documenting the acceptance of the change of venue. The sending Provider shall promptly notify DCF staff of the change in venue to a new region and send DCF the Acknowledgement form indicating case closure due to change of venue. The receiving Provider shall also promptly acknowledge the referral by sending DCF the Acknowledgement form (PPS 5120).

2. A change of venue case is not considered as fully transferred to the receiving region until the case is accepted by both the receiving court and the PPS Support Services Administrator, or designee, in the receiving region. The case must also be formally assigned to DCF staff within the receiving region for the case to be accepted within DCF as a "change of venue" case.

3. In some situations a family may have children residing in out of home placement while another child or children are being served in the aftercare period. When a change of venue occurs in this situation, the Reintegration/Foster Care Provider in the receiving region will receive a new referral for any children in out of home placement, but will then be expected to assume responsibility for serving the child or children who remain at home. The requirement of contact with the child within 4 hours of the referral, contact with parents, and the initial team meeting may be waived by Regional DCF staff. The new Child Welfare Case Management Provider is required to notify the family within 5 working days of the new referral that a new case manager has been assigned, and to provide their contact information.

4. The overriding principle guiding this situation is the family is only served by one Case Management Provider.

B. Change of Venue within a Provider Region

Child Welfare Case Management Provider responsibility does not end when there is a change of venue for a child in out-of-home placement when the venue change is within in the same region.

When the change of venue is within the region, the Provider shall promptly notify the original DCF office of the venue change. The original DCF office shall transfer all files and service responsibility to the receiving DCF office.

C. Change of Venue in Aftercare

Child Welfare Case Management Provider responsibility does not end when there is a change of venue for a child in the aftercare period, whether the child is in DCF custody or not and whether the venue change is within the same region or to another region.

The original Case Management is responsible for providing case planning information and other requested information to the court for children in DCF custody and to the appropriate DCF staff, in addition to providing the needed services to the child and family to maintain the child's permanency.

If the child must return to an out of home placement during the aftercare period, the original Child Welfare Case Management Provider is responsible for providing the services and assuming the costs related to this out of home placement. There shall not be a new referral made to the Reintegration/Foster Care Provider in the region where the child lives.

See Appendix 3R for additional information.

3385 Transfer of Custody to Tribes for Out of Home Service Cases

Child Welfare Case Management Provider responsibility ends for children who reside in out-of-home placement when there is a change of custody to a federally recognized tribe. The Child Welfare Case Management Provider shall promptly notify Regional DCF staff of the change in venue to a tribe by sending DCF the PPS 5120 RE/FC/AD Acknowledgement of Referral/Notification of Move/Placement Change Acknowledgement form indicating case closure due to change of venue. DCF staff shall forward the information to the tribe within 5 working days of the receipt of information from the receiving court documenting the acceptance of the change of venue. The tribe shall promptly acknowledge the receipt of the information by e-mail.

A change of custody case is not considered as fully transferred to the tribe until the case is accepted by both the tribal court and the tribal social service designee. Once fully transferred, the regional DCF office shall transfer all files and service responsibility to the tribe.

3400 Relinquishment/PRT

When adoption is the plan, services shall be provided which result in the termination of the child's parental rights:

A. Voluntary relinquishment of children to DCF by parent(s) or legal guardian; or

B. Termination of parental rights by the court with the child remaining in the custody of the Secretary.

Careful case documentation is essential in order to remove legal barriers to adoption. Child Welfare Case Management Providers and others providing services to the family face a high probability of having to testify in court as witnesses to the family's successes and failures in completing the tasks and objectives of the case plan.

3410 Documentation for Parental Rights Termination (PRT)

Documentation of parental responsibilities to achieve reintegration shall be related to the parent's failure to comply, not DCF/Child Welfare Case Management Provider's failure, to provide services.

Careful case documentation is essential in order to remove legal barriers to adoption. Child Welfare Case Management Providers and others providing services to the family face a high probability of having to testify in court as witnesses to the family's successes and failures in completing the tasks of the case plan.

The case file shall document all services provided to assist the family in meeting the tasks and objectives of the plan, including:

A. the family's ability to cooperate with all persons involved in providing services

B. the family's ability to make and keep appointments with providers

C. parent/child interactions, including dates, missed interactions, and reasons why

D. observations of parent/child relationship

E. transportation to and from appointments

3420 Steps to Relinquishment

When Child Welfare Case Management Provider staff becomes aware of a parents desire to relinquish his/her child to DCF and adoption is the case plan or concurrent case plan goal the staff shall discuss relinquishment with the birth parent(s), DCF staff and their supervisor to determine if relinquishment is appropriate.

The Case Manager shall provide to and discuss with the parent(s) the letter "Notice to Parent Considering Relinquishment", which is available in Appendix 5G. The parent(s) shall be encouraged to discuss the contents and implications of this letter with their attorney.

If the decision is made that it is in the best interest of the child for relinquishment to occur, the Case Manager shall complete the Appendix 5J Relinquishment of Child to Agency.

3430 Voluntary Release/Relinquishment

The Secretary of DCF will accept a relinquishment only if there is a current CINC case with custody awarded to the Secretary. The Secretary or Secretary's designee has the right to refuse or accept any relinquishment if termination of parental rights is not in the child's best interest.

If the relinquishment is not accepted, a new case plan shall be written within the next 30 calendar days. Adoption may be considered at any case planning conference but must be discussed at the case planning conference which is held following the one-year anniversary of the initial out-of-home placement of the child. Relinquishment can be considered only if adoption is the case plan goal or the concurrent case plan goal for the child and it is documented that the plan is in the child's best interest. There must be a reasonable expectation that adoption of the child can be achieved.

Parents shall relinquish their legal rights to their children in writing, before the court of jurisdiction, or before a notary if necessary. Arrangements shall be made for the child's Child Welfare Case Management Provider to receive the relinquishment papers once they are signed by the judge or notary and forward them to DCF for acceptance. DCF shall send notification to the parent's last known address, Guardian ad Litem and the County or District Attorney of the acceptance or non-acceptance of the relinquishment.

3431 Relinquishment of Indian Children

Special circumstances exist when a child and or parent(s) of Indian heritage are involved in a relinquishment. The DCF social worker must work closely with the region attorney to ensure court documents and processes for relinquishment meet the requirements of the Indian Child Welfare Act.

A. The following must be addressed:

1. The parent(s) or Indian custodian is of sound mind and body and not under undue restraint, duress, or influence of illicit drugs or other substances.
2. The tribal heritage of the parent(s) or Indian custodian and the child is documented. This may include tribal identification numbers.

3. The legal rights to the child are being relinquished to the Secretary of DCF.

4. The primary language of the parent(s) or Indian custodian must be documented.

5. If English is not the primary language, it must be demonstrated that the terms and consequences of the relinquishment were interpreted into a language the parent or Indian custodian understood.

6. The relinquishment must not be given prior to or within 10 days after the birth of the Indian child.

7. The relinquishment must be signed in front of a judge.

8. The parent or Indian custodian must understand that the relinquishment can be withdrawn prior to the filing of the final order of adoption.

9. The parent or Indian custodian does not reside upon an Indian reservation.

10. The parent(s) or Indian custodian may execute a consent to adopt in lieu of a relinquishment. The same safeguards apply.

11. The adoptive parents of an Indian child are named in a consent to adopt but are not in the case or a relinquishment.

12. If a consent to adopt is executed, the case is then considered a private adoption and the agency is relieved of custody of the Indian child. No adoption subsidy is available to the adoptive parents when a consent to adopt is executed.

B. Inquire as to whether the child/family has any Indian tribal affiliation (per the Indian Child Welfare Act). If so, it is important to have the names of the ancestors to determine tribal enrollment and to obtain permission of the tribe to proceed with placement. Review the documentation of ICWA compliance and update the form PPS 5340.

C. Indian tribal affiliation shall be determined at the time the child comes into the custody of the Secretary, not at the time of relinquishment. However, relinquishment procedures with Indian children differ from that of non-Indians, and the worker shall make certain there is no Indian tribal affiliation before the relinquishment process proceeds.

3440 Termination of Parental Rights

While it is the court's decision to terminate parental rights, it is the responsibility of DCF (with Child Welfare Case Management Provider input) to make recommendations to the court and to provide comprehensive written documentation to support those recommendations.

The legal termination of parental rights, or a parent's desire to relinquish parental rights, both viable options for the eventual achievement of permanency, may not always be the best alternative for children for whom reintegration is not possible. It is not a means of punishing the parent; it is a means of serving the child. The DCF attorney is available to aid in making decisions and in answering questions. If the decision is made to seek

termination of parental rights and the option of relinquishment is appropriate, the parents shall be offered the opportunity to relinquish. To address PRT/Relinquishment issues, the Child Welfare Case Management Provider shall assist the family in obtaining services and support to help them deal with emotional issues surrounding these events.

3441 Criteria for Considering Termination of Parental Rights

Factors to consider in making the determination are to include but not be limited to the following:

A. An alternative case plan goal is appropriate and in the child's best interest.

B. Why the child came into care - abuse, neglect, or abandonment.

C. The age of the child - the younger the child is, the more serious the need to consider termination.

D. The ability of the parent to meet the child's needs and meet the requirements of the case plan.

The Permanency Staffing Guide in Appendix 3S is available for additional criteria to consider.

3442 Compelling Reasons Not to Pursue Termination of Parental Rights

The Adoption and Safe Families Act (AFSA) defines certain circumstances under which the court may find that termination of parental rights is not a viable alternative for the child.

A. Those reasons include:

1. A reason(s) (as documented in the case file) exists to support the decision that neither the permanency goals of adoption or permanent custodianship are in the best interests of the child;
2. The child is in a stable placement with a relatives/non-related kin;
3. Adequate services to the parents were not provided by the agency to address the concern(s), which resulted in the child entering out of home placement.

B. DCF and the Child Welfare Case Management Provider shall make diligent efforts towards the child achieving permanency while in a relative/non-related kin placement. Therefore, DCF shall pursue either adoption or permanent custodianship as the permanency goal for a child in a stable relative/non-related kin placement when reunification is not a viable permanency goal.

C. If both DCF and the Child Welfare Case Management Provider agree the family is making adequate progress towards reintegration of the child and reintegration will take place within the next 180 days, a recommendation may be made to the court to delay termination of parental rights efforts for up to 180 days. The parent's progress toward reintegration shall be carefully monitored and documented and a date set as to when the child shall be reintegrated.

3443 Information Required by the County/District Attorney

A. The following information shall be provided to the county/district attorney to justify the petition to terminate parental rights:

1. A list of the names and address of persons to whom a notice of hearing must be sent. This list includes but is not limited to both birth parents, maternal/paternal grandparents, their respective attorneys, resource parents, the guardian ad litem, CASA, DCF and Child Welfare Case Management Provider, therapists, medical experts, and the child's current and former placement providers;
2. A current court report with supporting attachments. The report must list the reasons DCF is recommending that termination of parental rights is in the best interest of the child;
3. A description of the reintegration services provided to the family and the results of the provision of these services;
4. A copy of the child's birth certificate;
5. If the child is Indian, documentation of the information gathered from the tribe
6. A list of potential witnesses, their addresses and telephone numbers;
7. Copies of all previous case plans;
8. The social history(ies) on the child and his/her family;
9. Psychological, drug and alcohol evaluations pertinent to the case;
10. Reports from other service providers, the child's school, other courts or state child welfare systems, or other entities if appropriate.
11. The progress the family made or did not make toward meeting the permanency goal;
12. The child's development and behavior while in out of home placement; and
13. After addressing how termination of parental rights may impact the child.

B. This information shall be sent to the County/District Attorney's Office within 45 days of the case planning conference at which the permanency goal is changed to adoption. The time may be extended to 60 days if the required information is not under DCF control, this shall be documented in the child's case file.

C. If termination of parental rights is denied by the court, a new permanency goal shall be determined at a case planning conference. This shall be held within 30 working days of the receipt of the written journal entry or other documented form of notice.

3444 Preparing the Child for Termination of Parental Rights

The following tasks shall be completed prior to the termination hearing:

A. Arrange for a visit to the courtroom, if the child is to appear in court.

B. Arrange a meeting with the guardian ad litem.

C. Notify the therapist of the recommendation of termination so the therapist/counselor can help the child be prepared.

D. Actively involve the foster parents in helping the child be prepared.

E. Supervise interaction with birth parents(s).

F. Arrange a final interaction with the birth family. Taking pictures during the final visits is appropriate, not only for the child's life book but also for the birth parents/family.

G. Work with the child regarding the termination, the final visit, separation and loss issues, and planning for permanency.

3500 Case Closure

When a child is in the custody of the Secretary, the case shall be closed only when the Department has been released of Custody by order of the court or the youth has reached the age of 21.

3800 FACTS Case Planning Services Procedures

Complete screen navigation requirements for entering case planning conference information into FACTS are located in the Service Management section of the FACTS User Manual, Volume II, Section 300. Codes for applicable screens in FACTS are located in the USER Manual, Volume I, Section 800. If the case plan involves a referral to a Child Welfare Case Management Provider, then information regarding that referral service action on INIT, PLAN, and RESP (as applicable to plan type) must be complete and added on the same day of referral to the provider. Otherwise, information shall be entered on INIT, PLAN and RESP (as applicable to plan type) within 5 business days from the date of occurrence, action, or agency decision regarding a child or family. Case information that is required in FACTS and which is received from outside agencies shall be entered within 5 business days of receipt of the information.

3810 Establishing an Initial Case Planning Conference (INIT)

A case planning conference can not be established for any family in FACTS until the CASE is open and successfully processed. Case planning types, goals, and effective dates entered into FACTS shall match information on case plans. An individual's first plan and/or service is entered on INIT. The INIT screen is only completed once for an individual's plan. Users will see information from INIT on the PLAN and RESP screens once successfully added. The PLAN screen reflects information from INIT and is where a user updates case planning goals and case planning conference information. The RESP screen reflects information from INIT and is where a user adds and updates services for a client. Information regarding case planning types and service actions is located on the Family Based Assessment Summary and court orders if applicable. When a plan is added, a plan ID number is generated.

3811 Entering Plan Type

A. Family Case Plan

Family Case Plan (FP) type is entered on each non-custody member of the family who is the subject of a service or specific task.

B. Law Enforcement (LE) Plan

A law enforcement plan (LE) type is entered to document a child or youth's episode of police protective custody. The begin date is the date the child was placed in police protective custody. If this date precedes the case open date, use the case open date as the start date. For law enforcement protective custody, the end date of the LE plan is the date child returns home from law enforcement protective custody or enters DCF custody.

C. Child Custody Plan

A child custody plan type (CC) shall be entered for each child in the custody of the Secretary of DCF who has been ordered by the court to be removed into an out of home placement. The begin date of a CC plan is the date the child was ordered by the court to be removed into out of home placement and in agency custody. This information is located on an order of DCF protective, temporary, or adjudicated custody, whichever comes first. If the custody date precedes the case open date, enter the case open date. If the child's first out of home placement is either a locked facility or hospital for acute care please refer to PPM section 3811E (SC plan). If the child ran or family ran with

child prior to DCF having physical custody of child, then first placement is AWOL (FO09N). The end date of a CC plan type is either the date the child is released from custody or the date the child had been placed back home for a period of 6 months, the date a youth age 18 is no longer IV-E eligible, or the date an individual turns age 19, whichever comes first. When a CC plan type ends, discharge information is required per PPM 3835. The reason for discharge for youth age 18 who are no longer IV-E eligible or individuals who turn age 19, whichever comes first, is emancipation (EM). This plan type affects AFCARS federal requirements.

D. Reintegration Custody Plan

A reintegration custody plan type (RC) shall be entered for each child in DCF custody who has been returned home for a period of 6 months. Initiate (IN) the service action code FU01N with service source code FGC, and service request code of CM. The begin date of a RC plan is the day following the end of the six month period that the child was placed home. The end date of a RC plan is the date that custody is released, or the date that the child reenters out of home placement, whichever comes first. Do not enter a placement service action code. On a RC plan type there is no CORT requirement. Enter on SESS the case plan conferences after the RC plan type starts and enter the tasks and services on RESP when the new case plan is received. If a child has been placed at home for 6 months, and reenters out of home placement, this out of home placement is considered a new removal episode for the purposes of AFCARS, thus a new CC plan and removal information would need to be added. Initiate a new PR09N for each new CC plan.

E. DCF Custody Only Plan

A DCF custody only plan type (SC) shall be entered for each child in the custody of the Secretary of DCF who does not have a removal ordered. Initiate (IN) the service action code FU01N with service source code PSW and service request code of CM. The begin date of a SC plan is the date the agency received custody of the child. This information is located on an order of DCF protective, temporary, or adjudicated custody, whichever comes first. If the custody date precedes the case open date, enter the case open date. The end date of a SC plan is either the date the child is released from custody or the date the child is removed into out of home placement for reintegration/foster care services, whichever comes first. Do not enter a placement service action code. On a SC plan type there is a CORT requirement. Enter on SESS the case plan conferences after the SC plan type starts and enter the tasks and services on RESP when the new case plan is received. If a child enters the custody of the Secretary of DCF and the child's first out of home placement is either a locked facility or hospital for acute care, then a SC plan shall be opened. Once the child has moved to a foster care like setting (i.e. foster home, relative, residential, shelter, etc.), the SC plan will closed and a CC

plan shall be opened. The removal date for the CC plan shall be the date the child was placed in the foster care like setting.

F. Emancipation Custody Plan

An emancipation custody plan type (EC) shall be entered for each child in DCF custody who is age 18 and is not IV-E eligible (GA01N), or reaches age 19. The begin date of a EC plan is either the day following the date the 18 year old is no longer IV-E eligible, or the day following the date the individual turns age 19. The end date of an EC plan is the date that custody is released. Initiate (IN) a placement service action code. Do not enter a PR09N responsibility. On an EC plan type there is a CORT requirement. Enter on CORT the court dates after the EC plan type start date. Enter on SESS the case plan conferences after the EC plan type starts and enter the tasks and services on RESP when the new case plan is received.

G. Private Adoption Plans

A private adoption plan type (PA) is used only to enter private adoptions that do not involve children in DCF custody. This plan type documents a non-recurring payment is made to assist a family who has adopted a child who was not in DCF custody. This plan type affects AFCARS requirements.

H. Self Sufficiency Plan

A self sufficiency plan (SS) is only used for youth who are not in DCF custody and are receiving independent living services as per form PPS 7000. Use the goal type of maintain with family (MFM) on a SS plan type. Do not enter a placement service action code. A SS plan is not opened on youth who are still under a CW/CBS provider. Initiate (IN) the service action code FU01N with service source code PSW. (Refer to PPM section 7800 for additional information on entering independent living youth not in DCF custody).

3812 Entering Review Dates

Enter a review date when a case planning conference has occurred. The case planning conference date shall match the first date indicated in the time period covered on the PPS 3050 or 3051. This field is an AFCARS requirement. If no case planning conference has been held and the plan is closing, enter the date of initial team meeting with the family or date of court hearing, whichever was most recent, in the review date field.

3813 Entering Plan End Information

Information on plan end dates is entered when a plan closes. In order to add this date, a review date must be entered. If no case planning conference occurred prior to ending the plan, enter the date of initial team meeting with the family or date of court hearing, whichever was most recent in the review date field. When a plan ends, the results code field is required. The results field code reflects how the agency views the plan completion-successful or unsuccessful. In order to gain this information about plan end results, consult with the assigned worker. To close a plan, all court information and responsibilities must be closed.

3814 Entering Goals

The case planning goal type and start dates for initial and subsequent case planning activity entered into FACTS shall match information on the FBA summary, case plan, and/or referral documents to the Child Welfare Case Management Providers. If the permanency goal for protective custody has not yet been established enter "NYE" in FACTS. If the goal is reunification, enter "RUC". If the child is in custody and placed at home, the goal type is "MFM". If the goal for a youth in custody is Other Planned Permanent Living Arrangement (OPPLA), enter "EMA". If the goal for a youth in custody is Adoption enter (ADP). If the goal for a youth in custody is Custodianship/Guardianship with a non-relative, enter (GUS). If the goal for a youth in custody is Custodianship/Guardianship with a relative, enter (GRL). End dates for case planning goals reflect the day the final goal was achieved or the date the plan closed.

3815 Entering Removal Information

Removal codes, dates and reasons are entered only for those children in DCF custody who have been removed by a type of court order ("C") from their home, or been voluntarily relinquished ("V") to the agency by their care giver. The date of removal is the date when the child was removed from the home and should match the PPS 5110 or date of Relinquishment on the YA 2303. The removal date may be different than the date of DCF custody; however, the removal date entered into FACTS cannot be a date prior to the start date of the child custody plan. A removal date is only entered once for each custody episode. FACTS can record up to15 (fifteen) removal reasons. To the greatest extent possible, FACTS reasons for removal shall match reason on the PPS 5110 referral form. Enter the primary reason for removal from PPS 5110 in the first reason for removal on the PLAN screen. Enter the secondary reason for removal from the PPS 5110 in the second reason for removal on the PLAN screen. If a child is removed from the home for reasons of maltreatment (e.g. physical abuse or neglect) and reasons of non-abuse neglect (e.g. child behavior problem or caregiver inability to

cope), then select and enter the reason (s) of maltreatment prior to entering the reasons of non-abuse neglect unless the non-abuse neglect reason is the primary reason for removal. The removal date is a field subject to timeliness error for AFCARS if not entered timely.

3821 Entering Services Requested

Select code appropriate to service type being provided to the family. For children in DCF custody, the service requested in involuntary placement "IP" except for runaways, which is voluntary placement "VP". The achievement date is the date that the DCF worker anticipates that the service, task, or placement will end or be achieved.

3822 Entering Information Regarding Services, Tasks, and or Placements

A. Service Action

Enter the first service or task that is planned, recommended, or currently initiated with a client in the Service Action field on INIT. If there is more than one service action or tasks for an individual, these additional services are entered onto the RESP screen. With exception to subsidy service actions, all codes entered end with the letter "N", indicating nonpayment activities. Information to complete this data field is located on the Family Based Assessment Summary Child Protection Objectives, Acknowledgment/Change in Placement Form, case plans and other documents regarding health and well-being of family members. Enter waiver information on all children who are eligible for or receiving any HCBS waiver and who are part of an open case. This action affects youth served by the Child Welfare Case Management Providers (up to the point an adoption is finalized), and family services. To enter waiver information, enter the service action code of "FU08N" and service request code of "WA". If the service action is planned (child is eligible, but not yet receiving) use responsibility status code of "PL". Use responsibility status code of "IN" if waiver service has started. Use service source code 'PHD' for Physically Disabled waiver 'MRD' for Intellectual/Developmental Disability (I/DD) waiver, 'TEA' for Technologically Assisted waiver, 'HDI' for Head Injury waiver, 'SED' for Severely Emotionally Disturbed waiver, 'AUT' for Autism waiver, and 'PTF' for Psychiatric Residential Treatment Facility waiver.

B. Service Source

Enter the service source of the particular service action. Information in this field shall match pertinent documents such as case plans, placement change documents, etc. The description field reflects a provider name or short description of case planning task. For non-facility placement providers, the name of the provider is entered as follows: Last Name, Female Head first name/Male first name. Descriptions for facilities shall match provider list on the residential rate sheet.

3823 Entering Worker Number

Worker number is only entered when an DCF worker other than the assigned social worker is completing a service action, for example a program support worker helping with budgeting or transportation. The worker start date is the date that the additional DCF worker began the service delivery with that family. Only DCF staff with an assigned FACTS worker ID can be entered in this field.

3824 Entering Start Dates and Status

The Responsibility Status field displays the current status of the responsibility on the screen. A history of changes in status is maintained by the system, however this specific history is not seen by users. Responsibility status is a required field. To start a responsibility or indicate a planned responsibility, enter codes applicable to the service, task, or placement. For planned or recommended responsibilities, enter PL; for clients referred to providers, enter IN and the referral date. To show that a service has been initiated, enter IN for agency initiated activity. If a short-term service was planned and initiated on an initial plan (INIT) within a 30-day period, the open code of PI is used. Dates shall match partner document in the case file for referrals to providers and placement moves.

Effective dates for responsibilities reflect the current status begin date. This field is updated with the status field as needed for various service actions to reflect referral dates, initiated dates, and end dates. Although this field is typed over as needed for updates, the initiated date is always kept in view for the user in the "RespInDt" field.

3825 Entering Family Structure Code

A family structure code is entered only for children who are placed in DCF custody the custody of the Secretary and removed from the home. A family structure code is entered for both the removal family and the foster care family. The family structure code for the removal family can be obtained from the referring social worker, and is entered on the PR09N RESP. When entering a family structure code on the removal family, the primary and secondary caretakers shall be identified on RELS. If the family structure on the removal family is unknown such as in the case of abandonment, enter UTD (Unable to determine) as the family structure code. The family structure code for the foster family is entered on PROM.

3831 Entering Plan Type on PLAN Screen

Data previously entered on INIT displays on PLAN, and the PLAN screen is where information is updated or closed. If there is a need to change the plan type, close the existing plan and open the new plan. For example, a child who was in law enforcement

custody (LE), then placed into DCF custody and out of home placement requiring a child custody (CC) plan, the LE plan must be closed before starting the CC plan. The end date for a FP plan is the date the provider closes their active case, or the date DCF ends their direct delivery in family services. To enter a new plan, a previous plan must be ended.

3832 Updating Plan for Dually Adjudicated Individual

A. Adding Dually Adjudicated Status to a CC Plan

To reflect a KDOC-JS (Kansas Department of Corrections - Juvenile Services) dual custody, enter the service action code of FU01N and the service source code of JJA. The responsibility start date of the KDOC-JS case management service action is the date the youth was dually adjudicated. The current custody plan should remain open and the case shall be maintained in FACTS. Update review dates as needed. Work with local community case management agencies to obtain this information. Close all other tasks and placements responsibilities, except for the PR09N service action code. When closing the placement service action code use status closure code "AD". Assess IV-E eligibility and put in the appropriate EP segment into the KDOC-JS CASIMS system.

If there are CINC custody children on the case as well as a JO, the case shall remain open.

B. Removing Dually Adjudicated Status from a CC Plan

Access RESP screen and end the KDOC-JS case management service action responsibility.

C. Closing Dually Adjudicated Cases

If CINC custody ends, and the youth transfers to KDOC-JS custody, enter Transfer to Another Agency as the reason code and enter the date that DCF custody was discharged in the "EndDt" field on the PLAN screen. Entry of a review date in the Review Dt field on the PLAN screen is required by the system. If CINC custody ends regardless if youth transfers to KDOC-JS custody or not, enter CM in the RESPStatus field on the last placement service action code, enter a discharge reason, and the date child was released from custody.

3833 Entering Permanency Goal on PLAN Screen

Data previously regarding case plan goals entered on INIT displays on PLAN, and the PLAN screen is where information is updated. The permanency goal entered in FACTS shall match information on case plans. The goal type is updated only when the permanency goal changes. Start dates for goal types are updated in accordance with permanency goal changes indicated on case plans.

3834 Entering Service Actions on RESP Screen

A. Status

Data previously entered regarding service actions entered on INIT display on RESP, and the RESP screen is where service action information is updated. When a service has ended, closure codes for that responsibility are entered. Enter "CM" as a status closure code for a placement only if that placement is the child's last placement prior to discharge from DCF custody. Entering CM on a placement will require the user to enter a reason for discharge of custody. Enter completed (CM) for services that end. For complete list of possible closure codes, see section 800 of User Manual. For more information on placements, see PPM 5831.

B. Effective Dates

Each time a status is updated, a new effective date reflecting the date of status change is entered. For open cases which transfer as a result of a new contract award, no change is made to effective dates for that service action. Only the specific description is changed to reflect the name of the new contractor.

3835 Entering Reason For Discharge on RESP Screen

When a child is either discharged (released from custody) or has been at home 6 months, is age 18 and no longer IV-E eligible, or is age 19, enter "CM" status closure code on the last placement code and enter a reason for discharge. This CM status marks the end of a custody removal episode for a child. The placement responsibility that the discharge reason code is entered on, SHALL be the last responsibility on the RESP screen that has data entry. Applicable codes are: Reintegration (RU), Adoption (AP); Emancipation (EM); Guardianship (GD); Runaway (RN); Child Death (DD); Living with other relative (LR); or transfer to another agency (TA). Use the hearing date for the date of discharge (released from custody), unless the journal entry indicates an alternative date. Discharges for adoption are the exception since the file stamp date on the adoption decree is used for the date of discharge.

3840 Entering Case Planning Conference Information

All case planning conferences shall be entered on SESS. When reviews for more than one child are combined, only one session is required. Communication type is the method in which those invited to the case planning conference were given notice of the conference.

3841 Entering Transition Plan Information

When transition plan form (PPS 3059) is completed with a youth, enter code TR01N on the RESP screen with service source code FGC. The responsibility start date will be the date of the transition plan. The responsibility end date will be the date of the next transition plan, or the date the plan closes, whichever comes first.

If there is an individual listed in the overall/everyday living box in Section 7 on PPS 3059 form, enter service action code of PP01N with service source code FGC. The responsibility start date is indicated on PPS 3059 form. The end date of the PP01N service action code will be the date of the next PPS 3059, or the date the plan closes, whichever comes first.

3850 Entering Disability information

As per PPM section 1883, disability codes on MACL shall be entered for every child on a case. Refer to PPS 3050 or PPS 3052 for diagnosed disabilities and enter on MACL. Each time a case plan conference is held, review the disabilities listed on the PPS 3050 or PPS 3052 and update the MACL screen as needed.

3860 Entering Candidacy for Care Determination

To determine if a child is a candidate for care, refer to form PPS 3050 or PPS 3052. If a child is a candidate for care, enter the service action code of CC01N and the service source code of PSW on the RESP screen. The responsibility start date of the candidacy for care determination is the date when the case planning conference occurred. The responsibility end date is the date when the child is no longer a candidate for care as per PPS 3050 or PPS 3052, the date of when the next case plan is held, or the date the plan closes, whichever comes first. Candidacy for care information on the PPS 3050 or PPS 3052 shall be reviewed each time a case plan conference is held. If the child does not have an open plan, which may be the case for family services, a plan shall be opened with the appropriate plan type for that child.

3870 Entering Incarcerated Parent Information

If mother was incarcerated at time of referral or at time of case plan, enter the service action code of JA01N with the service source code of JAL on the RESP screen in FACTS. If father was incarcerated at the time of referral or at the time of case plan, enter the service action code of JA02N with the service source code of JAL on the RESP screen in FACTS. The start date of the service action code (JA01N or JA02N) is the date when the case planning conference occurred and is located on the PPS 5110 or PPS 3052 form. The end date is when the parent is no longer incarcerated or the date the plan closes, whichever comes first. Incarcerated parent service action codes are only entered on plan where child is in custody (SC, CC, RC, and EC plan types). If parental rights have been terminated, do not enter the incarcerated parent service

action code(s) into FACTS. If parental rights have been terminated, do not enter the incarcerated parent service action code(s) into FACTS.

3880 Entering Highest Grade Level Completed

Enter the highest grade level completed on the MACL screen from the PPS 5110, PPS 3052, or PPS 7000. For example, if the child is currently in 9th grade then the highest grade of completion would be 8th grade ('08'). Refer to FACTS online user manual for entire list of codes. If youth received a GED, enter ‘GD’ as the highest grade level completed.

3900 Eligibility and Payment Procedures

(Section intentionally left blank.)

4000 Family Services

4000 Family Services

Family services recognize the inherent integrity and value of the family. Provision of family services is considered when there is a need for the DCF assistance beyond the initial 30 working days of intake assignment. Services are delivered to the family as a unit rather than to individual family members. However, individual family members may also receive specific services. Services may be court ordered, recommended by the DCF, or requested by the family.

The difference between Family Services and Family Preservation is the degree of the crisis, specifically related to safety, family functioning, and the potential removal of a child.

A. Family Preservation

   The services identified to address the family's needs require a high level of intensity, requiring more frequent contact. Family Preservation offers the availability of staff, twenty-four hours a day, seven days a week, to meet the higher level of intense services.

B. Family Services is directed at alleviating specific situations which if services are not offered, may develop into a crisis situation.

Family Preservation/ Family Services include the following characteristics:

A. Services strengthen the family and promote the safety and well-being of the children;

B. Services are delivered primarily in the family home or community;

C. Services are committed to reinforcing the strengths of the family members, empowering the family to solve problems, and become self-sufficient;

D. Services enhance parenting skills, family and personal self-sufficiency, functioning of the family, and reduce stress on families; and,

E. Services, which require monitoring, help families locate and use additional assistance including, but not limited to, the development and maintenance of community support systems, counseling and treatment services, housing, child care, education, job training, emergency cash grants, state and federally funded public assistance, and other basic support services.

4010 Range of Services

The scope of the services provided or accessed for the family will be based on the assessment of the family's need, the family's eligibility, and available resources.

Services may be offered by the DCF staff or through referrals to other community agencies or entities, including utilizing the DCF community services programs and/or Family Services funds. Services are provided without regard to income and may be voluntary. Families may be court ordered to apply for services. See Section 4900 for additional information.

4013 Subsequent Reports Not Assigned for Further Assessment

Reports not assigned for further assessment by the Kansas Protection Report Center (KPRC) are forwarded to the DCF worker identified on the open FACTS CASE screen. The DCF worker with the open case shall consider the information contained in the report; and include the information in the work with the child/family as appropriate.

If after consulting with a PPS supervisor, a determination is made to request the report be assigned for further assessment, the PPS supervisor shall request assignment via

the KPRC Supervisors email mailbox (PRCsups). If the information contained in the report meets definitions of critical or significant incident per PPM 0510 and PPM 0512, the DCF worker shall notify his/her immediate supervisor per PPM 0513.

4015 Completed Aftercare Cases Returned to DCF for Family Service

When a child in the custody of the Secretary has achieved permanency and the Child Welfare Case Management Provider has completed their 365 days of aftercare, the case returns to the DCF for case management responsibility. These custody cases have the same requirements as any other family service case.

4020 Forms for Case Opening

The forms required to open/maintain a Family Services case are:

A. Abuse/Neglect:
    1. PPS 1000 Face Sheet
    2. PPS 1001 Report/Request for Services
    3. PPS 1002 Initial Assessment
    4. PPS 2030A Agency Response FBA Assessment Only
    5. PPS 2030B Safety Assessment
    6. PPS 2030D Risk Assessment
    7. PPS 2030F FBA Summary
    8. PPS 4005
    9. For required case plan forms, see PPM 3200.

B. CINC/NAN assessment:
    1. PPS 1000 Face Sheet
    2. PPS 1001 Report/Request for Services
    3. PPS 1002 Initial Assessment
    4. PPS 2030E Child in Need of Care/Non-Abuse/Neglect Assessment
    5. PPS 2030F FBA Summary
    6. PPS 4005

7. For required case plan forms, see PPM 3200.

4030 Purchase of Services or Resources

Services or resources that will assist in strengthening the family and promoting the protection and well-being of the child(ren) may be purchased for families. Allowable services or resources to be purchased and method of purchase are found in the Handbook for Client Purchases. Cash will not be given to the family. Payment shall be executed according to established payment procedures in Section 4900.

If the service or resource being considered for purchase requires the development and completion of a family service plan by the provider of that service or resource, the CPS specialist and Supervisor may accept it in place of the PPS 3050 series. However, acceptance of the provider's family service plan can only occur if the child(ren) is not in custody and it must be completed within twenty working days of the start date of the Client Service Agreement. The CPS specialist will be required to complete the following and attach it to the service provider's plan:

A. PPS 3050 Family Case plan Section V and VI only.

B. PPS 3054 Visitation Schedule

C. PPS 3055 Permanency Plan Review if the case will remain open for at least 170 days.

D. PPS 3057 Services and Codes

4035 Flex Funds

Flex funds are used to alleviate a crisis which may put a child at risk of maltreatment, prevent recurrent maltreatment, prevent out of home placement, and/or to prevent the family from further involvement in the child welfare system. Flex Funds are typically used to provide for hard goods such as rent, utilities and transportation associated costs.

Flex funds may be used for children and families involved with PPS, or prior to PPS involvement. When a request is received for the use of flex funding the PPS 4007 shall be completed. The use of flex funding shall be authorized by a PPS supervisor or designee. The supervisor or designee shall sign the PPS 4007. Factors to consider for authorization of the purchase may include, but shall not be limited to:

A. How the purchase may alleviate a crisis, prevent the risk of maltreatment, prevent recurrent maltreatment, prevent out of home placement, or prevent the family from further involvement in the child welfare system?

B. Frequency and type of funding provided to the family in the past.

C. Will the family be able to meet this need the next month, or in the future? For example, if this is payment of utilities, will the family be able to maintain payments in the future.

D. Consider if this is the best use of resources. (Can other community resources be utilized; or is this a duplication of resources)

The PPS 4007 becomes part of the case file, if applicable, and shall be saved electronically with the following naming convention:

Last Name First Name County Date

4040 Family Services Case Progress

Assessing the success of the plan is continual and is both a formal and informal process. At least once in between conference dates, the progress of the family shall be measured by the achievement of goals set forth in the Family Services Achievement Plan, PPS 3050, specifically by utilizing the PPS 3055, Permanency Plan Review. If purchasing services on behalf of the family, progress shall also be measured through the review and monitoring of the purchase of services process.

A formal review of the objectives, the continued appropriateness of the tasks and time frames, and any modifications shall include all relevant persons.

The formal review shall occur at a minimum of every 170 days until case closure for A/N or CINC/NAN assignment types.

During the review of the family service plan, any of the following actions may be found to be appropriate:

A. Status Quo:
When the case plan is succeeding, but has not yet reached the goal, the decision may be to continue services.

B. Referral to Family Preservation Services:
If the situation escalates to a crisis situation that places the child(ren) at risk of being placed out of home, and the family meets the criteria, a referral to the Child Welfare Case Management Provider of Family Preservation Services may occur.

C. Referral to Court:
When the plan is not sufficiently successful and the child(ren) is at risk, it may be necessary to ask for court intervention.

D. Terminate Services:
When the family has met the goals of the case plan, and/or addressed the concerns identified during the assessment, the decision may be to terminate service.

E. Refusal of Services:
At any time, the family may decide that they no longer wish to receive services. Upon such notification the agency has two options:

1. Accept the family decision after reviewing the child's safety from a professional viewpoint and close the service case.
2. Review the case situation from a professional viewpoint and considering the child's safety and if applicable, referring the case to the county/district attorney for court action.

Changes in case status shall be documented on the Family Service Case Status form, PPS 4005 and provided to the FACTS unit for data entry. See PPM 4115 for Family Service Case Closure.

4050 Duration of Family Services

Family Services can be provided for up to 12 months. Services may continue beyond 12 months if there is a court order requiring the family continue services; or if the family, the Family Service Community Provider, if applicable, the CPS specialist and the supervisor determine the family is making progress on achieving the case plan goals and additional time is needed for successful completion. The need for continued family services shall be documented on the PPS 3055.

4100 DCF CPS Specialist Responsibilities

A. The DCF CPS Specialist shall:

1. Assess the family
2. Determine service needs with the family
3. Determine eligibility for services

B. DCF may maintain the family service case, or it may be referred to a contract provider for service provision. Either the DCF CPS Specialist or the contract provider Case Manager licensed by Kansas Behavioral Sciences Regulatory Board are responsible for the following:

1. Developing an initial family service plan with the family
2. Completing a formal review of the family service plan every 170 days, until case closure
3. Completing ongoing safety and risk assessments, per PPM 4101.
4. Maintaining in-person contact with the family at least every other month. This shall occur either jointly with the family support worker or in place of the one of the family support worker's visits. At least a portion of the in-person contact shall be with the child(ren) alone. The purpose of the contact is to discuss progress of the case plan goals and to gather information related to safety, permanency and well-being.

C. The DCF CPS Specialist, contract Case Manager licensed by Kansas Behavioral Sciences Regulatory Board or the Family Support Worker may perform the following tasks:

1. Providing direct services
2. Facilitating communication among relevant resources, including, but not limited to school, court, mental health centers, Native American tribes as applicable, and Community Developmentally Disability Organizations
3. Coordinating various services provided to the family
4. Informing the family and child of the ability of the child to request and receive a high school diploma if the child was in the custody of the Secretary at any time after turning 14 and the child is currently at least 17 years of age and has attained all requirements of the State Board of Education. The request is made to the school district where the child currently attends or resides
5. Coordinating staffing with the family and service providers
6. Referring to other community resources
7. Obtaining status and progress information
8. Maintaining monthly in-person contact with the family. At least a portion of the monthly contact shall be with the child(ren) alone. The purpose of the

contact is to discuss progress of the case plan goals and to gather information related to safety, permanency and well-being.

9. Monitoring of all purchased services.

4101 Risk and Safety Assessments

Risk and Safety Assessments shall be completed during an initial investigation and assessment.

A. Ongoing risk and safety assessments shall be completed at the following points of time:

1. a change in family condition causing concern for the child's safety;
2. a significant change in visitation structure;
3. upon reunification; or,
4. case closure

B. Risk assessment shall include the following factors:

1. Parent or caregiver factors;
2. Family factors;
3. Child factors;
4. Environmental factors.

C. Safety assessments shall include the following factors:

1. Plausible threat/likelihood of serious physical harm;
2. Sexual abuse is suspected or substantiated and the (alleged) perpetrator continues to have access to the child;
3. Caregiver actions or omissions have caused or are likely to cause serious impairment of a child's social, emotional, or intellectual functioning;
4. Caregiver is unwilling, or unable, to meet child's needs for food, clothing, or shelter including where living conditions are hazardous and imminently threatening;
5. Caregiver is unable or refuses to seek treatment for a child's medical condition, or to administer prescribed treatment for a diagnosed medical condition that poses a serious threat to the child's physical health;
6. Caregiver has not, cannot or will not provide supervision necessary to protect child from potentially serious harm;

7. Caregiver has given up or deserted a child with stated or apparent intention to not resume the relationship.

4110 Transfer of Case Records

Transfer of case records is essential to continuity of services to a family. When a family moves from one service region to another, requiring a change of CPS specialist, the case information shall be forwarded to the Assessment and Prevention Administrator or designee of the receiving region.

The sending worker shall record the family's continuing need for services on the Social Service Case Activity Log, PPS 1010, or its equivalent.

The receiving worker shall re-assess the family situation including but not limited to needs, strengths, goals, and appropriateness of current plan. The service plan shall be updated with the family based on their current circumstances.

4115 Family Services Case Closure

Family Services case closure shall be documented on the Family Service Case Status, PPS 4005. The date of closure shall be documented in Section V.

The PPS 4005 shall be provided to the FACTS unit for data entry.

4800 FACTS Family Services Procedures

Complete screen navigation requirements for adding family services information are located in the Plan Management section of the FACTS User Manual Volume II, Section 400. Codes for applicable screens in FACTS are located in the USER Manual Volume I, Section 800. Information on case planning activity shall be entered into FACTS within 5 working days from the date of occurrence, action, or agency decision regarding a child or family. Case information that is required in FACTS and which is received from outside agencies shall be entered within 5 business days of receipt of the information.

4810 Establishing a Family Services Case

The date case open field on the Family Service Case Status form PPS 4005 reflects when a family service case has been opened and shall be recorded in FACTS. The service remains open as long as the family or individual is being served under that case action decision or contract. A case is coded in FACTS as a family service case if the

DCF is providing direct services as per PPS 4005 form or has contracted for services according to the Handbook of Services, and there is no active service being provided by a Child Welfare Case Management Provider.

4820 Entering A Family Service Case into FACTS

A. All Family Services Cases

To reflect a family services case action decision in FACTS, the following combination of codes is entered. On PLAN, enter an FP plan type for the Head of Household with goal type of maintaining the child in the family (MFM). On RESP, enter a service requested code from any protection, prevention or intervention code as applicable, PR10N service action code and service source as the Primary Social Worker (PSW). See section C for service action code on Family Service contract provider referrals. Enter the Service Status as IN to mark the case as open and indicate the effective date when service delivery began with that family as per Section III of the PPS 4005 form.

B. Family Services Cases Involving Child Custody

If DCF is providing family services for a child in custody who was either not referred to a Child Welfare Case Management Provider or for whom custody to the agency extends past the after-care responsibility period for the provider, the existing DCF custody only plan (SC) is maintained for the child. This child custody plan is maintained in addition to the above steps of recording the service action for the head of household.

C. Community Family Service Provider Referrals

To reflect a family service case referred to a community family service provider, enter a PR10N service action code on head of household with the service source code of HCB.

4850 Closure of Family Service Case

To record the closure of a family service case, use the date of closure from Family Service Case Status form PPS 4005 to end the PR10N service action code and any

other open responsibilities. The date of closure will also be used for the plan end date on PLAN screen.

4900 Eligibility and Payment Procedures for Family Services

Family Service funds are used to maintain children in their homes and ensure safety. PPS may provide services directly or arrange for purchase of services, regardless of custody status. Family resources shall be used for payment of service prior to using Family Service funding (see PPM 4905). Inability to pay or ineligibility for other DCF program funding shall not exclude a family from receiving access to services using Family Service funding. The DCF seeks to make the definition of "family" as flexible as possible (see PPM 0160).

Family service funds may be used for:

A. Law Enforcement emergency placements;

B. Parental out-of-home placements (e.g. respite care) if the family and placement are not Medicaid eligible; and

C. Family Services case purchases for the purpose of relieving a situation that places a child or children at risk of removal from the home. Excluded are families, and services, which are the responsibility of a Child Welfare Case Management Provider.

The social service case shall remain open and the case plan shall be current the entire time services and goods are purchased.

The DCF may provide services directly or arrange for purchase of services, regardless of custody status. Some services eligible for payment through Family Service Funds are listed in the Child Welfare Handbook of Services (see PPM Appendix EP-E); The Handbook of Services is discussed further in Sections 4901 and 4902.

4901 Eligible Goods, Services, and Providers

See the Handbook for Client Purchases, located on PPS Intranet site, for details on possible goods and services the agency can purchase for a family services case.

4902 Payment Procedures for Family Services

See the Handbook for Client Purchases, located on PPS' Intranet site, for details on purchasing procedures. The instructions for the PPS 2833 Client Purchase Agreement form contain details on needed information to process a payment.

4905 Rank Order of Funding Sources

Potential funding sources are presented in the order in which they must be considered.

A. Customer Pay

Customer payment for services is preferred. There are several forms of direct customer payment. They include but are not limited to:

1. Using Existing Income

   Staff shall evaluate the family's ability to pay for needed goods or services. To the extent of their financial ability, families are expected to pay for all or part of the cost of the services they require.

2. Subsidizing Family Income Through Development of Private Benefits and Entitlements Before accessing public funding, staff are asked to assure the family has taken advantage of private income sources. These include:

   a. Benefits from the Death of a Family Member. Children who have parents or other family members, recently deceased, may be beneficiary to a life insurance policy or other form of annuity. The individual or organization handling the estate of the deceased should be able to provide additional information. If the deceased family member had a work history, the children may also be eligible for survivor benefits from the Social Security Administration.

   b. Benefits from the Retirement of a Family Member. Children who have retired parents or other family members may be eligible for income from a retirement plan or annuity. The children may also be eligible for retirement

benefits from the Social Security Administration, based on the work history of the retired parent.

c. Benefits from the Unemployment of a Wage Earner. Employers in Kansas are required to carry unemployment insurance. If a wage earner is unemployed, staff shall assess whether the family is eligible to receive unemployment benefits. Kansas Department of Human Resources will provide additional information.

d. Child Support Payments from an Absent Parent. If both parents are not contributing to the care of a child referred toDCF for services, PPS shall obtain financial assistance from the parent withholding support. For children in DCF custody and placed out of home, a referral, through KAECSES, to CSS is required.

e. Benefits from a Disability of a Primary Wage Earner. Some employers may carry disability insurance. If a primary wage earner is disabled, PPS staff shall refer the family for further eligibility determination. These could include payments from the Social Security Administration, based on the work history of the wage earner.

3. Private Health Insurance

If the child is eligible for private health insurance through the employment of a family member, it can be a useful funding source for a variety of health and mental health services. Explore if a family has private health insurance. Assure they have not exhausted their benefits prior to coming to DCF. This private funding source should always be examined before public (governmental) sources are used. Following the private health insurance claiming process to obtain payment is very important. Private insurance is always primary payer when Medicaid is available.

4. KanCare 21

KanCare 21 is a federally subsidized health insurance program for uninsured children up to age 19, who are members of income eligible families. Parents pay a monthly premium based on family income. The benefit level of KanCare 21 is the same as Medicaid in Kansas.

5. Government Income Subsidies

Government Income Subsidies may provide a portion of assistance to an eligible family. This may include, but is not limited to, agricultural or food distribution subsidies.

6. Food Assistance

Food Assistance are a federal income subsidy to help families with low income buy food.

7. Temporary Assistance to Needy Families (TANF)

TANF cash assistance provides monthly benefits for basic needs, such as clothing, housing, utilities, and transportation, to low-income families, including caretakers of needy children. In most circumstances children living with kin are eligible to receive TANF without regard to income. Eligibility determinations for TANF are completed by DCF Economic & Employment Service Specialists.

8. Social Security Act Benefits (SSA) and Supplemental Security Income (SSI)

There are two categories of benefits available to children through the Social Security Administration. The first is Retirement, Survivors, & Disability Insurance benefits (RSDI) and is generally referred to as Social Security Act (SSA) benefits and the second category is Supplemental Security Income (SSI).

a. Social Security Act Benefits (SSA):

Benefits may be awarded to children whose parents have made Social Security contributions through their employment and whose parents are disabled, deceased or retired. Eligibility determinations for and the amount of SSA benefits must be completed by the Social Security Administration.

A disabled child can receive both an SSA benefit generated from their parent's SSA, and SSI for the child's own disability. The amount of the child's SSI may decrease when other income increases. Benefits children receive as a result of their parent's disability or retirement may be used for parental support obligation on file with Child Support Services.

The child remains eligible for the benefit as long as one of the following criteria is met and the child remains unmarried:

i. Under age 18.

ii. Under age 19 and attending full-time school or vocational training.

iii. Age 18 or older and severely disabled (the disability must have started before age 22)

Additional Information Regarding SSA Benefits:

When a child reaches age 19, benefits can continue for a short period. If the child attends a school with enrollment once a year (most common), benefits can continue for 2 months after the month the child becomes19. If a school requires enrollment each quarter or each semester, the benefit would continue until the end of that quarter or semester.

If a child, who is receiving benefits based on a disabled, deceased or retired parent, is disabled prior to age 22, the child can continue to receive benefits as long as the child remains unmarried and continues to be disabled. These types of benefits are called Disabled Adult or Childhood Disability Beneficiary.

For benefits based on a parent's disability the child would lose their eligibility if the parent's benefits ended, due to the parent being determined no longer disabled.

When a child is placed for adoption, even after finalization, the child could remain eligible for SSA benefits. Consult with a Social Security Administration representative for more information.

If a natural parent dies after parental rights have been terminated or relinquished, the child may still be eligible for survivors benefits based on the deceased parent.

In some situations a stepchild may be eligible for benefits. Check with the Social Security Administration for more information on eligibility criteria.

When a child is receiving benefits based on a retired parent and that parent dies the benefits are automatically switched to survivor's benefits.

b. Supplemental Security Income (SSI)

SSI is a federal income support program for low-income aged, blind or disabled individuals. It is considered unearned income. This program is administered by the Social Security Administration and is uniform in every state. These benefits may be received by adults or children. Eligibility is based on an individual's disability and not based on contributions from employment. A child is not eligible to receive SSI based on a parent's eligibility for SSI. Financial eligibility for SSI is based on a family or individual's income and resources. SSI for a child is based on that child's disability and cannot be used to meet a child support obligation owed by the child's parents.

To determine a child's eligibility for SSI the child must be financially needy and blind or disabled. This includes behavioral or emotional disabilities. When a child is living with their parent(s), financial need is based on the family's income and resources. When a child is placed in the custody of DCF and removed from the home, only the child's income and resources are counted by the Social Security Administration. Therefore, it is likely that a disabled foster child will be eligible for the full monthly SSI amount. The amount of SSI a child can receive each month is also based on the type of out of home placement.

When an SSI eligible child is adopted and the adoption is finalized, the income and resources of the adoptive family are considered in determining the disabled child's benefit amount.

All Kansas foster children with potential eligibility for SSI are referred for Social Security through Kansas Legal Services.

c. Payee for Benefits When Child Turns 18

SSA Benefits: When benefits are based on a disabled, deceased or retired parent, generally the child becomes their own payee at 18 years of age.

SSI Benefits: Social Security Administration will review the child's situation prior to their 18th birthday. SSA will determine whether the child is able to handle his or her own funds.

If the Social Security Administration determines that the child shall be their own payee and the child is being served by a Child Welfare Contract Management Provider, the payee change shall be reviewed by DCF Regional PPS Contract Specialist. The Child Welfare Contract Management Provider remains responsible for the child's foster care maintenance. SSI is used for food, clothing, shelter, education and daily supervision. DCF shall assure the youth does not lose their SSI eligibility due to excess accumulation of income. Maintenance payments by the Child Welfare Contract Management Provider will be considered an expense to the child.

9. Medicaid (Title XIX)

Medicaid (Title XIX) is a governmental health care assistance program for families who financially qualify. It is a useful funding source for a variety of health, mental health, and behavior management services Refer to the KanCare website http://www.kancare.ks.gov/apply.htm

Additionally, children who are removed from their homes and placed in the custody of DCF are considered to be a family of one and are eligible for Medicaid, unless their individual income and resources exceed established limits.

10. Family Service Funds

Family Service funds consist entirely of state funds—no federal assistance is provided. Therefore, staff should ensure that all other potential funding sources have been eliminated before using Family Service funds. See the Handbook for Client Purchases for details on purchasing procedures.

4907 Medicaid Mental Health Service Delivery

Medicaid mental health/substance abuse services are provided to Medicaid eligible recipients through a Managed Care Organization (MCO) and provided by a Community Mental Health Center (CMHC) or individual practitioner, who is enrolled as a KanCare provider.

These services are monitored by the Medicaid Fiscal Agent's System Utilization Review Section (SURS).

5000 Child Welfare Case Management Provider Services

5000 Child Welfare Contracts

DCF contracts with licensed Child Placing Agencies for the provision of Family Preservation, Reintegration, Foster Care, Adoption and Adoption Recruitment Services.

In partnership with DCF, Child Welfare Case Management Providers are responsible to deliver appropriate services and supports to assist parents in maintaining children in their home. When maintaining the child in the home does not meet their safety needs, and out of home placement is required, the child shall be safely reintegrated as quickly as possible. When reintegration is not a viable option, another permanency option (i.e. adoption, guardianship/permanent custodianship, O.P.P.L.A.) shall be pursued in a timely manner.

The Child Welfare Case Management Providers shall provide services to all family members, not just the referred child(ren). The family shall be actively involved in the development of the plan for the child, selection of service providers, and the ongoing assessment and review of the case plan. The family is viewed as the experts in knowing the resources and strengths of the family, as well as knowing those areas in which supports are needed.

The Contracts prescribe a set of standards and expectations of the Child Welfare Case Management Providers in carrying out the mission of DCF. Each Provider is legally bound to act on behalf of DCF in delivering services to Kansas children and families. Providers must adhere to the federal and state laws, statutes, and policies in their delivery of services.

5010 Requesting Clarification/Exceptions Regarding Contractual Issues

A. All questions and requests for clarification regarding the Child Welfare Case Management Provider Contracts shall come to PPS via the local DCF Office. The PPS Program Administrator or the designee shall contact the PPS Program Manager with contractual issues that have not been resolved by local DCF and Provider staff.

B. Exceptions to the Child Welfare Case Management Provider Contracts may only be made in rare circumstances by the PPS Program Administrators, or designee, in consultation with the appropriate PPS Program Administrator/Manager. In general, the contract requirements must stand as written; however, there are situations in the lives of

children and families which may not fit into strict contract interpretation. Situations requiring modification to contract requirements may be made on a case by case basis only. The three criteria to be used in making a decision regarding the exception are as follows:

1. The best interest of the child;
2. Only one Provider agency working with the family is maintained;
3. DCF and Provider staff are in agreement regarding the exception.

5021 Reports to KPRC Regarding Families Being Served by a Child Welfare Case Management Provider

Reports received involving a child receiving services from a CWCMP receive an Initial Assessment by the Kansas Protection Report Center. If the initial assessment decision is to assign the report for a child abuse/neglect investigation, an investigative DCF social worker shall communicate with the DCF Liaison Worker and the CWCMP Case Manager regarding contact with the family while the investigation is on-going.

If the report is to not assign for further assessment, the report shall be forwarded to the DCF social worker with the open case. The DCF social worker shall forward the report to the CWCMP case manager assigned to the child/family. The CWCMP shall consider and incorporate the information into the work with the child/family as appropriate.

5030 Child Welfare Case Management Provider Screenings and Assessments

The Child Welfare Case Management Provider shall assess the child and the family within 20 days of the referral. A part of the assessment shall include searching KIDS for prior history of family and current household members. If the child is in the custody of the Secretary of DCF, the assessment shall include background checks on the child's caregivers, including the non-custodial parent if they are being considered for reintegration. (See section 0160, for a definition of a caregiver.) The background checks shall consist of the Child Abuse/Neglect Central Registry, Adult Protective Services Adult Abuse Registry, KASPER (Kansas Adult Supervised Population Electronic Repository) and the KBI Registered Offender website. The CWCMP may request access to a closed file in the possession of DCF. The history in KIDS shall also be explored in consultation with DCF. If there is a reason to believe there may be criminal charges related to child safety from another state, a fingerprint check shall be

completed. Information from background checks shall be used in assessing risk and safety to the child. Clearance is not a requisite for biological parents to be considered as a possibility for reintegration.

The Child Welfare Case Management Provider is responsible to assess the needs of the referred child and other members of the family, ensure the appropriate services are provided to meet the identified needs, and ensure the family gains access to appropriate services in their community. Whenever possible, services shall be provided in the home and focus on the needs of the family rather than just being focused on the child.

5031 Physical Health Services

The Child Welfare Case Management Provider shall obtain information on each child's last assessment for dental, vision, hearing, and physical health needs, including current prescribed medications. This includes collecting the names and addresses of all medical providers

5032 Mental Health Services

A. The mental health assessment process includes:

1. The Child Welfare Case Management Provider shall use a research supported instrument to assess the mental health needs of the child. The Social/Emotional Screening Tool for each child age newborn through age 5 (Appendix 3L), or the Child Welfare Mental Health Referral Guide (Appendix 3J) for each child age 6 and older may be used. The Child Welfare Case Management Provider makes a referral, using the Appendix 3K, Universal Child Welfare and Juvenile Justice Referral Packet for Community Mental Health Services, to the CMHC or Infant/Toddler/tiny-k Services for those children age newborn through age 5 whose screening tool results indicate the need for mental health assessment.
2. The Child Welfare Case Management Provider makes a referral, using the Appendix 3K, Universal Child Welfare and Juvenile Justice Referral Packet for Community Mental Health Services, to the CMHC for those children age 4 and older whose referral guide results indicate the potential existence of a serious emotional disturbance and the need for specialized mental health services.
3. For children age 4 and older, the CMHC shall complete an evaluation to determine if the child has a serious emotional disturbance and needs specialized, community based mental health services (SED/CBS)
4. The determination of SED/CBS shall continue throughout the entire episode of service provision.

B. The Child Welfare Case Management Provider shall:

1. submit notice of status changes to the CMHC or Infant/Toddler/tiny-k Services, for children served by them within 5 business days of the status change
2. submit to the CMHC or Infant/Toddler/tiny-k Services prior history and any psychosocial assessment available for children served by them within five business days prior to the child's appointment
3. provide the case plan to the CMHC, or Infant/Toddler/tiny-k Services if one has been completed prior to the referral for specialized services
4. invite appropriate CMHC or Infant/Toddler/tiny-k Services staff to all subsequent case planning conferences
5. provide a completed case plan to the CMHC or Infant/Toddler/tiny-k Services within ten business days of the completion of the subsequent case plans
6. participate in regular and ad hoc reviews of the system in order to determine if the needs of children and families are being met
7. encourage parents to be actively engaged in the assessment and treatment process
8. make a referral to Kansas Legal Services to assess if an application for SSI needs to be submitted

For information about Medicaid waivers, see Section 0606.

5033 Developmental Disability Services

The Developmental Disability assessment process includes:

A. The Child Welfare Case Management Provider assesses the child's level of functioning through the use of a research supported instrument. The Child Welfare Mental Retardation / Developmental Disability Screening Tool (Appendix 3I) may be used for this screening.

B. The Child Welfare Case Management Provider makes a referral to the local Community Developmental Disability Organization (CDDO) or Infant/Toddler/tiny-k Services, for children whose tool results indicate the potential existence of a developmental disability and the need for specialized services.

C. The CDDO or Infant/Toddler/tiny-k Services shall complete an evaluation to determine if the child meets the criteria for developmental disability services.

D. If a disability is diagnosed, the Child Welfare Case Management Provider shall make a referral to Kansas Legal Services to assess if an application for SSI needs to be submitted.

5034 Substance Use Disorder Services

The Substance Use Disorder assessment is a part of the family assessment process. Adults in the home and children age 8 and over shall be assessed. If the provider determines that further assessment is warranted, a referral shall be made to the appropriate Medicaid service provider. If a child is referred for out-of-home placement, a screening regarding Fetal Alcohol Spectrum Disorder shall be completed.

5040 Professional Judgment Resolution Process

Professional disagreements between Child Welfare Case Management Provider and DCF staff shall be resolved at the lowest level possible. The DCF Administrator is available to provide contract clarification and assist with problem solving.

The resolution process is a management tool and shall be used frequently to work out issues quickly and appropriately. Only when the informal process cannot resolve an issue should the formal process be initiated.

A. Informal Process

The informal process stresses immediate and ongoing communication. If DCF or Provider staff are unable to resolve their concerns, supervisory staff shall become involved. If the DCF supervisor/Foster Care Administrator and Child Welfare Case Management Provider supervisor cannot agree, they shall include the CWCMP Program/Permanency Director in their discussions about the issues. If consensus cannot be reached, the issue shall be pursued through the formal process.

B. Formal Process

The formal process may involve three levels of resolution and requires written reports of the specific issues needing resolution.

1. If not resolved through the informal process, both DCF and Provider supervisory staff present the following written documentation to their administrators:

    a. Pertinent case specific facts;

    b. Specific areas on which there is disagreement and the rationale from each on the reason for disagreement;

    c. Expected results.

2. If the dispute is not resolved at the first level, the written documentation cited above will be sent to the Regional Director (or designee) and the Child Welfare Case Management Provider's CEO (or designee) for review and resolution.

3. If not resolved at the second level, the written documentation cited above will be sent to the Director of Prevention and Protection Services (PPS) for review and resolution.

At each level, there is a maximum limit of five working days for written response. If the situation necessitates a shorter period of time in which to make a decision, the time period shall be adjusted accordingly.

5100 In Home Services

A. Family Preservation Services are made available to the child/children and the family in the parental home. The goal is to provide a full range of services to the family in order to keep the child(ren) safe, improve family functioning, and prevent the unnecessary removal of the child(ren) into the state's custody. The family preservation program builds upon a family's strengths and abilities to resolve the crisis that places the child at risk, maintain the family as a whole, and teach families new skills to prevent future crisis.

B. The level of intensity needed for service delivery is defined primarily by the family, with input by DCF staff at the time of the referral, as well as the Family Preservation Case Management Provider. All parties should work from the expectation that the intensity level is established to reduce the risk of harm to the child(ren), as well as the risk of removal. Families are given the time and services they need when they need them. Family Preservation services include the following characteristics:

1. Services protect the child(ren) and strengthen the family;
2. Services are provided to alleviate a current crisis situation that places the children at risk of removal from the home;
3. Services are delivered primarily in the family home or community;
4. Services are designed for families who require more frequent contact, including the availability of staff twenty-four hours a day, seven days a week;
5. Services are committed to reinforcing the strengths of the family and its members and empowering the family to solve problems and become self-sufficient;
6. Services enhance parenting skills, family and personal self-sufficiency, functioning of the family, and reduce stress on families;
7. Services are designed to be a therapeutic intervention, and
8. Services help families locate and use additional assistance including, but not limited to, the development and maintenance of community support systems, counseling and treatment services, housing, child care, education, job training, emergency cash grants, state and federally funded public assistance, and other basic support services.

5101 Criteria for Referral

A. The Family Based Assessment process shall be utilized to determine the level of intervention and recommendation of services for a family in crisis. General guidelines for recommending services include:

1. The Safety Decision on the Safety Assessment is "conditionally safe"; or
2. The Risk Level on the Risk Assessment is "Moderate", "High", or "Intense", "Risk Present"; or
3. The Risk Conclusion on the Risk Assessment is "Risk Controlled" or "Risk Present"; or
4. The Assessment Conclusion on the CINC NAN: Non-abuse/Neglect Assessment is "Problem Behavior Controlled or Present".
5. The family has specifically requested services.

B. A family is eligible for a referral to Family Preservation when:

1. There is a risk for removal of a child from the home, and
2. A parent/care giver is available to protect the child; and
3. A parent/care giver is willing and able to participate in service.
4. Family with chronic problems has experienced significant progress and now demonstrates ability to care for the family and children.
5. A parent/caregiver with mental/emotional health issues has been stabilized so they now demonstrate ability to care for self and children.
6. A parent/caregiver with limitations now demonstrates ability to care for self and children.
7. A parent/caregiver with substance abuse issues now demonstrates an ability to care for children.
8. A pregnant woman is using substances. See PPM Section 2723-Family Preservation Referral Criteria for Pregnant Woman Using Substances.

5102 Excluded from Family Preservation Services

Families having at least one child in Custody as Child in Need of Care and are referred to the Foster Care/Reintegration Service Provider or who are already in out of home placement will not be referred to Family Preservation

5103 Criteria for Adjudicated Juvenile Offenders

A. If there is only one child in the home and that child is adjudicated as a juvenile offender and is in the custody of the Kansas Department of Corrections - Juvenile Services (KDOC-JS), either before or after referral for Family Preservation services, services to that child are the responsibility of the KDOC-JS. Family Preservation services or any other type of services deemed necessary by KDOC-JS or the legal system can be purchased by KDOC-JS from a provider of their choice.

B. If there are other children in the home who meet the criteria for family preservation services, a referral can be made or the service can continue if the adjudication and custody occur after referral. The child/youth that is adjudicated and in the custody of the KDOC-JS may participate as a member of the family in these services.

C. A juvenile offender who needs services related to abuse/neglect which are distinct and separate from the juvenile offender issues, may be considered for a Family Preservation referral. Such services would result from an Abuse/ Neglect investigation by DCF.

D. A child may have juvenile offender charges or be adjudicated as a juvenile offender and KDOC-JS not be involved. The charges may be pending or the Court may have another entity, i.e. Court Services, provide the supervision outlined at the dispositional hearing.

5104 Special Circumstances

A. If a child/children of a family receiving family preservation services changes residences, the need for family preservation services shall be assessed independently for a possible family preservation referral. This may arise when a child changes their residence to live with the other parent, a relative or other kin.

B. Services may occasionally be court ordered. When the court orders both parents to participate in family preservation services but the child lives with only one parent, family preservation services shall be delivered to the custodial family. A referral to family preservation for the non-custodial parent family will be assessed on its own merit.

5110 Referral Process for In Home Services

A. As soon as a family is identified as eligible for Family Preservation Services, a referral shall be made to the Family Preservation Service Provider within 24 hours.

B. When the determination has been made to refer a family for Family Preservation Services, the CPS Specialist shall e-mail or fax the following information to the Family Preservation Service Case Management Provider:

1. Family Preservation Referral and Transmittal Sheet, PPS 5000;

2. PPS 1000 face sheet;
3. PPS 2003, Family Based Safety Plan, if applicable;

C. The CPS Specialist shall be available to answer any questions the Provider may have regarding the referral for two hours following the faxing or e-mailing of the information/referral.

D. Any other pertinent case material including, but not limited to, case planning documents, court orders, and releases of information shall be mailed or faxed to the Family Preservation Services Case Management Provider. It is very important to share all relevant information with the service provider. DCF shall inform the service provider of any information in DCF files which cannot be released. For example, if DCF has information that a child in the family has received an evaluation by a private psychologist, the Family Preservation Services Case Management Provider shall be informed of the existence of the evaluation from the psychologist.

E. When a situation requires that an initial Family Preservation Services referral be made outside of the Region, the new Region needs to be contacted and assist with the referral because they will be the Region paying for the new referral.

5111 Referral-DCF Custody: Maintenance at Home

When a child(ren) is in custody but is not in need of out of home services, is not being served by a Child Welfare Case Management Provider, and meets the criteria for referral, then a referral may be made to the Family Preservation Case Management Provider. If a custody case plan is due within 15 calendar days of a referral for Family Preservation services, then DCF shall complete the plan and invite the Family Preservation Case Management Provider, as well as the family, and negotiate the tasks to be included as the Family Preservation Case Management Provider is responsible for ensuring all tasks are completed.

If at the conclusion of the intensive services phase, the child(ren) remain in custody, the Child Welfare Case Management Provider shall continue to provide custody supervision services. This would include but is not limited to maintaining a current case plan, monthly face-to-face contact with the child, court appearances, assisting the family in following court orders, etc.

5112 Recommendation for Continuation of Specific Services

When a family receiving services under a client services agreement is referred for Family Preservation Services, the CPS Specialist may recommend the current client service agreement be continued. If a recommendation is made, DCF is responsible for

the costs associated with the client service agreement. The continuation of such services is to be authorized at the time of the referral and documented on the PPS 5000. When a referral to Family Preservation Services is under consideration or is made, no other new service referrals are to be made by DCF.

5113 Request for Retraction

If the Family Preservation Services Case Management Provider believes a retraction is warranted, the Family Preservation Services Case Management Provider will complete and submit the "Request for Retraction of a Family Preservation Referral", PPS 5002, to the Support Services Program Consultant (SSPC) within three business days of referral. Once the Family Preservation Services Case Management Provider submits the request for retraction, timelines associated with the case will be suspended until the SSPC decides whether to grant the request for retraction. The SSPC shall consult with the CPS Specialist and Supervisor and make a final determination on the request for retraction. If the SSPC approves the request for retraction, the Family Preservation Services Case Management Provider receives no payment for the referral and the referral is not reflected in any of the outcomes.

Situations which may result in a request for retraction are:

A. the family has moved and their location is unknown by DCF;
B. another Child Welfare Case Management Provider has contractual responsibility to provide services to the family;
C. child(ren) no longer in the home due to a family decision with no established date for return of the child(ren), and the family is no longer interested in receiving Family Preservation Services
D. one child in the home has been moved into out of home placement prior to the initial case plan meeting (OOH referral is made to the reintegration provider)
E. parents/caregivers refuse to accept Family Preservation Services within the first three days after referral. (Also see Section 5140.)

5121 DCF Responsibilities

Following the referral to Family Preservation Services, the CPS Specialist (unless otherwise noted) shall be responsible to:

A. Provide the family a copy of the Family Preservation Case Management Provider brochure (Providers will supply DCF with their current brochure as needed).

B. Provide current information for data entry into FACTS.

C. Assist the family preservation case management provider in the engagement process with the family.

D. Participate in the Initial Team Meeting.

E. Complete all child abuse/neglect assessments in accordance with PPM section 2000.

F. Inform the Family Preservation Case Management Provider of ongoing child abuse/neglect assessments.

G. Inform and provide the Family Preservation Case Management Provider with a copy of all reports not assigned.

H. Provide the Family Preservation Case Management Provider a copy of the PPS 2012. Inform the provider of the status of appeal, if applicable.

I. Notify the Family Preservation Case Management Provider when a child is placed in DCF custody and provide a copy of the journal entry/court order.

J. Participate in the initial case planning meeting. Participate in subsequent case planning meetings, as needed.

K. Review the case plan and case plan tasks. If the plan and/or tasks are not acceptable, do not address the reason for referral or safety issues, notify the CWCMP in writing within 5 working days the case plan and/or tasks are disapproved. The DCF social worker shall participate in the development of the new or updated case plan and tasks.

L. Complete the sections designated for DCF staff on the Family Case Plan.

M. Authorize or deny requests for hard goods in excess of the $500.00 contract obligation, based on availability of resources and customer need.

N. Meet with the family and family preservation provider to discuss options if there is a refusal of services.

O. Assure the Family Preservation Case Management Provider completes the PPS 5001, Family Preservation Non-Completion of Case Plan (NCCP), if a case plan is not completed within the required timeframe or a child is referred out of home prior to completion of the case plan. The initial case plan should be completed approximately 20 days after referral and received by DCF within 5 calendar days following the date the case plan was held. When a referral ends as a non-completion, DCF should receive the PPS 5001, Family Preservation Non-Completion of Case Plan within 30 calendar days of referral. When appropriate, the timeframe for completion of the case plan may be extended by documented mutual decision.

P. Provide reports to the court as indicated.

Q. Review the PPS 5003, Lack of Contact Notification, submitted by the CWCMP case manager. Based on the information provided and progress made by the family, the DCF social worker shall determine if follow-up is needed. Follow-up may include, determining no action is required, attempting to re-engage the family with the CWCMP, or contacting the CA/DA and requesting a petition for DCF custody be filed.

R. The Support Services Program Consultant will reconcile names of referrals, and names of non-completion of case plans with the Family Preservation Case Management Provider. Additionally, the Support Services Program Consultant shall be consulted, in writing, on any case plans that will be completed beyond 20 days from referral.

S. Upon receipt of documentation of the intent to move a family from the intensive service phase to a minimum of monthly in person contact with all family members, which may include case management and/or family support services, the CPS Specialist shall review:

1. The reason for the referral to Family Preservation Services.
2. Documentation of the family's plan for and/or progress in achieving the case plan goals/objectives and completing tasks, identifying the family's strengths and continued barriers for the family, including any child risk or safety issues.
3. The proposed plan for ongoing services, identifying the expectations of the family and the provider, including the frequency, type of contact and level of services to be provided, to address the specific outcomes of the case plan sufficiently.
4. The plan identifying the circumstances that may result in the resumption of intensive services.
5. Documentation that a staffing occurred between the FPS transitioning workers and at least one FPS supervisor, with a focus on the safety of the child(ren), including written supervisory approval of the case transition, pending DCF approval.

The CPS Specialist and Supervisor shall determine whether they are in agreement with the plan to move the case to less intensive services and shall provide a written response to the CWCMP, within 5 working days. If DCF is not in agreement with the plan, the response shall document the reasons for disagreement, based on the safety and risk factors that continue to exist that cannot be managed with less intensive services. If DCF is not in agreement, a staffing may be requested by the CWCMP or CPS Specialist, but is not required. If a written response is not received by the CWCMP within 5 working days, the request will be considered approved.

5122 Family Preservation Case Management Provider Responsibilities

All documentation of case management activities shall be clearly documented in the case file, as described in PPM 0420. Following the referral to the Family Preservation Services (FPS) provider, the Family Preservation Case Management provider shall:

A. Provide direct services to the referred family for 365 days.

B. Acknowledge receipt of the Family Preservation Referral within 24 hours by submitting the Acknowledgment of Referral/Change form PPS-5000A.

C. Access, through the KIDS system, the Safety Assessment (PPS 2030B), Risk Assessment (PPS 2030D), CINC/NAN Summary (PPS 2030E) and Family Based Assessment Summary (PPS 2030F) for the referred event and for other events involving the referred family. Information obtained shall be used to complete the assessments of the family and individual family members, prior to developing the family case plan.

D. Access, through the FACTS system, any needed information.

E. Needs assessments shall be completed on all applicable parents and all children in the family. Make concerted efforts to contact and assess the needs of children and parents, to identify the services necessary to achieve case goals and adequately address the safety issues relevant to the agency's involvement with the family and provide the appropriate services.
   1. Concerted efforts to contact and assess the needs of children and parents include documentation of utilizing more than one strategy and more than one attempt per strategy, including after business hours if necessary. Gathering identifying information from the custodial parent, Child Support Services, or other collaterals regarding the non-custodial parent does not count as an attempt to contact. Additional attempts shall be made throughout the life of the case and shall be driven by the circumstances of the case.
   2. The assessment of needs may be through formal evaluation by the contracted provider or through a more informal case planning process involving intensive interviews with the child, family and service providers to achieve an in-depth understanding of the needs of the child. The assessment of needs shall include the child(ren)'s educational, physical health, mental/behavioral health, including substance abuse, as well as the social/emotional development of the child, which may include social competencies, attachment and caregiver relationships, social relationships and connections, social skills, self-esteem and coping skills.
   3. The parents to be assessed are typically defined as the parents/caregivers with whom the child(ren) was living when the agency became involved with the family and with whom the child(ren) will remain. If a biological parent does not fall into this category, determine whether that parent should be

included based on the circumstances of the case. Consider the reason for the agency's involvement and the identified perpetrators in the case, the status of the children's relationship with the parent, the nature of the case (court involved or voluntary) and the length of the service period. If a biological parent indicates a desire to be involved with the child, and it is in the child's best interests, the parent's needs shall be assessed. Parents who would not have to be assessed include:

a) Parental rights are terminated prior to the service period.
b) Parent's whereabouts are unknown and remain unknown throughout the service period despite ongoing concerted efforts to locate.
c) Parent is deceased prior to the service period.
d) It is documented in the case file the basis for why it is not in the child's best interests, with verification from another professional collateral, to involve the parent in case planning during the entire service period. The collateral shall have direct knowledge of the family and not be an employee of the CWCMP.
e) A parent who indicates verbally or through ongoing action they do not want to be involved in the child's life, and this is clearly documented in the case file.

F. Contact the family within 24 hours to schedule the Initial Team Meeting. Hold the Initial Team meeting within two business days, unless DCF directs the Initial Meeting be held sooner.

G. In consultation with the family, schedule and hold the initial Family Case Plan conference within 20 calendar days of referral. The CPS Specialist shall be invited to the case planning meeting. Submit the original copy of the Family Case Plan documents to the CPS Specialist within 5 calendar days following case plan meeting. If the family requests the Family Case Plan meeting occur beyond 20 days of referral, the provider shall consult with the CPS Specialist. If DCF approves the family's request, the provider shall notify the Support Services Program Consultant. If DCF does not approve the family's request, the provider shall complete the PPS 5001, Family Preservation Non-Completion of Case Plan.

H. In consultation with the family, schedule and hold a Family Case Plan conference within 170 days of the most recent case plan, if the case remains open in the intensive phase. All case plans shall be written for a maximum of 180 days. The CPS Specialist shall be invited to the case planning meeting.

I. In consultation with the family, schedule and hold a Family Case Plan conference within 20 days of resumption of intensive services, unless the family requests it to occur beyond the 20 days. The CPS Specialist shall be invited to the case planning meeting. Submit the original copy of the Family Case plan documents to the CPS Specialist within 5 calendar days following the date of the case plan meeting.

J. Consider the case plan approved, if the CPS Specialist has not provided written notice of disapproval within 5 working days.

K. Submit the following case plan documents when the child is not in DCF custody:

1. PPS 3050 Family Service/Preservation Case Plan
2. PPS 3057 Family/Permanency Plan Services and Service Codes
3. PPS 3055 Family/Permanency Plan

L. In addition to the above documents, submit the following case plan documents when the child is in DCF custody:

1. PPS 3051 Permanency Plan for Child in Custody
2. PPS 3052 Permanency Plan for Child in Custody Administrative Requirements
3. PPS 3054 Visitation Schedule
4. PPS 3055 Family/Permanency Plan Review
5. PPS 3057 Family/Permanency Plan Services and Service Codes

M. Complete the PPS 5001, Family Preservation Non-Completion of Case Plan, if a child is removed from the home after the initial team meeting and DCF refers the child to the Reintegration/Foster Care services Child Welfare Contract Management Provider. The provider shall submit the PPS 5001 within 30 calendar days of referral.

N. Conduct quality in-person worker/child visits with each child in the family, at least once monthly. At least a portion of one monthly visit shall be with each child alone, for all children who are over 12 months of age and/or verbal. The purpose of the visit is to assess safety, permanency and well-being. The visit shall include developing/reviewing case plan goals and tasks or discussing progress in achieving case plan goals and addressing issues, as age appropriate.

More frequent worker/child visits shall be based on the worker's determination of the frequency necessary to ensure the child's safety, permanency, and well-being. Additional visitation with each child in the family home shall be determined based on the circumstances of the case, such as any risk and safety concerns present during the service delivery period, the age and vulnerability of the children, and the reason for the agency's involvement with the family.

O. If there is court involvement, provide the CPS Specialist a court report, a minimum of 10 days before it is due to the Court. Ensure that the case plan is updated and submitted to DCF and forwarded to the court at least every 170 days.

P. Notify the CPS Specialist of all court hearings involving the child(ren)/family.

Q. Provide documentation, including Case Activity Logs, to the CPS Specialist, when a child cannot safely remain in the home.

R. Attend court hearings.

S. Testify in court as requested.

T. Reconcile names of Referrals and names of Non-Completion of Case Plans with the DCF Support Services Program Consultant monthly.

U. Submit Encounter Data to PPS as required and respond to Error Reports timely.

V. Complete and maintain the Case Activity Log to document services provided. Documentation shall include all interaction with family members, addressing the safety, well-being and/or permanency of the children, and/or developing or completing tasks and goals of the case plan. Case Activity Logs must be available within 24 hours of request by DCF.

W. Provide every family engaged in services an application for KanCare, if family members do not have health insurance.

X. Assure all children with KanCare eligibility receive Kan-Be-Healthy (KBH) services timely and on schedule.

Y. Notify DCF within 24 hours of lack of initial contact with the family or refusal of services by the family after referral. Notify DCF, utilizing the PPS 5003, when there has been no contact with the family for two weeks during the intensive phase or for 30 days during the less intensive phase of services.

Z. For Pregnant Women using Substances (PWS) referrals, request substance abuse testing be completed within 24 hours of birth and report toxicology results to DCF on the PPS 5000A. The CWCMP shall request substance abuse testing which will consist of urinalysis of mother at the time of admission to the hospital for the birth of the baby or request for urinalysis of the baby within 24 hours of birth.

AA. Complete and submit to DCF, within 48 hours, the Acknowledgment of Referral/Change form (PPS 5000A) when appropriate.

BB. Provide written notice to the CPS Specialist of the intent to move a family from the intensive service phase to a minimum of monthly in person contact with all family members, which may include case management and/or family support services. Written notice shall include:

1. The reason for the referral to Family Preservation Services.

2. Documentation of the family's plan for and/or progress in achieving the case plan goals/objectives and completing tasks, identifying the family's strengths and continued barriers for the family.

3. The proposed plan for ongoing services, identifying the expectations of the family and the provider, including the frequency, type of contact and

level of services to be provided, to address the children's safety and specific outcomes of the case plan sufficiently.

4. The plan shall also identify the circumstances that may result in the resumption of intensive services.

5. Documentation that a staffing occurred between the FPS transitioning workers and at least one FPS supervisor, with a focus on the safety of the child(ren), which includes supervisory approval of the case transition pending DCF approval.

CC. Review all not-assigned reports and address issues with the family:

1. When the CPS Specialist forwards a not-assigned report for follow-up, the CWCMP shall have 3 working days to acknowledge receipt of the report and to provide an initial summary of information they may have regarding the report. The CPS Specialist shall include all information addressing the event contained in KIPS notes.

2. If, after receiving the initial 3 working day report, DCF determines more information is needed, the CPS Specialist will let the provider know, and the provider will have 5 working days to provide additional information.

DD. Respond to all family crises within one hour. In-person contact is required when determined necessary to assure child safety or effect positive family change.

EE. After consultation with DCF, considering the best interest of the child(ren) and family, the provider may complete the ongoing safety assessment with each alleged victim under the age of six, per PPM 2313.

5123 Family Preservation Case Manager Responsibilities When Child Is Missing

When a child is missing from his/her residence, due to being a runaway, being abducted, or missing for an unknown reason, the Child Welfare Case Management Provider (CWCMP) shall follow the procedures for reporting a Critical Incident, as set out in PPM 0513 Reporting a Critical or Significant Incident. In addition to these requirements, the Provider shall also take the following actions:

A. When the Child Is Missing

1. Request and facilitate the parents/caregiver filing a missing person report with the appropriate law enforcement agency in the area in which the child has been residing, immediately and in no case later than 2 hours after being notified of the child's whereabouts being unknown;

2. Assist the parents/caregiver in providing law enforcement agency with:

a. a current photo/physical description of the child;

b. contact information of the child; including information about cell phone numbers, email addresses and social networking contacts;

c. information about suggested location, people, or direction where the child could be located, including parents and relatives;

d. medical condition and medication information that may impact the child's decision making process and health;

e. clothing child may be wearing and possessions the child may have with them.

3. Notify all court involved personnel of the child's missing status, if applicable.

4. Request and assist the parents/caregiver in contacting the child's school to make them aware of the child's missing status and ask for their assistance in locating the child;

5. Request and assist the parents/caregiver in contacting friends and other relatives of the child, through all available means, including social media, to obtain information from them and also gain their assistance in locating the child; if assistance is needed in locating the child's relatives, contact DCF to request a search of all systems;

6. Request and assist the parents/caregiver in following up with law enforcement at least weekly to check on the status of the investigation;

7. Provide emotional support to the birth parents/primary caregivers and siblings, in dealing with the child's missing status;

8. Discuss with parents/caregiver the need to have the child's name and picture placed on the National Center for Missing and Exploited Children web site, by entering information online or calling 1-800-THE-LOST.

9. If the parent(s) refuses to place the child's name or picture on the missing person's website, discuss the importance of locating their child to ensure his/her safety. Document attempts to ensure the child is entered on the website.

10. If the parent(s)/caregiver refuses to report the child as missing to Law Enforcement, and the child is in the custody of DCF, the Child Welfare Case Management Provider shall make a report to DCF and law enforcement and ensure the child is placed on the National Center for Missing and Exploited Children web site, following instructions in number 9 above.

B. When the Child Returns

1.Coordinate with the DCF CPS Specialist to ensure the child's safety, placement, and treatment/services are re-assessed for possible Human Trafficking activities by interviewing the child to gather details about where

the child was, who the child was with, why the child left and how the child left, etc.

2. If the child discloses possible Human Trafficking activities, coordinate with the DCF worker to ensure a report is made to the Kansas Protection Report Center (KPRC).

3. Request parents notify law enforcement immediately, after the child returns or is located;

4. Request parents notify school, court, and DCF of child's return. Ensure DCF CPS Specialist is aware of the child's return.

5. Re-assess the child's placement with parents/caregiver and services and make changes as appropriate, to ensure the safety of the child.

6. Develop a written Safety Plan with the child and parents/caregivers, to reduce the risk of future incidents.

5130 Initial Team Meeting for Family Preservation

The initial team meeting initiates building the relationship between those persons who will share the responsibility for ensuring the child and family receive the services and supports required to maintain the family structure.

5131 Initial Team Meeting Participants

A. Persons required to attend the initial team meeting are as follows:

1. CPS Specialist
2. Family Preservation Services case manager
3. The parent(s)
4. Other family members

B. The family should be encouraged to invite other persons who are a part of the family's support network. The assigned CPS Specialist and the assigned Family Preservation Services case manager shall attend the initial team meeting, however, if either or both are unable to attend, each agency is responsible to designate other staff members. The preferred designee is a staff member who has or will have involvement with the family. The case file shall document the designee's involvement with the family.

C. Parents shall sign release of information forms to authorize the sharing of information with meeting participants.

5132 Initial Team Meeting Timeframe and Location

A. The Family Preservation Services Case Management Provider shall contact the family within 24 hours of the referral to introduce themselves and to plan for the initial team meeting. The family's preference shall be considered when selecting the time and location for the meeting.

B. The initial team meeting shall occur in person within two business days following the time of the referral, unless DCF directs the initial team meeting be held sooner.
Only the family may request to exceed the two business day requirement, and family requests should be limited to accommodation of schedules or allowance for a support person to attend. If not held within the two business days, the initial team meeting shall be held as soon as possible, preferably within the next 24 hours. The case file shall reflect the reason for the extension of the initial team meeting time.

C. The decision whether to request the initial team meeting sooner than 2 working days following the referral shall be made by the CPS Specialist, in consultation with the DCF supervisor or PPS Program Administrator. Factors to consider are age and vulnerability of the children in the home, safety and risk factors, and weekends and holidays.

5133 Purpose of Initial Team Meeting

The purposes of the initial team meeting are as follows:

A. Families are provided the opportunity to describe their experiences, identify their strengths, resources, and skills, and play a lead role in the development of the initial service plan

B. When the meeting is over, families feel their perspectives are valued and there is a commitment to helping them achieve success

C. Supports for the family have been identified

D. Roles and responsibilities of all team members are clarified: family members, child, Case Management Provider, DCF, service providers, and other team members

E. Full disclosure of DCF expectations, consequences of actions, and timelines for decisions about child permanence

F. A plan is made for the continued gathering of assessment information that supports the development of the initial case plan, including the signing of releases to review information already collected or to contact individuals to obtain new information.

5140 Refusal of Family Preservation Services

A. When a referral retraction has been approved or when the client continues to refuse Family Preservation Services, then, prior to case closure, the CPS Specialist will meet with the DCF Supervisor to review the current risk and safety assessment to determine if there are any safety issues. Additional steps could include referral to other community services, a request to the County/District Attorney for removal, or case closure. This discussion and decision shall be clearly documented in the case file.

B. If the family refuses services, prior to signing the case plan but after the three day referral retraction period, both DCF and Family Preservation Services Provider should work with the family, i.e. meet with the family to discuss refusal and other available options/services and possible consequences. If the family continues to refuse services after meeting with them, the Family Preservation Service Provider shall complete and send to the DCF Support Services Program Consultant the Non-completion of Case Plan form within 30 days after referral. This information shall be provided by the DCF Support Services Program Consultant to the appropriate DCF staff for entry into the FACTS system.

5150 Transfer of Family Preservation Cases and Change of Venue

If there is an open Family Preservation Services case, at the time the family moves to a different location served by a different DCF region, the DCF case shall transfer to the receiving DCF office. The DCF case file, including the Family Preservation Transfer Case-Initial Transfer form (Appendix 5B), shall be forwarded to the PPS Regional Program Administrator or designee responsible for the receiving DCF office.

(Refer to Section 5104 for when a child moves to another parent's home.)

A. Child(ren) not in the Custody of the Secretary

If the family moves to another contract region during the Family Preservation Service period, and the child is not placed in custody of the Secretary, the original Family Preservation Services Case Management Provider shall:

1. Continue responsibility for 365 days after referral.
2. Choose to serve the family in their new location, subcontract for services with the Family Preservation Services Case Management Provider in the region in which the family resides or with another provider of their choice.
3. Remain responsible for all contractual obligations and reporting for these cases.

B. Child(ren) in the custody of the Secretary

If the family moves to another contract region during the Family Preservation Service period, and the child is placed in the custody of the Secretary but remains at home, a new referral to the Family Preservation Services Case Management Provider will be made, if court jurisdiction is changed.

5160 Responsibilities following Intensive Services

A. The Family Preservation Services Case Management Provider is responsible for providing services and supports for 365 days following the date of referral. It is the expectation that initial service provision to the family will be intensive and then gradually decrease in intensity. At the conclusion of the delivery of intensive services, and with the expectation the Family Case plan goals have been met, the family, Family Preservation Services Case Management Provider, and any other pertinent parties shall develop a mutually agreed upon plan addressing the expectations of the family and Provider, for the remaining months of service. These plans will be reviewed and revised throughout the remaining months of service as needed.

B. If the family is in need of additional intensive services during the 12 month period, the Family Preservation Services Case Management Provider shall be responsible for providing these services without a new referral.

5161 Resumption of Intensive Services

The family or DCF may request, during the 365 days following referral, resumption of intensive services. This request may be based upon: a report alleging abuse/neglect or non-abuse/neglect concerns, the opening of a new case involving allegations of abuse/neglect or non-abuse/neglect, or the family believes they are in need of intensive services.

A. DCF Responsibilities:

If DCF requests the resumption of intensive services, DCF shall submit to the Family Preservation Services Case Management Provider the following:

1. Initial PPS 5000 with "Resumption of Intensive Services" checked at the top of the page.
2. PPS 1000, if applicable,
3. PPS 2003 Family Based Safety Plan, if applicable

B. Family Preservation Services Case Management Provider Responsibilities:

1. Provide information as requested by the Regional Protection Report Center on a new report regarding a family.

2. Any contact with family by the Child Welfare Case Management Provider regarding a new report should be coordinated with DCF.

3. Make face-to-face contact with the family to ascertain if additional after care services are indicated when Regional Protection Report Center staff notifies the Provider of receipt of a report which was closed with no further PPS action needed.

4. Coordinate with the CPS Specialist prior to any contact with the family by the Child Welfare Case Management Provider if DCF determines an investigation and/or further assessment is indicated.

5. If the family returns to the intensive phase of services during the 365 days of service delivery, complete and e-mail to DCF, within 48 hours, an Acknowledgment of Referral/Change form (PPS 5000A), with "Reinstatement" marked.

6. In consultation with the family, schedule and hold a Family Case Plan conference within 20 days of resumption of intensive services. Submit the original copy of the Family Case plan documents to the CPS Specialist within 5 calendar days following the date the case plan was held.

7. Reflect the resumption of intensive services on the Contract Monthly Report

5200 Out of Home Services

The mission of the Division of Prevention and Protection Services is to protect children, promote permanent, nurturing families, and strengthen community partnerships to serve families. Safety, permanency, and well being for children cannot be accomplished by DCF alone. Child Welfare Case Management Providers are responsible for reintegration/foster care/adoption services including case planning, placement, service delivery, reporting to court, and collaboration with community resources to ensure appropriate services are available in close proximity to the child's home

DCF, through the Child Welfare Case Management Providers, is the state agency responsible for care and treatment of children removed from their parents or other care givers. When the court determines the child is in need of care or protection and cannot remain safely in the home, custody of the child may be granted to the Secretary of DCF. DCF is responsible to provide care and treatment for that child and the child's family until the child is removed from the custody of the Secretary by the court.

Out of home services are planned, goal-directed services delivered to children and their families when the children are in need of protection from abuse and/or neglect by parents or care givers or because of the action of the children themselves to ensure safety. Out of home services are designed to respond to the needs of children and families by building on their strengths and offering the support of agency and community based services through a family centered systems of care approach.

5201 Child Welfare Case Management Providers of Out of Home Services

Child Welfare Case Management Providers of Out of Home Services shall join with other community partners to develop a wide range of services to children and families. The goal of these services is to achieve permanency for the child and to assist the family in accessing services from local community providers in a short amount of time. Providers shall teach and empower families to access resources in their community in addition to utilizing their natural support system. Child Welfare Case Management Providers are not required to pay for services required by other members of the family. Providers may assist with the cost of these services if the family is unable to meet these expenses, no other sources of funding are available, and services will help facilitate an earlier reintegration or other permanency for the child.

5203 Referrals to Reintegration/Foster Care/Adoption Provider

A. A referral is made by DCF to the Reintegration/Foster Care/Adoption Provider when:

1. The Secretary has custody of the child by the court, and a determination has been made that the child is in need of out-of-home placement. or
2. A child is living with relatives at the time the child is placed in the Secretary's custody and reintegration plans with a parent have been ordered.

B. Excluded from Referral:

1. Children in the custody of DCF who remain in their own home;
2. Child living with a relative who is the child's care giver at the time of a new intake and is considered to be the child's permanent home;.
3. Children on runaway status or CINC children in court ordered detention;
    a. children will be referred when the child returns from runaway status or
    b. released from detention
4. Children who are hospitalized in a medical hospital or acute psychiatric care at the time they are placed in the custody of the Secretary;
    a. Children shall be referred when ready for discharge.
    b. If there is a need for Provider involvement prior to the date of discharge, a client services agreement for purchase of service may be developed.
5. Children in state hospitals for developmentally disabled;.
6. Children, not in Secretary's custody, placed by law enforcement in police protective custody.

For DCF Responsibilities at the time of referral, see Section 2780.

5206 Responsibilities Regarding Financial Support

A. When a child is placed in the custody of the Secretary for out of home placement, parents are not relieved of their financial responsibility to support the child. DCF is responsible to complete an assessment of the ability of both parents to provide financial support for the child who resides in out of home placement. Within two days of a referral to the Case Management Provider, DCF staff shall complete a referral to Child Support Services regarding the financial obligation of the parents.

1. Complete and explain an "Acknowledgment of Parental Obligation" form, PPS 5135, with participation from the obligated parent(s) after a child is removed from the home.

2. If one or both of the parents are not readily available, a PPS 5135 with the DCF worker statement portion filled in shall be mailed to the unavailable parents at their last known address. This form shall only be sent to parents with established legal paternity.

B. DCF is responsible for determining eligibility for foster care funding. The foster care program is financed with state funds and federal Title IV-E funds. Eligibility for Title IV-E funding shall be determined by DCF staff on each child placed in the custody of the Secretary for out of home placement. This determination is necessary to assess whether state or federal funds will be accessed for each foster child's care.

1. Initial eligibility for Title IV-E funding is determined on the PPS 5410A, which is completed by the DCF Social Worker.

2. The PPS 5425A, which is completed by the Child Welfare Case Manager, is used for re-determination for Title IV-E eligibility. (See Section 5900 for further information.)

C. DCF is responsible for determining eligibility for Medicaid.

1. Initial eligibility for Medicaid is determined on the PPS 5410A, which is completed by the DCF Social Worker.

2. The PPS 5425A, which is completed by the Child Welfare Case Manager, is used for re-determination for Medicaid eligibility. (See Section 5900 for further information.)

5208 Case Management Provider Referral Responsibilities

The Case Management Provider shall:

A. Accept all referrals from DCF of children in the custody of the Secretary and in need of out of home services;

B. Accept physical custody of the child and the placement packet within four hours of the referral from DCF;

C. Make transportation arrangements for the child;

1. The Child Welfare Case Management Provider may request DCF staff assist in transportation of the child.
2. Staff picking up the child shall have proper identification available indicating he or she is a Child Welfare Case Management Provider agency employee and has authority to transport the child.

D. Make a placement that meets the needs of the child and meets licensing requirements;.

1. If the placement resource is employed by the Child Welfare Case Management Provider, the Child Welfare Case Management Provider shall complete an internal review to assure there is not a conflict of interest. The appropriate DCF PPS Administrator or designee for the region where the child's DCF case is located shall be informed of the placement and the outcome of the internal review.

E. Provide the foster family a copy of the PPS 5110 Initial Referral for Out of Home Placement Services at the time of placement;

F. Schedule the Initial Team Meeting that shall occur within 2 business days of referral;

G. Notify the parent(s) within 24 hours of the location of their child, including the address and phone number;

1. The parent shall not be notified if they present a safety threat to the child and/or placement provider;
2. If a parent is not notified, document the compelling reason for no notification and inform DCF the parents were not notified.

H. Provide the parent(s) the name(s) and phone number(s) of Provider staff for contact;

I. Contact the HCBS Waiver Case Manager, if applicable, to provide information about the child's new location. (For information about the waivers, refer to Section 0614.)

J. If the child is a foreign national from a mandatory notification country, contact the foreign consul of that country. See Appendix 5E for additional information.

K. Access the DCF FACTS and KIDS data systems to obtain assessment information completed by DCF (safety, risk, family based assessment summary, CINC/NAN summary) as well as case finding information;

L. Complete the "Acknowledgment of Referral/Notification of Move/Placement/Change" form (PPS 5120) and e-mail to DCF and the court within 48 hours of referral

5211 DCF Roles and Responsibilities

A. DCF is ultimately responsible for children in the Secretary's custody and is accountable to the court. DCF is responsible for reviewing Case Management Provider service delivery following a referral to the Case Management Provider

B. DCF is responsible to:

1. ensure DCF social worker participation in initial team meeting and initial case planning conference;,
2. review and approve subsequent custody case plans- this task must be completed by a social worker;
3. notify Case Management Provider of Infant/Toddler/Tiny-K contact information for those children under age 3 for whom a referral has been made for these services;
4. notify Provider staff of changes in after-hours contact telephone numbers;

5. notify Provider staff of any critical changes in the family's situation within 12 hours verbally and 24 hours in writing after the information becomes known to DCF (For example, new allegation of abuse/neglect; child placed in detention by law enforcement, etc.);

6. assure necessary staff receive notification of any placement changes via a copy of the Acknowledgment of Referral/Notification of Move/Placement/Change;

7. Notify Child Welfare Case Management provider staff of child support enforcement orders;

8. ensure current information is available for data entry into FACTS;

9. inform the Provider of the status of any abuse/neglect assessments;

10. forward all reports not assigned for further assessment to the CWCMP to address any issues noted. If a CINC/NAN report not assigned is determined to contain concerns regarding children the CWCMP is not responsible to provide services per PPM 1431, the DCF foster care supervisor shall request the report be assigned for assessment via the KPRC Supervisors email mailbox (PRCsups). If feedback from the CWCMP is necessary, inform the CWCMP to provide follow up information to DCF;

11. inform the CWCMP about relatives being considered for placements;

12. authorize Best Interest Staffing decisions

13. notify the Case Management Provider when a child in after care requires a new out of home placement;

14. provide technical assistance to Case Management Provider staff regarding expected outcomes;

15. prepare for case reads and audits.

5212 Child Welfare Case Management Provider Roles and Responsibilities

A. Upon referral, the Child Welfare Case Management Provider is responsible for direct service delivery to the child and family, recognizing the child and family's culture, with input by DCF. This responsibility extends until the child achieves the case plan goal or the child is released from the Secretary's custody for another reason, and the aftercare period expires. (Refer to the Permanency Flow Chart Appendix 3O.) If there is a change in case manager during the life of the case, the Child Welfare Case Management Provider, within 30 days, shall notify all appropriate parties, including, but not limited to the parents, DCF, and the court.

B. Per the Reintegration/Foster Care/Adoption Contract, the Child Welfare Case Management Provider shall:

1. Provide for the safety, permanency and well-being of referred children and address safety concerns through aftercare.

2. Provide services that are culturally responsive to cultural differences and special needs.

3. Respect the privacy of the child and family.

4. Support children in the custody of the Secretary in participating in normal activities, such as extra-curricular activities.

5. Maintain confidentiality as required by law and DCF policy.

6. Share Information with the family and other professionals, as needed, to meet the needs of the child.

7. Collaborate with the Family Preservation Provider when initiating services to a family who has a child removed during Family Preservation program involvement.

8. Maintain license as a Child Placing Agency and notify DCF within 5 working days of the initiation of any KDHE investigations..

9. Maintain caseload sizes consistent with accreditation.

10. Provide accessible staff to the child, family and DCF 24 hours per day and provide this contact information to the family and DCF.

11. Respond to family crisis situations after reintegration within one hour and document this response in the child's case file.

12. Report critical incidents and significant events to DCF, per policy.

13. Report No Reasonable Efforts Findings the same business day to DCF Regional Directors, PPS Program Administrators and Regional Attorney per policy.

14. Maintain an annual photograph of the child in the case file.

15. Initiate a Lifebook at the time out-of-home placement begins and maintain the Lifebook throughout the child's out-of-home placement. A Lifebook is a scrapbook which contains pictures and other personal information that tells the child's life story.

16. Develop an individualized recruitment plan for children who have the goal of adoption and no identified resource for adoption.

17. If there is no identified resource and the case plan goal is adoption, register the child's information on the Adoption Exchange within 5 days of parent rights termination/relinquishment, for recruitment of an adoptive family.

18. Develop individualized transition plans for successful adulthood with young adults leaving the Secretary's custody, who have not achieved a permanency goal of adoption, permanent custodianship or reunification.

19. Cooperate with collection and submission of data elements and surveys of youth receiving Independent Living Services, pursuant to federal requirements.

20. Maintain foster care records per DCF policy.

21. Release client records/progress reports to DCF within 24 hours of request.

22. Maintain case file with historical and current assessment information, services provided, and the progress toward meeting goals and outcomes.

23. Organize the case file per policy.

24. Cooperate with disability advocacy legal provider in obtaining Supplemental Security Income (SSI) eligibility for children in the custody of the Secretary.

25. Cooperate with the Child Support Services (CSS) in locating absent parent and determining parental payment obligation.

26. Consult with DCF about making a referral to Kansas Guardianship Program for appointment of a guardian/conservator, when youth are not likely to be mentally capable of governing their own financial or medical welfare as an adult.

27. Maintain contact with and submit all reports to the court pursuant to local court rules, and liaison with court, guardian ad litem and County/District Attorney.

28. Assure that all eligible children are referred for the appointment of an educational advocate.

29. Obtain necessary release of information forms and transcripts for educational records transfers.

30. Enter or provide educational information on the EEIF system, per DCF policy.

31. Assure seamless transition for the child and family, when the court case is transferred from one jurisdiction or venue to another.

32. Provide care for the dependent children of teen mother in the Secretary's custody.

33. Provide aftercare services to the family for 12 months following permanency of reunification, adoption or custodianship, unless the case meets the definition for an exception.

34. Participate in DCF pre-service training for all direct care and administrative staff.

35. Participate in any mandated trainings and provide training required due to new policy or statutory changes, and/or PPS initiatives.

36. Assure family involvement at a policy-making level for the organization and hold at least one stakeholder feedback meeting per year to solicit input and feedback from families and youth concerning agency policy. A report shall be submitted to DCF.

37. Participate in stakeholder, policy, program improvement, and other regional and statewide events to support and promote child welfare issues; for example, youth advisory councils, computer camps, and national foster care and adoption months.

38. Integrate the Strengthening Families Program and Permanency Roundtables into service models.

39. Implement the Kansas Intensive Permanency Project on the first day of the contract.

40. Participate in Quality Assurance activities.

41. Submit quarterly management reports.

42. Maintain a public image that is cooperative towards the public/private partnership.

43. Practice full disclosure, open and direct communication and transparency with DCF in all matters.

44 . When the DCF social worker forwards a not assigned report for follow-up, the CWCMP shall have three working days to acknowledge receipt of the report and to provide an initial summary of information they may have regarding the report. If after receiving the initial 3 working day report, DCF determines more information is needed, they will let the provider know and the provider will have 5 working days to provide additional information.

5220 Initial Team Meeting for Out of Home Services

The Case Management Provider shall contact the family the same day as the referral to introduce themselves and to plan for the initial team meeting. The initial team meeting shall occur within 2 business days from the time of the referral. The only time it is acceptable to exceed this timeframe is when the family makes a request for this to accommodate their schedules or to allow for participation by a support person who cannot meet the 2 business days timeframe. If not held within the 2 business days, the reason shall be documented, and the meeting needs to be held as soon as possible-preferably within the next day

If the parent(s) or primary care giver from whom the child was removed are unwilling or unable (i.e. whereabouts unknown) to participate in the initial team meeting, this shall be documented in the child's case file. In these instances, the initial team meeting will not occur.

During the initial contact with the family, the Provider shall consult with the family to determine date, time, and location for the initial team meeting. Consideration shall also be given to staff and child safety when determining the location of these meetings (i.e. meth lab in the home, removal reason relates to physical condition of the home, etc.)

5221 Initial Team Meeting Participants

The persons required to attend the initial team meeting are:

A. DCF social worker

B. Case Management Provider case manager

C. The parent(s)or primary care giver from whom the child was removed

D. The child (age 7 and older)

In addition to these persons, the family shall be encouraged to invite other persons who are a part of the family's support network. The placement resource shall be strongly encouraged to participate. If the foster family is unknown to the child or parents, the meeting provides an opportunity for the family to meet the foster family and to understand each other's roles and responsibilities in achieving permanency for the child. The Provider shall provide support to the placement resource to enable them to participate in this meeting. A tribal representative shall be invited to attend the initial team meeting when ICWA applies. The name of the tribe, and name and address of tribal representative invited shall be documented in the child's case file.

The assigned DCF social worker and the assigned Reintegration/Foster Care case manager shall attend the initial team meeting. However, if either or both are unable to attend, each agency is responsible to designate other staff members. The preferred designee is a staff member who has had or will have some involvement with the family. The case file shall document the designee's involvement with the family.

If it is determined that it would be detrimental for the child to participate in the initial team meeting, the child may be excused. This shall be the exception rather than the rule. The child is an important member of this team, and their input is desired.

5223 Purpose of Initial Team Meeting

The purpose of the initial team meeting is:

A. Families are provided the opportunity to identify their needs and play a lead role in the development of the initial service plan

B. Families feel their perspectives are valued and there is a commitment to helping them achieve success

C. Supports for the family have been identified

D. Roles and responsibilities of all team members, including parents, child, Case Management Provider, DCF, placement resource, other service providers, tribe (if applicable), and other team members are clear

E. Full disclosure occurs including expectations of DCF, consequences of actions, and timelines for decisions about child permanence

F. A plan is made for the continued gathering of assessment information to support the initial case plan. This includes the signing of releases to review information already available, or to contact individuals to obtain new information

G. If the child's placement is not with relatives or other kin, more information shall be gathered about possible relative or non-related kin placement resources

H. A plan for parent child interaction, worker/child and worker/parent visitation is developed

5230 Placement Services

While the child is in out of home placement, their connection to family members remains of crucial importance. Intensive efforts shall be made to assist families in resolving the issues which led to the child's removal, place children with relatives whenever possible, and place siblings together. To assist in this effort, the placement resources shall work in partnership with the parents as a mentor and role model. All placements shall be related, licensed, or approved.

DCF requires foster parents and designated officials at child care institutions to apply the reasonable and prudent parenting standard. The standard is characterized by careful and sensible parental decisions that maintain a child's health, safety, and best interests while at the same time encouraging the child's emotional and developmental growth that a caregiver must use when determining whether to allow a child in foster care to participate in extracurricular, enrichment, cultural and social activities. These are documented on the PPS 3052 Permanency Plan for Child in DCF Custody Administrative Requirements. See also the Foster Home Licensing Regulations KAR 28-4-311, and 28-4-800 through 28-4-825.

Placements are subject to DCF approval, at DCF discretion.

If, at the time of the referral, DCF will not approve certain relatives for placement, DCF will note in Section II of the PPS 5110A Initial Referral to Out of Home Placement Provider. If DCF denies placement with a relative, DCF shall respond to any concerns expressed by the relative regarding reasons for the denial.

If the prospective initial placement is with a previously unidentified relative, the CWCMP shall complete the PPS 5144 Proposed Placement with Relative and request a FACTS/KIDS check by DCF. DCF staff shall be available for 4 hours following the referral to assist in providing additional information needed. The 4 hour availability may be negotiated. If the CWCMP is requesting verbal approval, findings from the PPS 5144 and Appendix 5C Declaration of No Prohibiting Offenses shall be shared with DCF staff and the paperwork shall be submitted to DCF the next business day. The PPS 5145 Relative Home Study shall be sent to DCF within 20 days of placement.

If the CWCMP plans a move to a relative, the CWCMP shall send the PPS 5144 Proposed Placement with Relative, with attachments, to the DCF liaison 14 days prior to the placement. The DCF liaison shall review the history of the relative in FACTS/KIDS

to determine if the CWCMP needs to complete a further assessment of the family related to the safety of the child. If DCF does not send notice to the Provider prohibiting the placement within 7 days of the receipt of the PPS 5144, the placement may be made.

If the move to a relative placement is due to a disruption, the CWCMP shall request in writing an expedited approval of the placement through submission of the PPS 5144 Proposed Placement with Relative. The request shall state the reason for the expedited request. DCF shall respond to the request by the next business day. The PPS 5145 Relative Home Study shall be submitted within 20 days of placement.

The CWCMP shall notify DCF of prospective placements with relatives involving any criminal history or current charges. DCF shall review the criminal history or current charges and notify the CWCMP if placement may occur and under what conditions.

5231 The Multi-Ethnic Placement Act (MEPA)/Interethnic Adoption Provisions (IEPA) and The Indian Child Welfare Act

All placement decisions for non-Native American children shall conform to the Multi-Ethnic Placement Act (MEPA)/Interethnic Adoption Provisions (IEPA). These Acts are intended to:

A. reduce the length of time that children wait to be adopt

B. facilitate the diligent recruitment and retention of foster families and

C. eliminate discrimination on the basis of the race, color, or national origin of either the foster family or the child.

The placement of a child shall not be delayed while searching for a family of the same racial or ethnic background when there are families of other racial or ethnic backgrounds available who otherwise would be appropriate for the child and would meet the child's social, emotional, and physical needs.

Diligent recruitment of foster families who reflect the ethnic and racial diversity of children needing out of home placement is required. Non-compliance with these acts constitutes a violation of the Civil Rights Act.

The Indian Child Welfare Act supersedes the Multi-Ethnic Placement Act/Inter Ethnic Adoption Provisions. For information about compliance with the Indian Child Welfare Act in regard to out of home placements, refer to Section 0700.

5232 Least Restrictive Placement

Case Management Provider staff shall use the placement screening tool approved by their agency to determine the most appropriate, least restrictive, out of home placement setting for each child referred.

Provider staff shall consider placement with maternal and paternal relatives as well as non-related kin at the time of initial placement and through out the out of home episode. This consideration shall be documented in the child's case file. If a relative/kin placement is not selected, documentation of reason shall be included in the child's file for each relative/kin explored.

When the child's needs require placement in a setting which provides more structure and supervision than is provided in a family foster home, the need for continued placement in that setting should be periodically re-assessed.

5233 Licensing/Approvals for Out-of-home Placements for Children

A. Any person caring for a child under the age of 16 years who is not related to the child by blood, marriage, or adoption shall be licensed by the Kansas Department of Health and Environment (KDHE) to care for the child, and shall be sponsored by a licensed Child Placing Agency in Kansas. Pre-adoptive homes are not licensed, but shall have an approved adoptive home assessment, whether or not they are related to the child. Foster parents and adoptive parents shall complete the national fingerprint background check. Foster parents, adoptive parents, and adults living in their households who have lived in Kansas less than five years shall clear a child abuse/neglect registry check in every state where they have resided. The fingerprint background check and national child abuse/neglect registry check is required only once if the family is continuously licensed. If a fingerprint check is returned two times as illegible, a national name check is acceptable.

B. DCF requires:

1. Children, regardless of their age, in the custody of the Secretary who are living with individuals related to them by blood, marriage, or adoption must reside in homes that are either approved as meeting KDHE licensing standards or approved as meeting Provider agency standards.
2. Children in the custody of the Secretary who are age 16 or older and living with unrelated care givers must reside in living arrangements which are either approved as meeting KDHE licensing standards or Provider agency standards.

Providers negotiate with the caregivers regarding payments, if applicable. Case Management Providers are strongly encouraged to have homes approved by KDHE as meeting licensing standards in order to maximize federal reimbursement for these placements

C. DCF policy requires licensed foster parents complete the Partnering for Safety and Permanence/Model Approach to Partnerships in Parenting (PS-MAPP) training curriculum before accepting placements of children in the custody of the Secretary. Although PS-MAPP is encouraged for every family caring for children, it is not required for families caring for related children unless those families are licensed by KDHE to provide foster care.

5234 Relative Home

A. For purposes of notification of DCF custody and placement, DCF defines a relative by the following standards:

1. A person who can trace a blood tie to a child. Persons related by blood may include a parent, grandparent, sibling, great-grandparent, uncle or aunt, nephew or niece, great-great grandparent, great uncle or aunt, first cousin, great-great-great grandparent, great-great uncle or aunt, or a first cousin once removed (the child of a first cousin). Termination of parental rights does not alter or eliminate the blood relationship to other relatives.
2. A person who is or was related to the child through marriage and with whom the child maintains a kinship relationship. This includes but is not limited to step parents, step grandparents, step aunts and step uncles to the first degree, even though the marriage may have ended in divorce.
3. Legally adoptive parents and other relatives of adoptive parents as designated in groups (1) and (2).
4. Birth/adoptive parents of siblings.
5. A person who is court-appointed to be a guardian, conservator, or the legal custodian.
6. The spouses or former spouses (after marriage is terminated by death or divorce) of any persons named in the above groups.

B. Relatives, other than birth/adoptive parents of siblings, shall be provided the option of receiving TANF assistance from DCF. Eligibility is determined by EES using their definition of relative. Birth/adoptive parents of siblings may receive TANF if they are income eligible as determined by EES. Other options are financial support from the Case Management Provider, or requesting to become the payee for benefits the child receives such as SSI, SSA, etc. The Social Security Administration makes the final

determination about who will be the payee. If the child does not receive benefits such as SSI, SSA, etc., or the relative is not chosen to be the payee, and the relative chooses not to receive TANF or is not eligible to receive TANF, the Case Management Provider shall negotiate a financial support plan with the relative.

C. For placement purposes, parents of the child are not considered an out of home placement. If the child is residing with either parent, the child is considered to be "in the home".

D. When attempting to locate relatives of the child for whom the parents do not have current information, there are a number of websites available to assist in the search effort. A listing of some of these websites is found in Appendix 3N--Family Finding Search Websites.

Relatives may provide out of home care by becoming:

1. A Licensed Relative Home - Relatives choosing to provide care for related as well as non-related children shall meet the same standards as other licensed foster homes, including completion of the PS-MAPP curriculum, clearing criminal background and child/abuse neglect registry checks required by KDHE, and meeting annual training requirements. Relatives must also be sponsored by a licensed Child Placing Agency in Kansas.

2. Relative Homes Approved as Meeting KDHE Licensing Standards - Relatives choosing not to become a licensed home through KDHE may care for related children in the custody of the Secretary by being approved as meeting KDHE licensing standards. Provider staff are responsible to send completed applications for approved as meeting licensing standards homes to KDHE. KDHE completes the home assessment and sends the relative a notice of the approved status. Completion of the PS-MAPP curriculum by these relatives is at the discretion of the Provider, but it is encouraged. Relatives shall complete criminal background and child/abuse neglect registry checks required by KDHE. Payments made to these homes are not Title IV-E reimbursable until KDHE has approved them as meeting licensing standards.

3. Relative Homes approved using Provider agency standards - Relatives may be approved using Provider agency standards instead of being approved as meeting KDHE licensing standards. The relatives shall be assessed by the Provider to determine their home is environmentally and psychologically safe for children. The assessment shall include clearance of KBI and DCF Central Registry checks by all

adults in the family as well as pertinent social information regarding the family. The related caregiver(s) shall also clear FBI fingerprint checks. KBI and Central Registry checks do not have to be completed annually, but DCF may request updated background checks if needed. Completion of the PS-MAPP curriculum is at the Child Welfare Case Management Provider's discretion, but it is encouraged. If the adults in the household lived out of state at any time within the immediate past 5 years and the permanency plan may become adoption, the CWCMP shall complete out-of-state child abuse checks.

5235 Non-Related Kin Placements

Per KSA 38-2202(p), "Kinship care" is defined as the placement of a child in the home of the child's relative or in the home of another adult with whom the child or the child's parent already has a close emotional attachment. DCF strongly advocates care for children by their kin as the first choice for placement when the child's family cannot provide adequate care. If the kin are not related to the child, they shall be required to meet KDHE child care licensing laws and regulations in order to provide out of home services.

To expedite placement of children with non-related kin, the requirement for the completion of PS-MAPP (the group process or Deciding Together) and the other training required prior to a child being placed in the home is waived. The non-related kin shall be required to complete the PS-MAPP curriculum and other pre-service training prior to licensure. If the non-related kin meets the requirements for informal care (which does not require licensure), including compliance with the background clearances and home assessment, the child may be placed in informal care for the first 30 days of out of home care.

Prior to the child's placement, the Provider shall request from the local DCF Service Center a Child Abuse/Neglect Central Registry check on all members of the non-related kin family who are age 10 and over. The Provider shall also require the members of the family who are age 10 and over sign a statement, Appendix 5C-Declaration of No Prohibitive Offenses for KDHE Licensure. Signing this form indicates a check of the criminal history database required by KDHE licensure will not reveal conviction for any offenses, unless they have been expunged, which would prohibit KDHE licensure. KDHE shall complete the KBI criminal history background check prior to issuing the temporary permit. The KDHE criminal history background check and child abuse/neglect registry checks required for all licensed foster parents shall be completed prior to full licensure.

Immediately following placement, the Provider shall complete the family assessment and licensing packet. The packet shall be sent to KDHE no later than 2 weeks after the child's placement. KDHE shall review the packet and, if all requirements are met, issue a temporary permit within 30 days after the child's placement. The temporary permit remains in effect for 90 days from the date of issuance. This temporary license may be extended for one additional period not to exceed 90 days, to allow the kin time to

complete PS-MAPP. No further extensions shall be granted. Non-related kin shall comply with all licensing requirements of KDHE prior to a full foster home license being issued.

Case Management Providers shall negotiate a daily payment with the non-related kin providers to cover the cost of the child's room and board. They shall also provide the same level of supports and services which are provided to other foster families to ensure the child's needs are met and the placement remains stable.

5236 Foster Family

A foster family provides temporary out of home care for the child.

A. Selection of Foster Family

The goal for selecting a foster family is having the child's first placement be their only placement. Case Management Provider staff shall ensure the child and child's family are fully involved in making this decision to the extent that they are willing and able to participate. Selection of a foster family which can best meet the needs of the child takes into consideration:

1. Proximity to the child's family in order to facilitate parent/child interaction and reintegration.
2. Preservation of the child's racial, cultural, ethnic, and religious background
3. Proximity to the school the child was attending when they entered out of home placement, so the child can continue to attend this same school
4. Interests, strengths, and abilities which enable the family to relate to the child's needs including individual needs, age, interests, intelligence, moral and ethical development, family relationships, educational status, social adjustment, and plans for the future
5. Ability to serve as a mentor to the parents to facilitate a more timely reintegration and continue to be a source of support following reintegration
6. Placing siblings together
7. Ability to support and encourage the child's relationship with his family and can actively participate in permanency planning for the child
8. Proximity of the foster family to specialized services or facilities which the child may need

B. Information Shared with the Foster Family

To assist the foster family in making an informed decision regarding their acceptance of a particular child, the Provider agency shall provide in full the following information as it becomes available:

1. Strengths, needs, and behavior of the child
2. Circumstances which necessitated placement
3. Information about the child's family and the child's relationship to the family which may affect the placement
4. Important life experiences and relationships which may affect the child's feelings, behavior, attitudes, or adjustment
5. Medical history of the child, including third-party coverage which may be available to the child
6. Education history, to include present grade placement, special strengths, and needs
7. Case plan goals for the child
8. Role of the foster family in helping maintain the parent/child interaction schedule and contact with significant others
9. Role of the foster family in mentoring and serving as a role model for the parents

C. Maintaining the Foster Family Placement

Case Management Provider staff shall work with foster families to achieve stability of care for children in out-of-home placement.

Stability of care is best achieved when:

1. Children are carefully matched with families who can meet their individual needs
2. Foster families are adequately prepared and supported to provide services to the child and the family
3. Foster families partner with parents to obtain the resources necessary to meet the child's needs
4. Foster families are active members of the planning team for the child and family

D. Termination of the Foster Family Placement

Except in emergency situations, termination of a placement shall be anticipated as part of the service plan for the child and his/her family, and preparation for this event shall begin well in advance of the expected date of termination. When there is a threatened disruption in the placement, Provider staff shall offer services needed to prevent the disruption and maintain placement stability.

5237 Sibling Placements

Siblings shall be placed with the same placement resource whenever possible. If siblings are not placed together when they enter out of home placement, a plan shall be made to move them into the same placement as soon as possible. If after 90 days the siblings are still not in the same placement, a staffing which includes the children (if appropriate), parents, relatives/kin and other significant people, shall be held to review the actions taken to reunite siblings and plan further actions needed to accomplish this goal. The Sibling Separation Staffing form, PPS 5146, shall document each 90 day staffing and the efforts to place the siblings together, or explain why they should not be placed together. The PPS 5146 shall be sent to the DCF Liaison within 5 days of the staffing. The staffings shall occur every 90 days until the siblings are placed together unless a Sibling Split Request has been approved.

See section 3237 for policies regarding sibling visitation.

5238 Teen Parents/Infants

The Child Welfare Case Management Provider shall arrange placements for teen parents with their infants when infants are not in DCF custody.

A. The Child Welfare Case Management Provider shall provide necessary child care expenses for children and for the infants of teen parents when funds for child care are not available from other sources.

B. Teen Parents/Infants (infants not in custody)

1. Teen parents in the custody of the Secretary and their infants shall be placed together. The teen parents shall be given every opportunity to parent the infant with support from the care provider.
2. The teen parent's case plan shall reflect a need for services, goals, and objectives which will allow the infant to remain in placement with their parent.

C. Teen Parents/Infants (in custody)

1. When both the teen parent and the infant are placed in the custody of the Secretary, a referral of the infant shall be made to the Case Management Provider.
2. The Provider shall place the teen parent and infant in the same placement setting as long as there are no issues involving the safety of the infant that would preclude the placement together. The Provider shall provide services to the teen parent to facilitate the parent's ability to provide on-going care for the infant.
3. The infant shall be considered to be reintegrated when the teen parent is released from the custody of the Secretary, except when the teen parent is in

an independent living situation, the infant shall be considered to be reintegrated as of the date the teen parent enters the independent living situation. The court shall be informed the teen parent will have the responsibility of the care of the infant when they are both moving to an independent living arrangement. If the teen parent is leaving care at age 18 and therefore has no aftercare the 12 months of aftercare for the infant shall continue until completed.

5240 Informal Care

KDHE has provisions in licensing regulations which allow for unlicensed informal care. Informal care is defined as 24 hour care to be provided for not more than one calendar month, on a one time basis, for a specific child or children in the temporary absence of the person with whom the child lives.

DCF shall permit the use of informal care for those instances when the most appropriate placement for the child is non-related kin who are not already licensed as a foster parent through KDHE. Refer to PPM 5235 for Non-related kin placement procedures.

5241 Slumber Parties and Sleepovers

Children in the custody of the Secretary are allowed to attend slumber parties or sleep overs with age mates in homes that are not licensed foster homes, as long as these are not prohibited in the child's case plan. Foster families and Case Management Providers shall exercise good judgment in granting permission for a child to attend a slumber party or sleep over. The child, birth parents, and foster family shall be aware of and in agreement with the child participating in such activities prior to their occurrence.

5243 Visit versus Change in Living Arrangement

A visit can be described as a temporary stay of a social or therapeutic nature with definite beginning and ending points with a friend or relative who has not assumed the legal responsibility of providing ongoing care of the child. Visits shall not interfere with the child's school schedule. A transfer to another school during a visit would indicate the situation is not a visit, but a change in the living arrangement of the child.

A visit which is for the purpose of providing respite for the care giver shall not exceed 7 calendar days, unless approval is granted by the DCF Regional PPS Program Administrator or designee.

If the stay, from the outset, does not have an expressed termination date, or if a termination date is not clear from the circumstances, the situation shall be considered a placement or proposed placement and not a visit. Reimbursement to a placement other than the home where the visit occurs shall continue and encounter data submitted to PPS.

5244 Consents

Persons authorized to give consent for matters involving a child depends on the purpose of the consent and the legal status of the child. Consents for children who are or may be in need of care are controlled primarily by K.S.A. 38-2217 for health care and K.S.A. 38-2218 for educational decisions.

A. Medical Care Consents

1. If parental rights are terminated or relinquished, the parent has no authority to consent.

2. Courts may consent to medical care overruling parental objections.

3. When custody (ex parte, temporary or adjudication) has been awarded to a person other than a parent, the custodian or agent of the custodian may consent to medical care over the objection of the parent.

4. Prior to adjudication the authority of the custodian or agent of the custodian is limited to dental treatment by a licensed dentist, diagnostic examinations, releases and inspection of medical history records, immunizations, administration of prescribed drugs.

5. At or after adjudication, unless limited by the court, the custodian or agent of the custodian has full authority to consent to medical care. However, absent termination of parental rights, the parent's consent shall always be sought first.

6. K.S.A. 59-3075 (e) 4,5,6 state specific procedures the custodian or the agent of the custodian do not have the authority to provide consent:

a. to any psychosurgery, removal of any bodily organ, or amputation of any limb, unless such surgery, removal or amputation has been approved in advance by the court, except in an emergency and when necessary to preserve the life of the ward or to prevent serious and irreparable impairment to the physical health of the ward;

b. the sterilization, unless approved by the court following a due process hearing held for the purposes of determining whether to approve such, and during which hearing the child is represented by an attorney appointed by the court;

c. the performance of any experimental biomedical or behavioral procedure on the child or for the child to be a participant in any biomedical or behavioral experiment, without the prior review and approval of such by either an institutional review board as provided for in title 45, part 46 of the code of federal regulations, or if such regulations do not apply, then by a review committee established by the agency, institution or treatment facility at which the procedure or experiment is proposed to occur, composed of members selected for the purposes of determining whether the proposed procedure or experiment

d. The Secretary or the agent of the Secretary is prohibited from consenting to inpatient care in a state psychiatric hospital.

B. Non-Medical Consents

1. General Educational Decisions - When consent is needed for General Educational Decisions and parental rights are not terminated, permission shall first be sought from the parent(s). If, after diligent efforts, it is not possible to get consent from the parent(s), contract agency staff shall sign needed consents. As a last resort, and only when parent(s) and contract agency staff are not available shall DCF staff sign general educational consents. If parental rights are terminated, then contract agency staff shall sign for general educations decisions. If contract agency staff are unavailable, DCF staff shall sign general educational consents.

2. Special Education - When consent is needed for special education situations and parental rights have not been terminated, permission shall first be sought from the parent(s). If, after diligent efforts, it is not possible to get consent from the parent(s), consent shall be given by an educational advocate. If parental rights are terminated, consent shall be given by the educational advocate.

3. Other Non-Medical Consents - Unless otherwise specified in a court order, the parents are the primary source for all other non-medical consents and their consent should be sought whenever possible. When obtaining a parent's consent is not possible, the provider or the child's caregiver may consent for special events, such as a field trip sponsored by a school, church or community organization.

C. Physical/Dental Health Records

Hospital, Medical, Surgical, or Dental Treatment or Procedures; Release or Inspection of Medical and Hospital Records (see 5244A for restrictions) - When a child in the custody of the Secretary is in need of Medical care, to include; hospital stays, surgery, medical care, dental treatment or procedures or has records that need to be released and his/her parental rights have not been terminated, the parent(s) permission shall be sought. If, after diligent efforts, it is not possible for the parent(s) to give consent, staff from the contract agency shall sign necessary and appropriate releases and consents. If contract agency staff are not readily available, designated DCF staff shall sign necessary and appropriate releases and consents. If parental rights are terminated, contract agency staff shall sign necessary and appropriate releases and consents. If contract agency staff are not readily available, designated DCF staff shall sign necessary and appropriate releases and consents.

D. Alcohol/Drug Evaluation - When a child in the custody of the Secretary is in need of an Alcohol or Drug Evaluation and his/her parental rights are not terminated, parental permission shall be sought. If, after diligent efforts, it is not possible to obtain parental permission, contract agency staff shall sign necessary consents. If contract agency staff

are not readily available, designated DCF staff shall sign necessary consents. If parental rights are terminated, contract agency staff shall sign necessary releases. If contract agency staff are not readily available, designated DCF staff shall sign necessary consents.

E. Abortion, Experimental Drugs, Do Not Resuscitate Orders - When a child in the custody of the Secretary desires an abortion, requires a Do Not Resuscitate Order or is appropriate for an experimental drug trial and parental rights are not terminated, the parent(s) consent shall be sought. If, after diligent efforts, it is not possible to obtain parental permission, Court consent shall be sought, unless an emergency exists in which case the Secretary or the Secretary's designee's consent shall be obtained. If parental rights are terminated, Court consent shall be sought, unless an emergency exists in which case the Secretary or by the Secretary's designee's consent shall be obtained.

F. Mental Health

1. Care and Treatment Other Than State Psychiatric Hospital (see 5244A for restrictions) - If a child in the custody of the Secretary is in need of mental health services with the exclusion of admission into a state psychiatric hospital and his/her parental rights have not been terminated, parental permission shall be sought. If, after diligent efforts, it is not possible to obtain parent(s) permission, contract agency staff shall give consent to mental health treatment. If contract agency staff are not readily available, designated DCF staff shall sign consents. If parental rights are terminated, consent shall be given by contract agency staff. If contract agency staff are not readily available, designated DCF staff shall sign consents.

2. Admission to State Psychiatric Hospital - If a child in the custody of the Secretary is in need of admission to a State Psychiatric Hospital and his/her parental rights are not terminated, parents' permission shall be sought. If, after diligent efforts, it is not possible to obtain parent(s) permission, a court order for placement shall be sought. This will require coordination between the contract agency, DCF and the County/District Attorney. If parental rights are terminated, a court order shall be sought. K.S.A. 38-2217(4) specifically prohibits placement by the Secretary of children in the Secretary's custody in a state psychiatric hospital and authorizes commitment proceedings or voluntary admission.

G. Out of State Placements/Travel

1. Interstate and international travel shall be planned in cooperation with the parents, if parental rights are intact. The court, GAL, and county or district attorney shall be notified a minimum of 10 days prior to departure of all interstate and international travel. Foster families shall take the child's placement agreement, medical consent form, and medical card. See Section 5254 for information on utilizing an out of state medical provider.

2. Written permission for international travel shall be obtained from the Regional Director prior to making travel arrangements. The written request to the Regional Director for international travel shall indicate the Case Management Provider possesses contact information for the child while abroad, and a current photo of the child is in the case file. Approvals for passports shall be obtained from parents or guardians, or if they are not available, the Regional Director.

5245 Responsibilities When Child Is Missing from Placement

When a child in the custody of the Secretary is missing from an out of home placement due to being a runaway, being abducted, or missing for an unknown reason, the Case Management Provider shall follow the procedures for reporting a critical incident as set out in PPM 0550 Reporting a Critical or Significant Incident. In addition to these requirements, the Provider shall also take the following actions:

A. When the Child is Missing

1. file a missing person report with the appropriate law enforcement agency in the area in which the child has been residing immediately, and in no case later than 2 hours, after being notified of the child's whereabouts being unknown;
2. provide the law enforcement agency with:
    a. a current photo/physical description of the child;
    b. contact information of the child; including information about cell phone numbers, email addresses and social networking contacts;
    c. suggested location, people, or direction where the child could be located, including parents and relatives;
    d. medical condition and medication information that may impact the child’s decision making process and health;
    e. possessions the child may have with them.
3. contact the child's parent(s)/primary caregiver(s), if applicable, to make them aware of the child missing from placement, elicit their assistance in locating the child, provide frequent updates on search efforts, and consult regarding whether to issue a press release;
4. notify the court of the child's missing status;
5. contact the child's school to make them aware of the child's missing status and ask for their assistance in locating the child;

6. contact friends and other relatives of the child, through all available means including social media, to obtain information from them and also gain their assistance in locating the child; if assistance is needed in locating the child's relatives, contact DCF to request a search of all systems;

7. follow up with law enforcement at least weekly to check on the status of the investigation;

8. provide emotional support to the parents/primary caregivers, siblings, and placement provider in dealing with the child's missing status;

9. if appropriate, seek parental consent to have the child's name and picture placed on the National Missing and Exploited Children's web site. If parental rights have been terminated/relinquished, seek consent from the Regional Director, or designee.

B. When the Child Returns

1. re-assess the child's safety, permanency, and well-being, including whether they were a victim of sex trafficking;

2. notify law enforcement immediately, no later than 2 hours after the child returns or is located;

3. notify parents, placement school, courts, and DCF of child's return;

4. interview the child to gather details about where they were, who was with them, why they left, how they left, etc.;

5. re-assess the placement, treatment, and permanency plans and make changes as appropriate;

6. develop a plan with the placement provider, child, and birth parents to reduce the risk of future incidents.

5251 Psychiatric Residential Treatment Services

The following process is specific to children assigned to the Reintegration/Foster Care/Adoption Case Management Providers. See Section 0607 for the processes specific for non-custody children served by DCF when authorizing Psychiatric Residential Treatment Services. Psychiatric Residential Treatment Services must be provided by a Medicaid enrolled provider of the service.

A. Prior Authorization Process: The Community Based Services Team (CBST) recommends a Psychiatric Residential Treatment Facility screen be completed by the Community Mental Health Center for approval through Kansas Health Solutions (KHS). The CBST consists of the youth (as appropriate), parents (if not PRT) and support persons the parents choose to have attend, DCF, Case Management Provider, Community Mental Health Center (CMHC), PRTF Screener, Managed Care

Organization (MCO) Care Coordinator and may include other parties who can provide information to assist in determining the most appropriate treatment choice for the child. Parent involvement in these meetings is very important, as they have the most complete information about the child's history. Every effort shall be made to ensure parent participation. If the parent(s) has been provided adequate opportunities to be involved in the CBST meeting and they do not appear, the CBST meeting and process shall continue. Efforts should continue to involve them in the treatment process.

B. The CMHC shall be the lead agency in setting up the CBST meeting, in collaboration with the Case Management Provider. The tasks of this team are to:

1. Review the treatment history and current needs of the child
2. Ensure all community based treatment services have been explored and/or utilized or document the services required by the child cannot be provided in a community setting.
3. Determine if the child requires a screen for PRTF treatment.
4. The screen shall be accessed through the CMHC for approval by KHS.
5. Screening results are provided by CMHC to KHS
6. If the screen determines medical necessity for PRTF placement, the Case Management Provider is authorized to place the child in a PRTF facility.
7. The PRTF completes and sends to KHS the Admission/Discharge form.
8. The PRTF will provide notice to the single point of contact for the relevant MCO within 1 business day of admissions and discharges.

See Appendix 3M for additional information.

C. Authorization for Psychiatric Residential Treatment Facility (PRTF) services

1. The authorization is for a period of time up to 60 days.
2. Child Welfare Case Management Provider staff shall participate in the PRTF treatment planning meetings which occur within approximately the first 10 days and then at least every 30 days thereafter.
3. The PRTF continued stay will be reviewed and authorized by the MCO and be based on medical necessity.

D. Discharge planning begins upon admission to the PRTF. The MCO Care Coordinator will work continuously upon admission with the PRTF team, CMHC team, other state services systems, foster care contractor team and/or family to plan for discharge. They will make sure that all appropriate community based mental health services are available and accessible to all youth and their families, which shall include youth in DCF custody.

If medical necessity is not met, the child may continue in placement only if the Case Management Provider serving the child assumes responsibility for payment of the per diem.

5253 Inpatient Psychiatric Treatment

Children and youth under age 21 who are in the custody of the Secretary and require inpatient psychiatric treatment shall receive a screening prior to placement in an acute, sub-acute or inpatient psychiatric treatment facility.

The Community Mental Health Center (CMHC) completes the CMHC Screening Assessment. The assessment is located at www.kansashealthsolutions.org/providers/index/resources_forms. KHS shall be notified at 1-800-466-2222. KHS is responsible to contact the local CMHC who assigns qualified staff to complete the screening.

See Appendix 3M for additional information.

If the CMHC Screener determines there is a medical necessity for treatment in an inpatient psychiatric treatment facility, the child shall be placed according to the outcome of the screening.

5254 Coordination With the School System

Case Management Provider staff shall work with the school system to ensure children in the custody of the Secretary receive educational resources according to individual need. The coordination shall include a discussion of how to ensure the child's stable placement in school, and if needed, how transportation will be provided to assure that the child can stay in the same school.

A. All school-age children in out-of-home placement shall attend school as required by state law. The school shall be accredited by the Kansas State Department of Education. Provider case managers, the child's parents, and resource families shall help children in care achieve the highest level of formal education the child is capable of completing.

B. When placed in family foster care, school-age children shall be maintained in their own school whenever possible. Placement in out of home care shall take into consideration the child's proximity to their home school, the appropriateness of the educational placement, and whether transportation to the home school is necessary to achieve educational stability for the child.

C. Children who are in the custody of the Secretary with parental rights terminated may be approved to be home schooled when they are in a home that has signed an Adoptive Placement Agreement, and based on approval from the Case Planning Team and the court.

D. Providers have responsibility to notify schools when children in out of home placement move into their area of service, and to refer appropriate children for Education Advocates. Notifying schools includes:

1. Educational Enrollment Information Form (EEIF)/Foster Care Database - Case Management Provider staff are responsible to provide schools with necessary student information for children who are in the custody of the Secretary and in out of home placement. The foster care database is an electronic method for Provider staff to provide educational enrollment information to the school prior to or at the time of the child's enrollment so educational records can be transferred between schools. School personnel are able to access the database to obtain the child's information, rather than receiving a hard copy of the EEIF. The Provider shall:

    a. enter information into the database for all school-aged children who are in out of home placement and attending a public school

    b. update this information each time a child experiences a change in school, even within the same district. This includes placements where the school is on-site, such as correctional facilities, detention centers, state hospitals, and some residential facilities. This update is not required when the child is moved back to the parent, as the child is no longer in out of home placement

    c. enter information into the database timely to facilitate the planning required to meet the child's educational needs

    d. provide hard copy of EEIF if the child has an IEP and the parent or Education Advocate are unable or unwilling to sign the required releases

    e. continue to attempt to obtain releases, and if able to do so, add the child's information to the database at that time

2. Two separate releases of information shall be signed before a child's information may be added to this database:

a. The Appendix 5Q- Authorization to Disclose Information Including Children's Individually Identifiable Health Information, and the
b. Appendix 5H KSDE Consent for Release of Information form (this form authorizes the school to release information to DCF and other agencies involved with the child's care).
   1) DCF staff shall attempt to obtain the parent's signature on these two releases prior to the time the child is referred to the Provider. It is always preferred to have the parent sign these forms, but if DCF staff are unable to obtain the parent's signature, Case Management Provider staff or DCF are authorized to sign the Appendix 5Q and the Appendix 5H KSDE Consent for Release of Information form for those children who do not have an IEP.
   2) For children with an IEP, only the parent, a relative care giver, or Education Advocate is authorized to sign the Appendix 5H KSDE Consent for Release of Information form. State statute and KSDE allow relatives to act as parents in educational decision making. Therefore, children receiving Special Education services who are placed with a relative will not need an Education Advocate appointed when parental rights have been terminated or the parents have been determined to be unavailable per Section 5257. The relative can sign the Appendix 5H KSDE Consent for Release of Information form.

3. Students shall not be denied enrollment if the EEIF (hard copy or database entry) is not fully complete. Provider staff shall provide the school with the information which was absent or changed from the EEIF at enrollment in a timely manner. Refer to Appendix 5P for a copy of the EEIF.

E. Notifying Schools of Placement Changes

1. Case Management Provider staff shall notify the withdrawing school if the child will be leaving the school. Notification to the withdrawing school shall be made as soon as Provider staff become aware of plan for child to be enrolled in a new school, usually due to change in out of home placement. The following information shall be provided to the withdrawing school to assist the school with transferring the educational record:
   a. child's name
   b. anticipated date of withdrawal
   c. name and district of enrolling school where records are to be sent
   d. anticipated date of enrolling at the new school.

2. Notification to the enrolling school shall be made as soon as the Provider staff become aware of the new school the child will be attending. The following information shall be provided to the enrolling school:

a. child's name
b. name of withdrawing school and/or school district where records can be obtained
c. education advocate (name, address, phone number), if applicable
d. assigned Provider case manager (name, address, phone number)
e. name of DCF social worker (DCF office, phone number) anticipated date of enrollment.

F. Graduation Requirements – Kansas statute requires the board of education of a school district to award a high school diploma to any person requesting a diploma if the person is at least 17 years of age, is enrolled or resides in such school district, is or has been a child in the custody of the Secretary of DCF at any time after turning 14 years of age, and has achieved the minimum high school graduation requirements adopted by the State Board of Education.

5257 Education Advocates

K.S.A. 38-2218 defines when a parent may be considered unavailable for the purpose of appointing someone to advocate for the child when decisions must be made regarding their plan for special education known as an individual education plan or IEP. When a child does not have an available parent, the Provider shall make a referral for an Education Advocate. Documentation shall be provided to demonstrate a parent is unavailable or unable to fulfill the role of education advocate for their child.

A. Eligibility

1. Education Advocates shall be appointed for a child receiving Special Education Services or in need of an evaluation to determine eligibility for Special Education Services and their parents are unavailable. This also includes gifted children.

2. Parents are considered to be unavailable when:
   a. The identity of a parent(s) is unknown
   b. The parental rights of both parents have been terminated
   c. The whereabouts of the parent(s) is unknown
   d. The parent(s) has abandoned the child
   e. A no-contact court order exists or the statutory criteria has been met

3. The Kansas State Department of Education (KSDE) currently contracts with Families Together, Inc. to provide training for and assistance in finding Education Advocates for eligible children.

4. Children in the Secretary's custody placed with relatives (persons related to them by blood, marriage or adoption) are not eligible for appointment of an Education Advocate. State statute and the KSDE allow relatives to act as parents in educational decision making. Therefore, these children will not need Education Advocates appointed. If there are questions about eligibility, these may be directed to Families Together, Inc.

B. Due Diligence Effort to Locate Parents

1. Parents shall be involved in the educational process unless they are unavailable. If both parents are determined to be unavailable to make educational decisions for their child, a referral may be made for an Education Advocate.

2. Before making a decision to refer a child for an Education Advocate, the Case Management Provider staff must exercise due diligence/reasonable efforts to find the parents. The Case Management Provider staff must also make reasonable efforts to assist a parent to participate in the educational planning for the child.

3. There is a difference between a parent who is unavailable and a parent who is unwilling to participate in the education decisions that effect their child(ren). A parent who is uncooperative in participating in the educational planning for the child, but who can be located by mail, personal visits (if the home is located within the state of Kansas), or phone is not considered unavailable. If they fail to respond to the school's attempts to involve them in the student's educational process, they may meet the statutory definition at K.S.A. 38-2218(a), and in this instance the Judge may determine the child is eligible for the appointment of an education advocate.

4. No referral for Education Advocate services may be made unless due diligence/reasonable efforts have been made and documented in the child's case file.

C. Referral

1. The Case Management Provider staff shall refer any eligible child by completing the PPS 5140, Education Advocate Referral Form. The PPS 5140 and any other correspondence regarding the referral shall be sent to Families Together at the address provided on the PPS 5140.

2. All persons desiring to become an Education Advocate shall attend training and be appointed by KSDE.

D. Case Management Provider Responsibilities

1. Provider staff shall update Families Together when:
    a. the child moves
    b. the child is adopted
    c. the child's name changes due to adoption
    d. a new Provider case manager is assigned to the case, including their contact information
    e. the child is no longer receiving Special Education Services

2. The Case Management Provider staff shall monitor and document in the case file the following:
    a. The assignment of an Education Advocate before the next Individual Education Plan (IEP) meeting following the referral
    b. Any delay in the assignment of an Education Advocate
    c. Continued efforts made on the part of Provider staff to secure the appointment of an Education Advocate
    d. Adequate receipt of Education Advocate service by the child and efforts to notify Families Together, Inc. of the need to correct inadequate service for the child in such a case.

5258 Child Care for Children in the Secretary's Custody

Children in the custody of the Secretary shall receive child care services that meet state regulations. The Kansas Department of Health and Environment (KDHE) provides the guidelines regulating child care in Kansas. Individuals providing care for children in the custody of the Secretary shall meet the guidelines established by KDHE for licensed, registered, or relative care, and agree to accept DCF rates.

There may be situations when foster families wish to use babysitters while they occasionally attend social functions, meetings, etc. for a few hours. In these instances, DCF allows the foster family to utilize a sitter as a substitute care giver. KDHE regulations shall be followed regarding substitute care givers. Foster families and agencies should exercise good judgment in choosing substitute care givers for children.

5259 Completion and Maintenance of Lifebook

The Case Management Provider is responsible to provide a lifebook to each child in out of home placement and to ensure the lifebook is initiated and updated during the entire episode of out of home placement. Parents, placement resources, teachers, therapists, and others involved in the child's life may assist in keeping the information in the lifebook current.

A Lifebook is a record of the life of a child who is in out of home placement. It is a therapeutic tool for working with children in care to help them understand why they entered care, to understand their experience before and since entering care, to explore their feelings about these experiences, and to help them emotionally attach to a new family should that become necessary. It is essential that the child participate in the development and maintenance of their own lifebook. The book belongs to the child, and they determine with whom this book is shared.

DCF does not have a set lifebook format. Case Management Providers may devise their own format.

5260 Transition to Alternate Permanency Options

A. When reintegration is no longer a viable option, an alternate permanency goal shall be established, or the concurrent goal shall become the primary goal. The change in Case Plan goal shall be documented and recommended to the court prior to the permanency hearing. The Child Welfare Case Management Provider shall review and update the needs assessment and social history of the child at this time. Issues to consider when planning for an alternate permanency:

1. safety of the child(ren)
2. well-being of the child(ren)
3. maintaining meaningful relationships with; kin, culture and community i.e. keeping siblings together, keeping children within their extended family whenever appropriate, or kinship

(See Permanency Staffing Guide Appendix 3S)

B. Adoption (see PPM 5300)

Adoption is a legal and social contract establishing the relationship of parent and child between persons who are not so related.

The Kansas Department for Children and Families (DCF) is legally responsible for the care of children in the custody and guardianship of the Secretary of DCF whose parental rights have been terminated. The focus of the program is on the child and selecting families who are most likely to meet the needs of the child.

C. Permanent Custodianship (see PPM 5400)

A recommendation for Permanent custodianship shall be limited to a child where a determination has been made that:

1. the child cannot be reintegrated with the parent(s); and
2. a compelling reason exists not to terminate parental rights; or
3. adoption is not a viable option for the child.

(See Appendix 5L for examples of commitment agreements.)

D. Other Planned Permanency Living Arrangement (OPPLA) (See PPM 3231)

1. A planned permanent living arrangement is a specific permanent placement for the child, not long term foster care. A planned permanent living arrangement is subject to ongoing review at later permanency hearings. Other permanency options for the child shall continue to be explored throughout the time the child is placed out of the home. At no time shall the permanency option of OPPLA rule out other more permanent options.
2. The permanency goal of Other Planned Permanency Living Arrangement is appropriate only when a child is at least 16 years of age and documentation has been provided to the court of compelling reasons which make all other permanency options unacceptable. The compelling reasons may include:
    a. An older teen requests emancipation;
    b. A parent with a disability cannot care for a child, a significant bond exists between them and the placement resource is willing to sign a commitment agreement for the child to remain in their home, but is not willing to adopt or be a permanent custodian for the child;
    c. A tribe has identified a planned permanency living arrangement for a Native American child.
3. When the child is in an Other Planned Permanent Living Arrangement, the plan for the child to stay in the placement resource until achieving permanency shall be documented. The youth and the placement resource will sign an agreement indicating their understanding of this plan. (See Appendix 5K for examples of commitment agreements.)

5261 Child Welfare Case Management Provider Responsibilities for Alternate Permanency Options

The Child Welfare Case Management Provider shall document on the Case Plan and provide to DCF and the court a report which contains the following:

A. basis for the decision to pursue the recommended alternate permanency;

B. reasons why reintegration or adoption (if adoption is not recommended) are not the preferred permanency options for the child;

C. significant relationships to be maintained;

D. visitation plans with extended family; if any,

E. communication structures needed to maintain significant relationships; and

F. services needed for the child's continued stability.

If the alternative permanency is regarding a youth who will be leaving care at age 18, see Section 3214 regarding Transition Plans for Successful Adulthood.

5262 Special Considerations for Undocumented Youth

To achieve permanency and facilitate self-sufficiency, children and youth may petition for lawful permanent resident status in the United States through Special Immigrant Juvenile Status (SIJS) If granted special immigrant juvenile status and their petition for adjustment of status is approved, then the child/youth becomes a legal resident alien of the United States with the ability to live and work within the U.S. without fear of deportation. After five years, legal resident aliens may apply for citizenship, if they choose. The link to the complete SIJS manual can be found at http://www.ilrc.org/sijs.php

Undocumented youth in care with a case plan goal other than reunification shall be given the option to apply for SIJS. Adoption does not automatically naturalize a youth who is undocumented and immigration status will still need to be addressed.

A child or youth loses the option of applying for SIJS once the juvenile courts no longer have jurisdiction or the youth turns 21 years of age, whichever comes first.

SIJS does not alter the youth's status as a child in need of care. All requirements of the state and federal law as well as agency policy continue to apply throughout the process of seeking SIJS until the Secretary is relieved of custody.

A. Eligibility Standards for SIJS

Unmarried children who are under age 21 and meet the following three standards may apply for SIJS:

1. A youth must be under the jurisdiction of a court in a child in need of care or juvenile offender proceeding.

2. The court must find that reintegration is not a viable option even when termination of parental rights is not in the child's best interest. The case plan goal shall be a permanency option other than reintegration.

3. The court must further find that it is not in the youth's best interest to return to his or her home country. This determination can be based on information gathered using a variety of methods: interviewing the youth to find out whether there is any known and appropriate place to go if returned to the home country or country of last residence; reports from third parties about the unsuitability of relatives' homes available to the child in the home country, etc. The court must be clear that the proceeding did not arise to secure SIJS but because the child was abused, neglected, or abandoned.

B. Risks and Benefits

If an application is submitted for SIJS, there is risk of denial of their petition and a decision to send them back to their country of origin. However, if a youth is already in deportation proceedings for his or her removal, the youth has nothing to lose by filing an application for SIJS.

There is also risk for youth who do not apply. Youth can apply for SIJS up until they turn 21 years of age. If the juvenile court and foster care case is closed, youth have no option to apply for SIJS. If a youth is emancipated without legal documentation, he or she may not have another chance to apply for legal status in the United States.

How to Apply for SIJS:

1. Evaluate the minor's case to make sure that it fits within each of the three eligibility criteria.
2. Discuss the option fully with the youth, explaining in plain language what SIJS is, what it could do for the youth and the risk involved. It is important to emphasize the risk of deportation and the impact SIJS has on the youth's rights toward birth parents and siblings.
3. If the youth decides to proceed with application for SIJS an experienced immigration attorney is advised. Cases with a mitigating factor (i.e. arrests, convictions, drug abuse, testing positive for HIV), are not impossible but they are more difficult and require a more intricate knowledge of the process. Even without mitigating factors, immigration law is a challenging specialized practice and success is unlikely without expert assistance.
4. The court must hear evidence on the three criteria.
5. The court's findings must be recorded in an "Order Regarding Minor's Eligibility for Special Immigrant Juvenile Status" or similar format that includes the required factual findings. Although not conclusive, this order must be included in the child's application for SIJS. An example of the proposed order on the three criteria using specific language can be found at http://www.ilrc.org/sijs.php of the SIJS manual in appendix E.
6. Both an SIJS and a change in legal status form must be completed and filed with to the closest Citizen and Immigration Services or CIS (formerly INS) office.

7. The applicant minor should request employment authorization while the case is pending and the case manager should schedule an appointment for the youth to be fingerprinted for an FBI criminal activity check.

8. Next, the CIS will schedule an interview, which a number of people (social worker, lawyer, etc) may also attend. The CIS might make a decision on the application at the interview, or may ask for further information or time.

9. This process can take as long as 3 years and shall be initiated early enough that the juvenile court can maintain Jurisdiction until it is complete.

Important points to remember in the application process are included in Appendix 5D.

5270 Aftercare Responsibilities of the Case Management Provider

The Case Management Provider shall provide services and supports for 12 months following the achievement of reintegration or permanent custodianship/guardianship. Aftercare reports are required for 12 months following finalization of adoption, and if services or out of home placement is required during the life of the contract, the Child Welfare Case Management Provider is responsible. These services are provided to assure safety and stability of the placement for the child and to assist all family members in obtaining identified services through the network of community providers to improve family functioning.

A. Aftercare Cases with Custody

1. For the portion of the aftercare period in which the child remains in the custody of the Secretary, the Child Welfare Case Management Provider remains responsible for assuring the safety of the child, completing a custody case plan, and submitting the case plan to DCF, the court, and other required parties.

2. The Child Welfare Case Management Provider shall continue to complete monthly child/worker visits and submit encounter data.

3. If the child is not released from the custody of the Secretary before the end of the aftercare period, the Child Welfare Case Management Provider shall provide information to the Regional DCF office at least 30 days prior to the end of aftercare so continued services can be provided. Appendix 5M may be used for this purpose. If the case plan is due within 30 days of the end of aftercare, the Provider shall update the case plan.

B. Aftercare Cases Without Custody

1. Although family participation in services is voluntary once DCF custody has ended, the Case Management Provider shall attempt to engage the family and develop a mutually agreed upon plan that details services and expectations during this 12 month period. These plans shall be reviewed and revised, as needed, during this after care period, and submitted to DCF.

2. Once the aftercare plan is developed, the Child Welfare Case Management Provider shall make concerted efforts to meet with the child and family on a monthly basis. Whether or not a meeting occurs, a monthly report, PPS 3071, shall be submitted to DCF by the 15th of the following month describing any activity on the case. For cases where permanency is achieved through finalization of adoption, the monthly reports shall be sent for 12 months following finalization. If the adoptive family indicates a need for services at any time during the life of the contract, the CWCMP shall assist in accessing services.

C. All Aftercare Cases

The Child Welfare Case Management Provider shall assist the family in accessing medical coverage and services for which they are eligible. This includes:

a. Assuring the child's Medicaid card is given to the permanency resource; and,

b. The child being added to the parents'/caregivers' insurance; or,

c. Submitting an application on-line at KanCare or paper application to the Clearinghouse for KanCare If submitting a paper application include "returning from foster care" at the top of the form; or,

d. Submitting an application to KanCare for an income eligible or SSI Medicaid; or,

e. Requesting Medicaid from DCF through an adoption assistance agreement.

f. Submitting an application on-line at KanCare or by paper application to the Clearinghouse for KanCare for children approved for permanent custodianship. If submitting a paper application include "returning from foster care" at the top of the form

See Section 5900 for additional information.

D. Cases When Aftercare Disrupts

If the child achieved permanency through reintegration or permanent custodianship and re-enters out of home placement during this 12 month aftercare period, the Case Management Provider shall be responsible for serving the child and family. This includes payment of out of home placement expenses that are the responsibility of the provider, without a new referral being made to that Provider. The original aftercare period is terminated. When the out of home episode has ended for reasons of reintegration permanent custodianship or finalization of adoption, a new 12 month aftercare period begins.

If the child achieved permanency through adoption, the CWCMP is responsible to serve the child and family through the life of the contract. This includes payment of out of home placement expenses.

5271 Exceptions to Aftercare Responsibility of Case Management Providers

The aftercare period does not apply to:

A. Youth who are released from custody at age 18 or older. Regional DCF staff shall provide Independent Living services to this age group of young adults, at their request.
B. Youth who are transferred to Kansas Department of Corrections - Juvenile Services (KDOC-JS) or to the Tribal Court.
C. Children released from the Secretary's custody and placed with an individual who is not the child's parent, adoptive parent or legal guardian.
D. Youth with no open ICPC case who are no longer in custody and are living out of state

5300 Adoption Services

Adoption services involve matching children in need of adoptive homes with parents who wish to adopt them, preparing the child(ren) and prospective adoptive families for the process of adoption, and helping them legalize the relationship through finalization. Adoption services shall begin at the point the case plan goal is adoption.

5301 Roles & Responsibilities

When parental rights are terminated or relinquished, the following responsibilities apply:

A. DCF Responsibilities

1. Forward the PRT Journal Entry immediately to the regional attorney for review of legal sufficiency.
2. Assess whether parental relinquishments should be accepted
3. Send the Case Management Provider the approved Journal Entries terminating parental rights or accepted relinquishments on both parents within three (3) working days of receipt of documents.
4. Attend and participate in Sibling Split Request Review Teams.
5. Attend and participate in Best Interest Staffings.
6. Follow up with the CINC court to assure the Decree of Adoption was filed.

B. Case Management Provider Responsibilities

1. When there is an identified resource for a child:
    a. Explain the difference between temporary foster care and adoption, including parental responsibility
    b. Complete a thorough adoptive home assessment
    c. Complete Child Abuse and Criminal Background checks (see Section 5233)
    d. Place siblings together, or request a sibling split be considered
    e. Prepare the child and the family for a life-long commitment to each other
    f. Send the request for adoption assistance to the DCF Adoption Specialist (if appropriate)
    g. Coordinate signing the Adoptive Placement Agreement and the Adoption Assistance Agreement (if appropriate) with the family and DCF Adoption Specialist
    h. Supervise the adoptive placement and provide services necessary to maintain the child in the adoptive home
    i. Prepare and gather paperwork for the finalization of the adoption
    j. Provide one year of aftercare.

k. Provide services to prevent disruption/dissolution for the life of the contract.

l. If a child is placed out of state, refer to Section 9000.

2. When there is not an identified resource for a child:

a. Assure no appropriate relative has decided they are willing to be a resource and review prior decisions regarding relative placements

b. Review the child's file to determine if all known prospective resources have been explored prior to sending the Adoption Exchange Information form

c. Send DCF and the Adoption Exchange Provider the completed PPS 5310, Adoption Exchange Information form within five (5) working days of the receipt of journal entries of termination of parental rights.

d. Send DCF and the Adoption Exchange Provider the PPS 5315, Adoption Exchange Child Update Status Form when there is a change in the child's circumstances.

e. Update the PPS 5310, Adoption Exchange Information Form, annually and send it to the Adoption Exchange Provider.

3. When there is not an identified child for an adoptive resource:

a. Send the Adoption Exchange Provider the completed PPS 5320, Adoption Exchange Family Website Registration form

b. Send the Adoption Exchange Provider the PPS 5325, Adoption Exchange Family Update Status Form, when there is a change in the adoptive family's circumstances.

c. Review of the Permanency Flow Chart (Appendix 3O)

5311 Preparation of the Child

Preparation of the child for placement with an adoptive family is the responsibility of the Case Management Provider. It helps the child understand past experiences and engage in future planning. All children moving into an adoptive placement require preparation for adoption, even those who are currently residing with relatives or foster parents who want to adopt them.

A. Participants in the preparation process include:

1. the Case Management Provider;
2. the current placement;
3. other individuals who know the child well, e.g. DCF social worker, teachers, therapist.

B. Preparation Tasks

The Case Management Provider is responsible to design a plan to prepare the child/youth for adoption and to help the child/youth understand, adjust and relate to an adoptive placement. .

1. Case Management Provider shall take into consideration the following:

    a. the relationship of the child to the prospective adoptive parent(s);
    b. age of child;
    c. cognitive ability of child to understand changes;
    d. the degree to which the child has accepted the fact they will not be returning to their parent(s), recognizing they may need time and support to cope with the facts and consequences of their parents acts and decisions;
    e. the child's expressed interest and willingness to accept the adoption.
    f. the child's preferences regarding adoptive placement.

2. For a child to be ready for permanency/adoption, the CWCMP shall assist the child to:

    a. Explore feelings about their biological family and the separation from them;
    b. Deal with feelings about various moves that may have occurred while in placement;
    c. Express feelings of sadness, anger, and rejection about the moves;
    d. Understand adoption and their entitlement to a permanent family.

The Case Management Provider shall update the child's social history/assessment at least semiannually, or more often if there have been major changes in the child's life, to address the child's needs for safety, permanency and well-being. The document facilitates timely decision making, planning and placement with a permanent family. For a Social History outline, see Appendix 3A.

5312 Adoption Exchange Provider

When there is not an identified adoptive resource for the child, the child shall be registered on the Kansas Adoption Exchange. The Adoption Exchange Provider receives the Adoption Exchange Information form and registers the profile of the child on the exchange. The profile shall describe the child in such a way to promote a successful adoption of the child.

The Adoption Exchange Provider shall also provide general and targeted recruitment services of adoptive families.

The Adoption Exchange Provider is responsible to:

1. maintain a statewide Adoption Resource Exchange;
2. provide a Statewide system of intake for families interested in adopting;
3. Implement strategies and outreach statewide to raise public awareness of the need for families willing to adopt children in the custody of the Secretary of DCF who are without an adoptive resource.

The Child Welfare Case Management Provider and the Adoption Exchange Provider shall share information with each other to ensure that the cases they both serve move toward adoption.

5313 Specialized Recruitment Initiatives

A. When there is not an identified adoptive resource for the child, the Child Welfare Case Management Provider shall develop an individualized adoption recruitment plan with the child. (See Appendix 5N for an example of an IRP.) Child Specific Recruitment:

1. Is an individualized, detailed plan that is strengths based and community focused. The goal is to widen the circle of adults who know about the child and potentially may be interested in adoption. Components of child specific recruitment may include a professional photograph, posting on the state and national adoption websites, T.V., radio and print media profiles, church bulletins, and MATCH nights.
2. Identifies a child’s strengths and interests, matching those with adults who share some similarities. The strategy is facilitated by the child’s case manager/adoption specialist.
3. Begins by comprehensively assessing the youth's history, including case files, and previous relationships, and bringing this information into the current context. Every effort shall be made to involve the child or youth, as developmentally appropriate.

B. All recruitment initiatives shall respect the dignity and confidentiality of the child.

The plan shall reflect the:

1. characteristics of the child;
2. individual strengths and needs of the child;
3. type of family needed;

4. identification of specific recruitment methods based upon the comfort level of the child.

5320 Legal Risk Adoption Situations

A. The Child Welfare Contract Management Provider may consider placement with a potential adoptive family prior to the time all legal issues pertaining to the termination of parental rights have been addressed.

B. A legal risk placement may be considered when legal issues exist which delay DCF from being able to issue the Consent to Adopt, such as:

1. technical problems with legal document (i.e. Journal Entry has incorrect or missing information);
2. procedural problems with termination and dispositional hearing; or
3. an appeal is filed but the court's decision is expected to be upheld.

C. For legal risk adoption the adoptive parents shall meet KDH&E licensing requirements. The Case Management Provider shall document the legal risk placement on the PPS 3051, Section VI.

5330 Assessing the Adoptive Family

A comprehensive assessment of a family interested in adopting a child in the custody of the Secretary of DCF shall be completed by a Child Placing Agency. The Child Placing Agency shall include the items listed in KSA 59-2132, as well as the information required by KSA 59-2130. The Child Welfare Case Management Provider shall require prospective adoptive parents to submit an application before proceeding with adoption. The application form shall be designed to obtain information declaring their intent to become adoptive parents and basic data about their family, their home, their financial status, and references to initiate a home study.

A. The adoptive home study process shall include a face-to-face interview with each member of the household. The written assessment of the adoptive home shall include a narrative that assesses the following areas:

1. Motivation for adoption;
2. Family's attitude toward accepting an adoptive child, and plan for discussing adoption with the child;
3. Emotional stability, physical health, and compatibility of adoptive parents;

4. Ability to cope with problems, stress, frustrations, crises, and loss;
5. A statement from a doctor regarding any medical or health conditions which would affect the applicant's ability to parent a child;
6. Record of convictions other than minor traffic violations;
7. Ability to provide for child's physical and emotional needs;
8. Adjustment of own children, if any, including school reports;
9. Positive feelings about parenting an adoptive child;
10. Capacity to give and receive affection;
11. Types of children desired and kinds of handicaps accepted;
12. Types of children who would not be appropriate for the placement with this family;
13. References; and
14. Recommendations for number, age, sex, characteristics, and special needs children best served by this family.

B. All adoptive parents/caregivers, except relatives, shall earn a certificate of completion of the PS-Model Approach to Partnerships in Parenting (PS-MAPP) family preparation program prior to child's placement or Deciding Together. If a family completed a different family preparation program, the Child Welfare Case Management Provider shall request a waiver of PS-MAPP participation for the family from the DCF Foster Care Program Manager. Other preparation programs shall meet the training equivalency criteria specified by DCF.

See Section 5340 and for additional information. For out-of-state adoptive parents adopting children from Kansas, see Section 9000 regarding the Interstate Compact for the Placement of Children.

5331 Considering Relatives as an Adoption Resource

A. Relative placements shall be given preference to provide the following benefits:

1. adoption by a person the child knows and trusts;
2. reduction of trauma the child experienced when the child is placed out of the home;
3. reinforcement of a child's sense of identity and self-esteem by maintaining the family history and culture;
4. promoting and encouraging the family's reliance upon their own family members for support and resources;

5. reducing the number of moves experienced by the child;
6. promoting timely permanency planning.

B. Determination of a relative as an adoptive placement shall consider:

1. inter-generational conduct, co-dependency, anti-social behaviors, physical and/or sexual abuse which would make placement of any child ill advised;
2. willingness to assure the child will be protected from those who perpetrated the abuse or neglect;
3. understanding and objectivity regarding the reasons the child was removed from the parental home;
4. results of the fingerprint based criminal history and child abuse/neglect registry checks;
5. ability to help the child understand the strengths and needs of their birth parents;
6. services the family might need to assure stability of the placement;
7. willingness to be a placement resource for siblings.

5332 Foster Families as an Adoptive Placement

When adoptive placement with a relative is not possible, adoption by foster parents who already know and are connected to children may be in their best interest.

A. When considering a foster family as the adoptive family, the following shall be considered:

1. factors listed in 5341;
2. the family's understanding of the difference between fostering and adoption;
3. the family's understanding of the impact this adoption has on this child and their family;
4. the family's willingness to delay fostering additional children until finalization of the adoption or to discontinue fostering altogether if necessary for the child's adjustment.

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5333 Adoption By a Family Unknown to the Child

If a child does not have an identified adoptive resource, a family listed on the Kansas Adoption Exchange shall be considered as a possible match for the child. When there is not a good match listed on the Kansas Adoption Exchange or AdoptUSKids Exchange, the search for an adoptive resource is an ever widening circle of inquiry.

There may be families who live in another state or country who would be the best resource for meeting those needs.

Case file mining and searches for extended relatives may also be necessary to assist the child in achieving permanency through adoption. Adoption by a family that is unknown to the child requires more planning and preparation. See Section 5331 and 5332 for additional information.

Home studies shall be updated to include information on a specific child prior to requesting consent to adopt.

5340 Best Interest Staffing

Prior to a Best Interest Staffing (BIS), the Child Welfare Case Management Provider shall submit the prospective adoptive home studies, and the child's social history to a staffing team for review. The team shall review the packet and let the Provider know if there are concerns or questions about a family's suitability for the child that should be addressed prior to the meeting.

A. A decision related to the selection of an adoptive family shall be made by a BIS Selection Team with an uneven number of members. The Team shall be comprised of at least three individuals, who shall include:

1. the Child Welfare Case Management Provider as lead;
2. a DCF social worker;
3. an individual who knows the child well, which may be someone from the below list of invited participants, unless there is a conflict of interest.

If the Guardian ad Litem is in attendance, they shall be considered a member of the Selection Team. A DCF or CWCMP Adoption Specialist may be substituted for an individual who knows the child well if both DCF worker and the CWCMP case manager are in agreement regarding participants. Selection Team members shall be chosen prior to the BIS. If it is anticipated there will be an even number of members, the Team shall include an Adoption Specialist or another individual~~s~~ who know the child well. BIS Staffing Team members shall attend the meeting in person, conference call or video conference.

B**.** Those who shall be invited to be on the BIS Team to provide input and make recommendations include:

1. the CASA;
2. Adoptive Home Workers;
3. appropriate supervisors;
4. Court Service Officer, if applicable;
5. GAL, if unable to attend.

Others who may be invited to be on the BIS Team to provide input and make recommendations include:

1. therapist;
2. teacher;
3. other licensed service providers;
4. placement resource, unless there is a conflict of interest.

Members of the BIS Team who are not a part of the Selection Team (as described in A, above) leave the staffing once they have provided their input and recommendations. All participants shall receive the Appendix 5S, Best Interest Staffing Brochure. If not able to attend in person, other participants should be included by conference call or video conference. Input and recommendations can also be made in writing prior to the staffing. Consideration shall also be given regarding the participation of the child, especially if the child is age 14 or older. If the child does not participate, the reason shall be documented and the Child Welfare Provider case manager shall be responsible to communicate their wishes, concerns and issues.

C. A best interest staffing (BIS) shall be held even when the relative or resource family is the only family being considered for the child. The Child Welfare Case Management Provider shall document how interested relatives/kin who have not previously been ruled out were given preference as the adoptive resource in the staffing process. If siblings are not being adopted together and have a permanency goal of adoption, the Child Welfare Case Management Provider shall document the reasons and complete a sibling split request. (See Appendix 5I) The sibling separation request shall be approved by Sibling Split Request Review Team, which shall include the DCF Foster Care Program Administrator, or designee.

D. The Child Welfare Case Management Provider shall identify approved adoptive families to be considered in an adoption best interest staffing for a specific child. When selecting families to be considered in an adoption staffing, the Provider shall exclude families who do not have the capability of meeting the child's emotional and social

needs, but they shall not exclude families based solely on their race or national origin. (See the Multi-Ethnic Placement Act in Section 5231).

E**.** In addition to the requirements in section 5330, all adoptive parents considered shall have:

1. a written adoptive family assessment completed by a licensed child placing agency which is updated at least annually;

2. current medical or health information on all family members which assesses the adoptive parent(s)' ability to parent a child; and

3. clearance through KBI and a national criminal history finger print check.

   a. if a national criminal history check has been completed on a foster parent that has been continuously licensed, a second check does not need to be done.

   b. if the national criminal fingerprint check has been sent to the FBI two times and the fingerprints are not legible, a name check is acceptable.

4. all family members 18 years and older cleared through the Kansas Child Abuse and Neglect Central Registry and, if residing out of state for the last five years, child abuse registry checks in the state(s) where they resided.

   If a child abuse registry check has been completed on a foster family that has been continuously licensed, a second check does not need to be done.

F**.** The Case Management Provider shall convene the staffing and provide notification to all participants. Participants shall:

1. review the child's and prospective families information prior to the staffing date; and

2. be prepared to discuss the families' strengths and needs related to the strengths and needs of the child for whom an adoptive family is being sought.

5341 Selecting an Adoptive Family

The Best Interest Staffing Team shall:

A. Consider the best interests of the child(ren);

B. Consider the family's ability to:

1. meet the needs and temperament of the child currently and over time;
2. understand the current and future impact adopting this child will have on their family;
3. advocate for the needs of this child;
4. understand and support the child through loss and grieving issues;
5. accept adoption of this child is a life-long commitment with many unknown challenges;
6. provide the child with a safe and secure environment;
7. provide unconditional love and acceptance of the child;
8. understand and accept the child's emotional, physical, social, educational, and developmental needs;
9. understand the effects deprivation, abuse and neglect have on a child and the potential impact on the child's behavior;
10. allow the child(ren) to develop at his/her own rate to reach his/her own potential;
11. accept and support the child's background, culture, ethnicity, heritage, race, medical and mental health needs, and genetic and social history;
12. help a child to learn and accept his/her background;
13. understand the importance of planning for child/children's future contact with siblings and/or other family members as deemed appropriate;
14. manage their financial resources.

If information in the Adoptive Home Study does not include adequate information for the Best Interest Staffing Team to assess the above, the Child Welfare Case Manager shall gather additional information from the person who authored the home study.

C. Documentation of the Staffing Team's Decision

Documentation of the decision shall clearly state the rationale for making the decision in favor of one family. It shall be on a form designed by the provider for this purpose which shall include:

1. names of the families considered;
2. a summary of why the family of choice was selected;

3. a summary of why other families considered for the child(ren) were not selected;
4. a plan for future contact with siblings and/or other appropriate family members;
5. date of the staffing and;
6. signatures of all participants.

D. Regional DCF Review of the Family Selected at the Best Interest Staffing

Within 3 business days of the Best Interest Staffing and prior to notifying a family that they were selected to be an adoptive resource for a child, the Child Welfare Case Management Provider shall inform the DCF Regional Director, or designee, of the outcome of the staffing. Documentation of the staffing team's decision with results of the required background checks for the family selected shall be sent to the DCF Regional Director, or designee. The DCF Regional Director, or designee, shall review the documentation provided within 5 business days, address any questions to the contract administrator, and authorize or not authorize the decision made. ~~,~~ Reference the PPS 5341 BIS Decision Authorization.

If the DCF Regional Director or designee does not authorize the family selected in the BIS, DCF shall provide the rationale for the non-authorization in writing to the CWCMP. The CWCMP may choose an alternate family designated as such during the BIS, reconvene the BIS Staffing Team to review different prospective adoptive families, or request a review by the PPS Director.

E. Informing Prospective Adoptive Parents

Once the DCF Regional Director or designee authorizes the Best Interest staffing selection, the CWCMP shall contact the approved family, establish a time for the child's file review within 15 working days, and determine the approved family's willingness to proceed with adoption of the child. The prospective adoptive parents may indicate in writing they do not want to review the file.

Within 5 days of the decision by the selected family to proceed with the adoption, the CWCMP shall contact families who were considered during the BIS and were not

chosen as the adoptive resource. The CWCMP shall inform them of the decision made by the BIS team and the rationale for the decision.

5342 Review of Staffing Team's Decision

When the Case Management Provider receives a concern about the outcomes of a Best Interest Staffing, an internal review of the process shall be completed without delay to assure that the decision making process was fair and the decision was consistent with best interest of the child. If an administrative appeal is filed regarding an adoption staffing decision, a motion to dismiss shall be filed based on the ongoing jurisdiction of the District Court under Chapter 38. When the District Court places the child(ren) in the custody of someone other than the Secretary, the guardian ad litem, prosecutor and all members of the case planning team shall be informed that the child is unlikely to be eligible for adoption assistance. If the Court recommends a specific placement, the recommendation shall be given serious consideration and, if another placement is chosen, the basis for not following the Court's recommendation shall be documented in the case plan and provided to the Court.

5349 Preparation for Adoption by a Family Known to the Child

When the adoption of the child will be by a family with whom they currently live, or by a family with whom they are familiar and comfortable, preparation for adoption shall address issues to ensure the placement is permanent. Plans shall be developed to address any remaining concerns on the part of the adoptive family and/or the child, and services shall be in place to address their needs. If the adoptive family is not the current placement provider, assessing when the child will move to their new home, whether pre-placement visits are needed, and what contacts the child will maintain once they have changed placements shall be addressed. Other tasks listed in section 5350 may also be appropriate.

5350 Preparation for Adoption by a Family Unknown to the Child

A. When a family has been selected for a child and the child has been prepared for placement, the case manager and family shall develop and implement an individualized plan for how and when the child will move into the family's home. The plan carefully considers the needs of the child and family in order to:

1. Provide continuity of care giving
2. Ease the child's adjustment
3. Enhance the child's understanding of the event

4. Allow an opportunity for important people in the child's life to help the child transition
5. Facilitate new attachments
6. Plan for post-adoption contacts
7. Help the family and child cope with changes and stress
8. Reduce trauma experienced by the child as a result of the move.

When the adoptive family is sponsored by a Child Placing Agency (CPA) that is not the Reintegration/Foster Care/Adoption Provider, services to the family shall be coordinated. The Child Welfare Case Management Provider is responsible for assuring children and families receive needed adoption services.

B. Information about the Child to be Shared with the Family

If the child(ren) is moving to a different family, the family will need to know as much information about the child as possible. The prospective adoptive family shall be given a blank copy of PPS 5342 and it shall be discussed with the case manager and placement resource.

C. Pre-placement Visits

The selected adoptive family shall have read the file and made a commitment to adopting this child prior to any visits occurring. Video tapes and other tools can be used to help the family become more familiar with the child so concerns and questions are addressed. All children shall have the opportunity to visit with their selected adoptive parents prior to the actual placement.

The Child Welfare Case Management Provider shall plan the details of the pre-placement visits.

The purpose of pre-placement visits is to:

1. reduce the trauma and anxiety a child experiences with a move to a new family;
2. help the child begin to make new attachments;
3. help the child process changes taking place in his/her life.

D. The Child Welfare Case Management Provider shall:

1. process the visits with the child, answer the child's questions about the family and gauge the child's emotional readiness to move permanently into the adoptive placement;
2. give the family written information regarding the child's background, life history, genetic, psychological, and medical history, etc. Any information prepared by DCF

or provider staff shall be shared with the family. See Section 0315 for further information

3. inform the family of the confidential nature of any information released to them;

4. plan all pre-placement visits with prospective adoptive family, current placement resource and prospective adoptive family's social worker;

5. accompany the family to the child's place of residence for the first pre-placement visit;

6. arrange for the family to meet with the child's doctor, therapist, teacher, foster family, etc. as appropriate;

7. inform the family of the legal status of the child (The family may request that DCF forward all documents pertaining to the termination process to an attorney of their choice. The cost of this consultation is met by the family. This may be reimbursed though non-recurring adoption expenses. See Section 6200 for more information);

8. monitor the pre-placement visits, answer the child's and family's questions as the placement process progresses;

9. provide the DCF social worker with information needed to determine the child's eligibility for adoption assistance (See PPM section 6200).

5360 Procedures Related to Signing the Adoption Agreement

When the Child Welfare Case Management Provider, the adoptive family and the child, if appropriate, agree they are ready to proceed with the adoption, the Child Welfare Case Management Provider shall schedule a meeting to sign the adoptive placement agreement.

A. The Agreement to Place a Child in an Adoptive Home shall be signed in the presence of the Child Welfare Case Manager Provider.
DCF staff shall:

1. review all the information provided by the Child Welfare Case Management Provider with the family;

2. assure the family has been provided with all available information concerning the child;

3. explain to the family that adoption is a life time commitment to the child;

4. review the entire agreement with the family prior to signing;

5. sign the placement agreement;

6. inform the family of their right to request adoption assistance;

7. determine the child's eligibility for adoption assistance (see PPM section 6200);

8. negotiate the adoption assistance agreement with the family;

9. share information about ICAMA (see Section 9600).

B. The child's case shall remain open until the final decree of adoption is received that states the adoption has been finalized and the child has been released from DCF custody on the CINC case (see PPM section 5370).

5361 Roles and Responsibilities for Post-Placement Services

A. Child Welfare Case Management Provider Responsibilities

The Child Welfare Case Management Provider assumes the leadership role in planning and service delivery to child and/or adoptive family and is the primary provider of services for the child.

This includes responsibility to:

1. schedule a new case planning conference with the adoptive family , coordinating with the sponsoring CPA if involved; (see PPM section 3200 for information on holding and scheduling case planning conferences)
2. develop an Achievement Plan with the adoptive family;
3. provide a full array of services to meet the needs of the child placed in an adoptive family to assure the child's safety and well-being and promote permanency through adoption;
4. help the family resolve problems that arise as a result of the adoption, working in partnership with the sponsoring CPA, if involved. Services may include:
    a. in home family services
    b. referral to parent support groups
    c. individual or family therapy
    d. mediation
    e. parenting classes
    f. respite
5. respond to a crisis in the family within one hour and document the incident/response in the child's case record.
6. convene a staffing to assess the situation and arrive at possible solutions if problems arise which may jeopardize the placement.
7. conduct Case Planning Conferences every 170 days until the adoption is finalized;
8. meet face to face with the child and family at least monthly;

9. meet with the child alone, if the child has the verbal and cognitive ability to communicate with the case manager;

10. meet with the entire family so other children in the family are able to process to include their feelings, ideas and observations regarding the placement of the new child into the family unit;

11. assist the child in understanding the adoption process;

12. help the child understand the dynamics of the relationships in the new family;

13. assist the family in accessing services of other community agencies as needed;

14. maintain the confidentiality of the family and child as required by statutes and DCF policy. (see PPM section 0300);

15. document all contacts with family and child

.

B. DCF Responsibilities:

1. Review and approve case plans
2. Monitor services provided by the Child Welfare Case Management Provider

5362 Adoptive Placement Disruptions

The disruption of an adoptive placement shall be considered only after all efforts to preserve the placement have failed. When it appears the adoptive placement cannot be saved, a best interest staffing shall be held.

A. If it is in the best interest of the child to disrupt the placement the Child Welfare Case Management Provider shall:

1. support the child and family through the disruption;

2. locate a suitable placement for the child;

3. conduct a case planning conference to assess the current needs of the child and review the permanency plan;

4. prepare a disruption report to share with the court, therapist and DCF detailing the factors contributing to the disruption, services provided to prevent disruption, current placement and an updated plan;

5. notify the DCF social worker of the move in writing, forty-eight (48) hours advance notice if it is a planned move, or within twelve (12) hours verbally if it is an emergency move, followed by written notification within forty-eight (48) hours (Follow Notification of Moves requirements).

B. The decision to disrupt an adoption is based on a staffing team consensus. The adoptive family shall be a part of this team and the disruption shall be planned in such a

manner to minimize the trauma to the child. It should be a planned move and the child shall be informed and mentally and emotionally prepared for the move. It is the responsibility of the case manager to help the adoptive family tell the child about the move and provide the child with honest answers in a non-blaming manner.

5363 Services to Finalize the Adoption

The Child Welfare Case Management Provider, the sponsoring CPA, if involved, and family shall decide together when it is time to finalize the adoption.

A. The Child Welfare Case Management Provider shall submit a current written comprehensive report to DCF.

This report shall include:

1. the child and family's adjustment to each other;
2. copies of medical or psychological reports not previously made available;
3. the child's progress in the adoptive placement;
4. the child's preparation for finalization and understanding of the process if the child has the cogitative ability to comprehend it;
5. the identification of services needed after finalization.

B. The Child Welfare Case Management Provider is responsible for providing the DCF social worker with a current adoptive family assessment and report on the child and family's adjustment since placement. The sponsoring agency, if involved, should be consulted regarding the contents of the report.

This report and assessment shall include:

1. an updated social assessment of the family including their ability to parent this specific child;
2. the family's strength and needs;
3. a summary of the family's financial situation;
4. medical reports on parents and the adoptive child;
5. significant changes in the family's life;
6. KBI and Kansas Child Abuse and Neglect Central Registry clearances done within the past year;
7. document the family has completed MAPP or PS-MAPP, or an approved equivalent program.

This report shall be sent to DCF with a request for the Consent to Adopt.

C. DCF is responsible to:

1. review the material submitted by the Child Welfare Case Management Provider to assure it justifies issuing the Consent to Adopt and meets court requirements including completed PPS 5340, Medical and Genetic Information for Child on both parents, and all information needed to file the petition to adopt as per KSA 59-2278;
2. request in writing any additional information needed within five (5) working days from the receipt of the report;
3. confirm with the court of jurisdiction there are no appeals or other legal issues which would prevent the issuing of consent.

See Appendix 5R Checklist for Request for Consent to Adopt.

D. The DCF Regional Director or designee shall sign the Consent to Adopt within 30 days of receipt of the request, or receipt of the requested additional information.

E. The Child Welfare Case Management Provider shall:

1. deliver the Consent to Adopt to the family;
2. assure the family has the information needed to file the petition to adopt as per Kansas Rules and Regulations 59-2130, (See Appendix 5O for complete list);
3. coordinate with DCF if information needed for filing the petition is not available to the Case Management Provider

F. The file stamped date on the Journal Entry (Decree of Adoption) is the official date of finalization. When the adoption decree has been filed with the CINC Court the Secretary's custody ends and the court's jurisdiction over the child ends.

When the Child Welfare Case Management Provider receives the final decree of adoption from the adoption court, a certified copy of that decree shall be sent to the prosecutor for filing and to DCF.

5370 Post Finalization Services to the Adoptive Family

It is the responsibility of the Child Welfare Case Manager Provider to assist the family in accessing services or provide/purchase a full array of post placement services to assure the success of the adoption for the life of the contract. Services are provided to assure the stability of the adoption and are to be available to the family on an on-going, as needed, basis. The Case Management Provider and family shall develop a mutually agreed upon plan that details expectations following adoption finalization. If the child is placed in the custody of the Secretary and re-enters out of home placement during the life of the contract, the Case Management Provider shall be responsible for serving the

child and family. This includes payment of out of home placement expenses without a new referral being made to that Provider.

5371 Dissolving an Adoption

When a dissolution appears likely the Child Welfare Case Management provider shall take the lead in coordinating staffing and planning for the child. All efforts shall be made to maintain the adoption, however, if it is determined that it is in the best interest of the child to dissolve the adoption, DCF shall be involved in the decisions made.

A. Before deciding to dissolve an adoption the team shall consider:

1. what services might salvage the adoption;
2. what services the child needs after removal;
3. how best to prepare the child for the adoption dissolution;
4. what support services the adoptive family may need;
5. if relinquishment of the child directly to DCF would be appropriate.

B. If there are abuse or neglect issues, a child protective service report shall be made.

C. To dissolve a finalized adoption, DCF may accept a voluntary relinquishment from the adoptive parents after a CINC petition has been filed and the Secretary has been given custody. If the staffing team determines that it is in the best interest of the child, DCF shall request that the county or district attorney file a petition with the court to terminate parental rights. Reasonable efforts to maintain the child at home must be documented.

D. If it is within the aftercare period, the Child Welfare Case Management remains responsible for the case and no new referrals are required. The team shall work closely together to plan for terminating the placement in the least damaging way for the child and family.

The Child Welfare Case Management Provider shall:

1. plan for another placement for the child
2. hold a new case plan and provide services to the child
3. document all efforts to maintain the placement;
4. provide a full account of the services provided to the family and child;
5. provide documentation as to why parental rights should be terminated;

6. seek a new adoptive resource and notify the Adoption Exchange Provider of the need to place the child on the adoption exchange to recruit an adoptive resource, if there is no identified resource

E. Relinquishment of parental rights to DCF by an adoptive family shall require approval by the Regional Director or designee.

5400 Guardianship/Custodianship

The Child Welfare Case Management Provider shall assess if permanent custodianship or guardianship best meets the child's needs. The Case Management Provider shall also prepare the family for the responsibility associated with custodianship or guardianship including an assessment of the family's capabilities of parenting a specific child. Factors to be considered in the case planning conference when determining if an individual family might be suitable for the custodianship or guardianship of a child in DCF custody are similar to those considered when considering a relative or resource family for adoption. (See Appendix 3S).

A. The Child Welfare Case Management Provider shall:

1. complete a written family assessment,
2. complete Kansas Child Abuse and Central Registry and KBI clearances,
3. provide follow up services to the family as per the contract expectations,
4. provide any reports the court requests

B. A full array of services shall be provided to the family on an as needed basis to assure the success of the placement. Custodians or guardians, as well as other families or individuals who enter into a plan to provide care for the child until the child is 18 or graduates from high school, may need help in understanding the effects of separation, abuse and neglect. Families may need added services such as transportation, respite care, mediation, etc. in order to assure the success of the placement.

Children age 15 and older who have been receiving Children's Residential Services through the I/DD waiver while in foster care are eligible to continue to receive these services when a guardianship is granted by the court.

C. The Child Welfare Case Management Provider may request the family participate in PS-MAPP , if it is deemed that such participation would be valuable to the family. Custodians/Guardians need to be aware that such a plan means full commitment to the child and should not be agreed to without full consideration of the ramifications of such a placement to the entire family consultation.

D. The Child Welfare Case Management provider shall supply the court with all the necessary information and court reports recommending and supporting the applicants request for guardianship or custodianship.

5411 Permanent Custodianship under the Children in Need of Care

Permanent Custodianship provides the custodian and the child with the assurance the placement will not be disrupted, enables the custodian to exercise all the rights and responsibilities of a parent. All custodians are expected to provide for the child's education, support, medical care and maintenance. Changes in both state and federal statues recognize guardianship as a means of achieving permanency for a child when re-integration with the birth family or adoption is not possible.

The Kansas Code for the Care of Children (K.S.A. 38, Article 22) authorizes the juvenile court to appoint a permanent custodian. This is a judicially created relationship between the child and the caretaker, and is self-sustaining without on-going oversight or intervention. The permanent guardian stands in loco parentis and exercises all the rights and responsibilities of a parent.

If after finding the parent unfit, the court subsequently determines a compelling reason exists why it is not in the best interest of the child to terminate parental rights, the court may award permanent custodianship to an individual. For certain children with parental rights terminated the Case Management Provider may request that custodianship be awarded to a specific individual when adoption does not appear to be an option for the child.

A. Advantages of Permanent Custodianship:

1. When adoption is not the plan, custodianship provides the caretaker and the child greater assurance that the placement will not be disrupted.
2. The custodian stands in loco parentis and exercises all the rights and responsibilities of a parent without state oversight or intervention.
3. It is not necessary for parental rights to be terminated in order to achieve permanent custodianship.
4. If parental rights are not terminated, parents may remain financially responsible for the support of the child.

The child may be eligible for some post-secondary education and training benefits funded through the Education and Training Voucher Program and the Permanent Custodianship Subsidy.

B. Disadvantages of Permanent Custodianship:

1. Foster care payments and other services are lost.
2. It denies the child the rights of an adopted child.
3. If placement dissolves, a child in need of care hearing is required.
4. If the family moves to another state, the KS medical card will end. The family would need to apply on their own in the new state and meet that new state's eligibility to receive the medical card.
5. Permanent Custodianship subsidy is generally less than Adoption subsidy.

5412 Probate Guardianship

K.S.A. 59-3050 et seq. authorizes the probate court to appoint a guardian for a child. Any person may file to become a guardian of a minor child in probate court. The guardian may use the child's own resources to meet the needs of the child, including, but not limited to insurance benefits, social security, annuities, and inheritances.

Under probate guardianship the guardian is required to file an annual report to the court concerning the condition and estate of the child. The court may request other information or reports. The guardianship may be terminated upon order of the court when there is no further need for the guardianship. The court may not appoint a guardian or continue the guardianship over the objection of either parent.

A. Advantages of Probate Guardianship

1. Birth parents are not found unfit and continue to have rights and responsibilities related to their child.
2. Family relationships are not legally affected.
3. It is a good alternative for birth parents that cannot care for their child for a period of time, but may be able to do so at a later date.
4. It provides for the return of child to the birth parents through probate proceedings.
5. There is continued court oversight and guardian responsibility for annual reports to the court regarding the child and the child's estate

B. Disadvantages of Probate Guardianship

1. The child is left vulnerable to custody challenges and changes.
2. Foster care payment, the possibility of Permanent Custodianship Subsidy, and supportive services are lost.
3. It may be viewed as a lack of commitment to permanence.
4. There is continued court and/or state oversight.

5800 FACTS Child Welfare Case Management Provider Procedures

Complete screen navigation requirements for adding Child Welfare Case Management Provider information are located in the Plan Management section of the FACTS User Manual Volume II, Section 400. Codes for applicable screens in FACTS are located in the USER Manual Volume I, Section 800. The PROM screen is the only screen providers add or update. If the case plan involves a referral to a Child Welfare Case Management Provider, then information regarding that referral service action on INIT, PLAN, and RESP (as applicable to plan type) must be complete and added on the same day of referral to the provider. Otherwise, information shall be entered on INIT, PLAN and RESP (as applicable to plan type) within 5 business days from the date of occurrence, action, or agency decision regarding a child or family. Case information that is required in FACTS and which is received from outside agencies shall be entered within 5 business days of receipt of the information.

5810 Establishing Family Preservation Services for In Home as a Case Action Type

A case is coded in FACTS as a family preservation service case if DCF makes a referral to the family preservation case management. A case action service type in FACTS reflects the service action decision located in Section IV of the PPS 2030F, or other documentation of service action decisions subsequent to the initial plan for the family.

5811 Entering A Family Preservation In Home Referral into FACTS

A. All Family Preservation Service Cases

1. To reflect a family preservation referral in FACTS, the following combination of codes are entered. Enter on INIT if this a new plan, on PLAN, if the plan already exists. Enter a FP plan type for each member of household with goal type of maintaining the child in the family (MFM). On RESP, enter a service action of PR03N and source of the service as the Family Preservation Contractor (FPC) for each case member. Enter the Service Status as initiated (IN) and indicate the effective referral date from the PPS 5000.
2. When the Family Preservation Case Management has concluded their intensive/active period and are not in custody, end the service action with FPS provider conclusion date per PPS 5000A form and with "CM" status closure code. Close all other responsibilities on plan. Plan should remain open until the conclusion of the 12 month case responsibility per PPS 5000A form. If the intensive/active period is reinstated within the 12 months of the FPS referral start date per PPS 5000A form, reopen the original PR03N service action code. The

start date will not change. If in custody, leave open responsibilities and plan until Family Preservation Case Management has concluded their 12 months case responsibility.

3. If the case involves a noncompletion, the end date is when the service ended for the family per the Noncompletion of Case Plan form. Use "CM" status closure code. Close all other responsibilities and then close the plan.
4. (a) If a new Family Preservation referral has been made and the case involves a change in casehead and all children are moving to a new case, end date the PR03N responsibility under the first casehead and each child, and establish a new plan and PR03N responsibility for each individual on the new case.

   (b) If a new Family Preservation referral has been made and the case involves a change in casehead and all children are not moving to a new case, end date the PR03N responsibility of the children moving to the new casehead, and establish a new plan and PR03N responsibility for each child who moved to the new case.

B. Family Preservation Service Cases Involving Child Custody

If the FPS provider is providing services to a family with a child in DCF custody, a DCF custody only plan (SC) is established for the child. This DCF custody plan is established in addition to the above steps of recording the service action for the head of household.

C. Family Preservation Service Cases Involving a Pregnant Woman using Substances

If a family preservation referral is made to provide services to a pregnant woman using substances as per PPS 5000 form, a family plan (FP) is established for the pregnant woman. Enter the service action code of HP01N and service source code of ADS on the RESP screen. The start date is same as the date referred to family preservation. On RESP, enter a service action of PR03N and source of the service as the Family Preservation Contractor (FPC) to show the referral to family preservation. If there are other children in the family being served by the FPS provider refer to PPM section 5811A for steps on entering a family preservation referral for each child.

5812 Case Plan Activity

Services and Tasks

Enter all possible service actions located on the PPS 3050 or PPS 3051 and tasks from case planning documents that are planned, recommended, or initiated. Enter any additional services to the family that may be provided outside the FPS contract as indicated in case file documentation. Update these services as needed through the life of the case plan.

5813 Entering Pregnancy Result/Outcome

On family preservation referrals for pregnant woman using substances, a service action code of PG01N shall be entered on the RESP screen of the FP plan when pregnancy results are received per PPS 5000A form. Four service source codes shall be used with the PG01N service action code. If the results for the baby or the mother are negative for drugs, enter the service source code of NEG. If the results for the baby are positive for drugs, enter the service source code of POS. For a live birth where the mother tests positive and the baby was not tested, enter the service source code of BNT. If the pregnancy ends with a miscarriage or still birth, enter the service source code of DBA.

5820 Establishing an Out of Home Case Action Type

A foster care case action type is opened for each child referred for out of home services and remains open until custody is discharged or child has been placed at home for 6 months, whichever comes first.

5821 Entering A Foster Care Referral into FACTS

All children who have been in state custody at least 30 days regardless of goal type, must have the "Child Ever Adopted" field and "Prior Adoption Finalized Date" field completed on the ADOP screen. This is an AFCARS requirement (See PPM section 5881 for additional information).

5822 Entering Adult Case Information

On PLAN, enter an FP plan type for the Head of Household and any additional adult with goal type of reintegration (RUC).

5824 Out of Home Placement with the Reintegration/Foster Care Provider

To reflect a Reintegration/Foster Care referral for a child in FACTS, the following combination of codes is entered. Establish on INIT or update PLAN with a child custody (CC) plan for each child referred to the provider and enter reason(s) for removal located on the PPS 5110. Enter the appropriate case plan goal. On RESP, enter a service request for CM; service action of PR09N; and source of the service as the Foster Group Contractor (FGC) for each child referred. Enter the Service Status as initiated (IN) and indicate the effective referral date from the PPS 5110.

When the Child Welfare Case Management Provider closes their active service delivery, end the service action with provider closure dates and "CM" status closure code.

If DCF requested the petition to remove the child as per the PPS 5110, enter the service action code of DO01N with service source code of PSW on the RESP screen. The responsibility start date is the date the child was referred. If DCF did not request the

petition as per the PPS 5110, enter the service action code of CO01N with the service source code of CRT on the RESP screen. The responsibility start date is the date the child was referred.

5826 Entering Provider Changes On Child Information

If a contract award results in a change in Child Welfare Case Management Provider, only the provider name in the specific description field is updated. A new responsibility is not required to reflect the change in provider name for contract changes.

5831 Adding Placement Information

Enter all planned and initiated placements for a child in DCF custody on RESP. FACTS will only allow one initiated placement responsibility at a time. Placement information is located on the Acknowledgment/ Change of Placement form from the provider. Service action codes and sources entered into FACTS shall match documentation from the provider. The options for services requested in FACTS for children in agency custody are involuntary placement, emergency shelter for member, or voluntary placement if the youth is a runaway. Episodes of runaway are recorded in FACTS with the service action code of FO09N and with the service source code of SLF. Episodes of Drug and Alcohol Inpatient Treatment are recorded in FACTS as a placement with the service action code of FO02N and with the service source code of DAT. If documentation received from the provider is believed to be in error, seek resolution with the assigned worker or regional contract specialist. For each move, MACL shall be updated with child's current placement address, current school district code, and any other applicable information.

5832 Updating Placement Effective Dates

A. Moves

When a placement type ends, the status and effective date are updated. Change the status code to the applicable closure code. If a placement ends due to a move, enter "AD" as the status code. If the placement ends due to release of custody, enter "CM" as the status closure code. If the user enters "CM" as a status closure code, FACTS will require the user to enter a reason for discharge from DCF custody. The placement responsibility that the discharge reason code is entered on, SHALL be the last responsibility on the RESP screen that has data entry.

B. Changes in Provider Types

When information is received from a provider regarding a placement provider source change (e.g. family foster home to diversion foster home), no updates are made to the placement service action code (FO...) responsibility, however, update the service source code as necessary. The information also needs to be reviewed with regard to impact on IV-E Payment Eligibility. Update payment eligibility information as necessary.

5833 Services That Are Not Considered Placements

Respite care is considered a service to the placement provider, not a change in placement. If respite care is provided for a child, enter that service (PR06N) as a separate responsibility with applicable effective dates and appropriate source of that respite, such as emergency shelter (EMS), family foster home (FFH), etc. Admissions to hospitals that require inpatient acute care for medical attention or psychiatric evaluation are not considered a placement or move i.e. infant placed in DCF custody while in the hospital. Enter subsequent inpatient psychiatric evaluation settings as (MD03N/P). Enter medical hospital stays as in patient treatment (MD03N/P). Drug and Alcohol Outpatient Treatment is considered a service to the placement provider, not a change in placement. If drug and alcohol outpatient treatment is provided for a child, enter that service (OT04N) as a separate responsibility with applicable effective dates. Placements in an emergency shelter prior to agency custody is considered a protective action service (PR08N), not a placement (FO...) code.

5834 Entering Out of Home Placement End Information

The Out Of Home (OOH) End Reason and EndDt fields are enterable fields to reflect the date and reason the out of home placement has ended. When a child has been reunified with any parent, or reunified with any person defined in the Child Welfare Contract Management provider contract as a reintegration resource, indicate Reintegration (RUC) as the reason and enter the date of reintegration in the "EndDt" field. If a child is removed from home post reunification, but prior to release of DCF custody, delete the OOH end reason and date and update the PLAN screen.

When DCF has been relieved of custody for reasons of Emancipation (EMA), Guardianship/Custodianship (GUS), or Other (ex: child death) (OTH), indicate the appropriate code and enter the date of discharge in the "EndDt" field. When a child's adoption is finalized, enter (ADP) and the date of finalization.

When custody is discharged due to transfer to another agency (ex: KDOC-JS) use Transfer to Another Agency (TAA) as the reason and enter the date of discharge in the "EndDt" field.

5835 FACTS Information Regarding Placement at Home

When a child returns to a placement at home, enter FO06N service action code with start date of the date placed at home, the OOH end reason of RUC, and the OOH end date.

5837 Recording Adoption Placements

A. Placement Change Involving a Move to an Adoptive Home

If the child moves to an adoptive home at the time the adoptive placement agreement is signed, enter the placement service action on RESP as trial adoptive home (FO08N). Enter the service requested as IP; source is family foster home or relative as indicated. If the adoptive placement agreement is with an new resource family, use the service source code of ADH. Initiate the service with the effective date of the adoption placement agreement; and link the family foster provider, relative, or new resource family to a provider number. Update the child's placement information and school district on MACL.

B. Adoptive Placement Agreement with Current Provider

If the child's current provider becomes the adoptive placement, do not show a separate responsibility start and end period for this adoptive placement. When the current provider becomes the adoptive placement, update the service action code for that placement to FO08N and do not change the effective date to the date indicated on the adoption placement agreement. In these instances, the provider should already be linked to a provider number and there is no requirement to change or update the provider link at this point in the child's case.

C. Disruptions That Do Not Involve a Change in Placement

If an adoption disrupts prior to finalization or is never finalized with a current placement provider, change the placement service action from FO08N (pre adoptive placement) to a relative or family foster home service action and update effective dates to reflect the dates this status changed. Assure that the provider number is linked to a relative or family foster home, not adoptive home. End any adoption subsidy service actions and amounts of subsidy on ADOP. Enter an "S" in the Adoption Monthly Subsidy Ind field to identify the subsidy has stopped. The end date of subsidy on ADOP in this circumstance is the date of disruption.

D. Disruptions That Involve A Change In Placement

If the child moves in association with the adoption disruption, end the current placement service action with the date of disruption and start a new placement as indicated in case documents. Update the necessary fields, such as adoption agreement date, monthly subsidy amount, etc., on the ADOP screen with any new information.

5838 Entering Information Regarding Finalization

A. Placement Information

When the adoption decree is received, update only these data fields: change service source to adoptive home (ADH), and link the provider to an ADH provider number.

B. Adoption Information

On ADOP, enter the file stamp date on the Journal Entry (Adoption Decree) as the adoption finalization date and enter any adoption reimbursement amounts for non-recurring expenses.

C. Adoptive Family Structure Code

For AFCARS reporting, the family structure code of the adoptive placement must be entered. For public adoptions, link the ADH provider with the adoptive placement responsibility (FO08N) to secure family structure code. For private adoptions, link the ADH with the AO05N responsibility.

D. Entering Custody Discharge Information

End the adoptive placement with a responsibility status closure code of "CM", reason of "AP" and effective date of the date DCF is released from custody. For the release of custody date, use the file stamp date on the Journal Entry (Adoption Decree). Close any remaining open case plan service actions and court activity with the date the child was discharged from custody (file stamp date on the Journal Entry (Adoption Decree). The placement responsibility that the "AP" discharge reason code is entered on, SHALL be the last responsibility on the RESP screen that has data entry. Change the child's placement type to "R" for residence on MACL, and close out plans. Close the child's case or remove the child from the open case, if there are other siblings being served on that current case number. If the child is removed from the case number, the reason left code on MACL is adoption "ADP" with the date that child was discharged from custody.

5840 Service Actions as Outcome Indicators

A. For children adjudicated as a juvenile offender:

To indicate a child has been adjudicated as a juvenile offender as reported on forms PPS 3052, PPS 5110 or PPS 7000, initiate (IN) the service action code of AD01N with the service source code of CRT and service request code of CM on the RESP screen. The start date is date child was adjudicated as a juvenile offender and the end date is when child is no longer a juvenile offender or when plan ends, whichever comes first. This is a NYTD requirement.

B. For children with siblings in out of home placement

All siblings listed in Section V of PPS 5120 form shall have their sibling responsibility information on their respective RESP screen checked to determine if updates and/or corrections are needed.

To indicate a child has a sibling in out of home placement and is placed with at least one sibling, initiate (IN) the service action code SI01N with service source code FAM and service request code CM on the RESP screen per notification of change of placement. In the description, type the name of the sibling with whom the child is placed. The start date is the date placement with the sibling started. The end date is the date placement ended with the sibling or the date out of home placement ends, whichever comes first. Use status closure code "CM".

To indicate a child has a sibling in out of home placement and is not placed with at least one sibling, initiate (IN) the service action code SI02N with service source code FAM and service request code CM on the RESP screen per notification of change of placement. The start date is the date placement with the sibling ended. The end date is the date the out of home placement ended or the date a placement with a sibling starts, whichever comes first. Use status closure code "CM".

C. For children of school age and in out of home placement

To indicate that a child is attending the same school as prior to removal, initiate (IN) the service action code SC01N with service source code SCL and service request code CM on the RESP screen per notification of change of placement . If child age 6 or over (or in 1st thru 12th grade) and there is no SC01N, it is assumed the child is not attending the same school as prior to removal. Start date is the date the child's same school attendance begins. The end date is the date out of home placement ends or the date the child is no longer meeting the same school criteria, whichever comes first. Use status closure code "CM".

D. For youth receiving Independent Living Services:

To indicate a youth is receiving independent living services as indicated on forms PPS 3057 or PPS 7000, initiate (IN) all independent living service action code(s) (IL01N through IL15N) with the service source code of INL and service request code of 'IL' on the RESP screen. The start date is the date of the case plan and the end date is date when youth is no longer receiving independent living service or when plan ends, whichever comes first. The independent living codes can be used on the following plan types: FP, SC, CC, RC, EC, and SS. These codes shall only be used for youth age 15 and older. This is a NYTD requirement.

5851 Entering Placement Descriptions

Each responsibility has a field for a short description of the provider. For facility locations, enter the facility name as it appears on the DCF residential rate sheet. Non facility placements are entered in the following text manner:

<Last Name, First Female/Male>

Enter as many characters that will fit in the field space.

5852 Linking Provider Information

Types of Providers

Each family foster home, relative and adoptive provider shall be linked to a specific provider identification number. Linking providers to a unique ID numbers is an AFCARS requirement. For each of these three placement types, flow to the provider listing (PRLS), select desired provider, and return to RESP to update and process the placement service action with the provider ID linked to the placement type. If a provider is not listed in PRLS, they need to be added. Information on how to add providers to FACTS is found in the FACTS User Manual volume II, Section 600 Provider Maintenance.

Provider Maintenance

For each of the three provider types above, a PROM screen shall be entered and updated by the Child Welfare Contract Management Provider as needed. Race, ethnicity, gender, date of birth, and family structure codes are AFCARS requirements and mandatory fields for completion.

5861 Entering Review Dates

See PPM 3812 for information on entering review dates

5862 Entering Case Plan Participation

Persons in Attendance

Add or update COLL with names of all case plan participants associated to this case. Collaterals established as case plan participants on this case will populate onto SESS. To search for a collateral already known to the system, utilize COLS.

Completed Conferences

All case plan conferences shall be entered on SESS. To view a list of all case plan conferences for a family, utilize the SELS screen. The SESS screen is completed on the case, not each child. If multiple children are on a case, only one SESS screen needs to be completed.

5863 Permanency Goals

Case plan goal information in FACTS shall match case planning documentation. Enter an initial permanency goal, and update this goal as required through the life of a case as indicated on the PPS 3050 and PPS 3051. Applicable permanency goals include maintain with family (MFM), reintegration (RUC), adoption (ADP), custodianship/guardianship with a non-relative (GUS), custodianship/guardianship with a relative (GRL), and Other Planned Permanency Living Arrangement-OPPLA (EMA).

5864 Case Plan Tasks

Enter all service actions located on the PPS 3050, PPS 3051 and tasks from other case planning documents that are planned, recommended, or initiated. Enter any additional services to the adults of children that may be provided outside the foster care contract as indicated in case file documentation. Update these services as needed through the life of the case plan.

5871 Adding Court Hearings

The CORT screen shall be completed for each child with a child custody (CC) plan, DCF custody only (SC) plan and Emancipation Custody plan (EC). Add court information and update each type of court hearing involving the child. The next hearing date field shall only contain actual hearing dates. In the reason field for each hearing, indicate whether the proceeding was contested/adversarial (AV), or stipulated/relinquished (RL). If parental rights are terminated, MACL and ADOP shall be updated.

5872 Entering Court Activity for Parental Right Termination hearings

When parental rights are terminated (PRT) by the court, enter the actual date of the PRT hearing or the date of judge's decision on the child's MACL screen. If a parent voluntarily relinquishes their parental rights, enter the date DCF accepted the relinquishment on the child's MACL screen. If a child's parent is deceased, enter the date of death in the respective parent's date of death field on child's MACL screen. When both parental rights have been terminated, add a new adjudication code of CP (CINC-PRT) and the adjudication date as the date that the last parent was PRT/REL on

CORT. The CORT screen must be successfully added prior to accessing adoption information for the child on ADOP in FACTS.

5873 Entering Change of Venue

If there is change of venue for a case, end custody on the first court case number and add a new CORT screen with new court case number and all previous court hearing type information. In order to close a case, all court hearing information must have end dates.

5880 Entering Other Services

If a child receives a Kan Be Healthy screening, enter a service action code of MD01N and indicate Kan Be Healthy in the description field. If the child is appointed an education advocate, enter a service action code of ED08N. For youth who have graduated from high school or completed their GED, enter the service action code of ED04N and date of GED completion or date of graduation. A complete list of codes to match services that a child or youth may receive is located in the User Manual and should be reviewed to determine if case planning or case management activities need to be entered into FACTS.

If a child is placed on the Adoption Exchange and documented on the PPS 5310, enter the service action code of AO06N along with the service source code of ADC on the RESP screen. The start date of the AO06N service action code will be the date listed in the “Today’s Date” field on the PPS 5310. The end date of the AO06N service action code will be the date listed on the PPS 5315 if case is closed, or the date the child is discharged from DCF custody, whichever comes first.

5881 Adoption Circumstance Information

A. Enter the date of the placement from the adoption placement agreement on the "adoption agreement date” field on ADOP.

For AFCARS element 16, the "Child Ever Adopted" field and "Prior Adoption Finalized Date" field must be completed on all children who have been in state custody at least 30 days regardless of goal type. On the "Child Ever Adopted" field on ADOP, enter a value of "Y" (Yes), "N" (No) or "U" (Unable to Determine) within 30 days of custody start date. If there have been any previous finalized adoptions for the child, enter "Y" in the "Child Ever Adopted" field and the finalization date of the previous adoption in the "Prior Adoption Finalized Date" field. If there has not been a previous finalized adoption, enter "N" and leave the "Prior Adoption Finalized Date" field blank. Enter "U" in the "Child Ever Adopted" field only if the child has been abandoned or the child's parents are otherwise not available to provide the information. All children in the custody of DCF at the time the adoption is finalized shall be coded as placed by a public agency (PUA). Indicate from where the adoption was received. Most adoptions of children in DCF

custody will be received from within the state (WIS); however, if a child in DCF custody was ever previously adopted from another country or another state, use the code for another country (ANC) or for another state (ANS) regardless of most recent custody locale. If a child has been adopted before, enter the prior finalization date on ADOP. The relationship of the adoptive parent to the child - step parent "S", relative "R", foster parent "F", foster parent and relative "B", step parent and relative "C", or other "O" shall be recorded. If the relationship of the adoptive parent to the child is both foster parent and relative, enter the code "B". If the relationship of the adoptive parent to the child is both step parent and relative, enter the code "C".

B. Birth Parent Information

Verify accuracy of the parental rights termination dates that migrate from MACL. Father and mother's year of birth and mother's marital status at the time of the child's birth are AFCARS requirements and must be completed. If one or both parents are unknown, leave the appropriate year of birth field blank.

C. Financial Information

Indicate "Y" or "N" in the adoption subsidy indicator regarding whether or not the adoptive parent receives a cash subsidy. Indicate "Y" or "N" whether that cash subsidy is funded through Title IV-E. Do not enter adoption reimbursement amounts until information regarding the adoption is finalized.

D. Special Needs

If a child is identified to have special needs related to the adoption, enter all applicable codes for these special needs onto ADOP with the primary special need listed first. Information regarding these special needs, including the primary special need, can be located on the PPS 6115 Eligibility for Adoption Subsidy form. When special needs related to adoption involve a diagnosed disability, these disabilities shall be entered onto the child's MACL screen. Specifically, the special needs from ADOP that require a disability be entered on MACL are: Emotional disability (EMD; Medical Condition (MEC); Mental disability (MED); or Physical Disability (PHD). For the special need of Guarded Prognosis, use the special needs code of GRD. For the special need of Developmental Disability use the special needs code of MEC.

E. Entering Information on Private Adoptions

If a child is released from DCF custody by the judge to facilitate a private adoption, on the RESP screen end the placement with a responsibility status closure code of "CM", reason of "AP" and the date of discharge from DCF custody. The placement responsibility that the discharge reason code is entered on, SHALL be the last responsibility on the RESP screen that has data entry. On the ADOP screen, the finalization date will be the same as the date of discharge. If there has not been an adoptive placement agreement the date will be the same as the date of discharge. For

adoption placed by, enter PRA for private agency to assure no public adoption is recorded for AFCARS.

F. Private Adoption Plans

States are required to report private adoptions in AFCARS for each child not in state custody who receive adoption assistance from the state. This plan type affects AFCARS requirements. Enter a private adoption plan type (PA) for children not in state custody and for whom the agency is providing adoption assistance in the form of either non-recurring expenses or ongoing subsidy. Open the case with adoptive parents and child(ren) with an event and presenting situation code as NCN. Establish relationships on RELS and open an initial (INIT) PA plan type on each child receiving subsidy. The relationship of adoptive parent (AM) and adopted child (AC) shall be recorded. Do not enter a review date. The Plan Start date is the date on the adoption assistance agreement. Initiate a AO05(N/P) service action code per PPM 6320, depending on type of subsidy. On RESP, link a provider type of ADH to the AO05(N/P) service action code. If a court case number is available, it may be entered. If not, ADOP can be accessed by selecting (S) the court case on the screen, and flowing directly to ADOP. On ADOP, enter adoption information.

G. Adoptions from Other States

When Kansas is the receiving state in an adoption from another state and DCF's sole responsibility as an agency is to issue a medical card, no FACTS is established.

5891 Basic Eligibility

The start date of a child's basic eligibility for Title IV-E is located on the MACL screen. This information migrates from KAECSES and is not entered into FACTS by users.

5892 Payment Eligibility

Payment eligibility is an AFCARS requirement. An eligibility segment, known as an EP segment in FACTS, shall be entered into FACTS for every child in an out of home placement.

A. Plan Types and Eligibility Determination

Children in an out of home placement are on either an SC, CC or EC plan.

When a GA Eligible youth moves from a CC plan type to an EC case plan type, continue the GA01N EP segments on the EC plan. A IV-E basic eligible youth age 18 and older (AF01N and AG01N) will continue on a CC plan type until age 19. Upon the youth's 19th birthday, they will be moved to an EC case plan.

B. Adding, Ending, and Changing EP Segments

Eligibility (EP Segments) shall be entered or updated within 5 working days of the youth in the custody of the Secretary entering out of home placement or having a change in placement which affects eligibility.

1. Adding an EP Segment - Each change in payment eligibility shall have a separate service request responsibility entered onto the RESP screen. Effective dates for payment eligibility shall not overlap. (There is one exception: when client is GA eligible and has SSI there are two EP segments opened at the same time. See section C.2.b) Enter the date the new payment eligibility took effect. The end date is the day before the next eligibility segment start date.

Entry of the Eligibility for Payment segment (EP) on RESP:

Enter the EP segment as indicated below:

ServReg = EP

AchDate = 6 month from EffDate

Service Action = 5 digit code to identify payment eligibility (See further discussion in Section B.)

Service Source = 3 digit code to identify primary reason for client's payment eligibility (See further discussion in Section B)

SpecDesc = Description reason for service source

RespStatus = IN

EffDate = Date new payment eligibility took affect

2. Ending an EP Segment - Eligibility segments (EP Segments) for foster care shall end when the child returns to a parent, whether or not if custody continues. If the child returns to the specified relative removal home, the EP Segment shall end.

To End an EP Segment:

EffDate = Enter day before next action occurred.

RespStatus = CM

3. Changing an EP Segment - If dates for a specific payment eligibility responsibility are entered in error, delete the responsibility and enter the correct information on a new responsibility.

C. Types of Eligibility

1. Pending Eligibility

Cases where eligibility is to be determined enter:

Service Action code: GA01N

Service Source code: PEN

2. GA Basic Eligible

a. GA Basic Only - If a child does not meet all basic IV-E eligibility requirements enter:

Service Action code: GA01N

Service Source code options: There are nine (9) code options to be used with GA01N to indicate the reason the case is GA. They shall be used in the following order of priority:

1. CTW: No judicial finding of contrary to the welfare in the initial JE
2. CTP: Contrary to the welfare finding on the wrong removal home
3. CTR: Contrary to the welfare finding was made, but the child remained in the home
4. CTH: Child home over 6 months and no contrary to the welfare finding when returned to foster care
5. NRI The initial custody and removal order lacks reasonable efforts language and the child is not eligible due to excess income or resources

6. NRD: The initial custody and removal order lacks reasonable efforts language and the child is not eligible due to no initial deprivation
7. EIR: Not eligible due to excess income or resources in the removal home
8. NDP: State only due to no initial deprivation, or no removal, or has not lived with a specified relative in the previous 6 months
9. GAB: Other reasons why the youth is GA only.

b. GA Basic with SSI

GA basic eligible children who are in the custody of the Secretary and receive SSI benefits require 2 EP segments entered on the RESP Screen. The first EP segment indicates the reason the youth is GA basic eligible (GA01N and one of the above service source codes (1-9). The second EP segment shall be coded GA01N SSI indicating the youth receives SSI benefits, regardless of the payee.

3. AF Basic Eligible

a. AF Basic and IV-E Payment Eligible:

The child meets IV-E basic eligibility and all IV-E payment eligibility requirements, enter:

Service Action code: AF01N

Service Source code: AFP

b. AF Basic Eligible, but not IV-E Payment Eligible:

The child meets AF basic eligibility, but is not IV-E payment eligible, enter:

Service Action code: AG01N

Service Source code: There are eleven (11) Service Source codes that can be used with AG01N and they shall be used in the following order of priority indicating the reason the child is payment ineligible:

1. SSI: Eligible for SSI, regardless of who is payee
2. NIR: Journal Entry lacks Reasonable Efforts judicial language in the Initial Custody and Removal Order
3. NOR: No continuing reasonable efforts judicial language as required every 12 months
4. NOS: Judge found the State did not make reasonable efforts
5. ULR: Placement with an unlicensed relative
6. UNP: Placement in an unlicensed non-related person
7. TMP: Placement in a temporary license
8. IPL: Placement not IV-E Eligible such a Juvenile Detention, Juvenile Correctional Facility (JCF), Psychiatric Residential Treatment Facility (PRTF) or public ran group home over 25 beds.
9. AWL: AWOL from placement
10. AGE: The youth,18 or older, is on a CC or EC case plan and is no longer eligible for IV-E funds
11. AGI: The youth, 18 or older, is on a CC or EC case plan and is no longer eligible for IV-E funds, but receives SSI.

5900 Eligibility and Payment Procedures for Out of Home Program and Services

This section explains the criteria for and the process of determining Medicaid and foster care benefits under Title IV-E of the Social Security act for children who have entered either the Secretary's or the custody of the Commissioner's for out of home care.

For children, determined eligible for Title IV-E funding, the state may claim reimbursement for a portion of the child's maintenance costs while in out of home placement. Title IV-E funds also helps to support staff trainings and administrative costs. For children not determined eligible for Title IV-E funding, the cost of care is supported with State General Funds without federal reimbursement.

Children who are in the custody of the state and in an eligible placement are categorically eligible for Medicaid.

5901 DCF Children and Family Services Responsibilities

Eligibility and payment responsibilities include:

A. Initial determination of eligibility for either GA Foster Care or Title VI-E Foster Care
B. Redetermination of Title IV-E Foster Care eligibility
C. Initial and ongoing Medicaid eligibility determinations while in out of home care
D. Applying to be payee of a child's benefits; i.e. SSI, SSA, VA, Railroad, etc.
E. Maintenance of the WARDS accounts
F. Maintain documentation for all eligibility and payment activities
G. Closing Foster Care and Medicaid Cases in KAECSES when the child leaves out of home care
H. Closing EP segment in FACTS when the child leaves out of home care
I. Desk reviews at closure

5902 Eligibility Determinations

A determination of foster care eligibility funding source and Medicaid eligibility shall be completed as part of the referral process. A medical card shall be issued. The following is the documentation needed to complete eligibility determinations:

A. Journal Entry awarding DCF custody and ordering removal from the home.
B. Form PPS 5410A (IV-E Eligibility Determination).

C. The Petition or Complaint initiating state custody

5903 Payment to the Child Welfare Case Management Provider of Out of Home Services

Payments to the Child Welfare Case Management Provider of out of home services are made by Prevention and Protection Services Division. New referral information is entered into FACTS by DCF staff which is then downloaded into SCRIPTS by PPS. The referral in SCRIPTS initiates payments.

Child Welfare Case Management Provider of out of home services are paid monthly. All services provided, including services provided by Child Welfare Case Management Provider subcontractors, are submitted as encounter data on a monthly basis.

A. Ongoing Payments

Child Welfare Case Management Providers reconcile their system against a report they run in eScripts of children in placement on the last day of the previous month. Any corrections needed to eScripts are made by the Provider. Child Welfare Case Management Providers send a confirmation e-mail to DCF/PPS Administration by 6 p.m. on the 2nd business day of the month to assure that the payment-eligible clients in eScripts match their system. After payments are issued, a report identifying children for whom a monthly payment was made is e-mailed to the Child Welfare Case Management Provider.

Except new referral information, which is entered by DCF staff into FACTS, Child Welfare Case Management Providers data enter additional information into eScripts. Such information can consist of, but is not limited to, corrections in the client's name, date of birth, or Social Security Number; additions of permanency dates and referral end dates. Regional DCF Offices monitor the information in eScripts against their own tracking systems and reports generated from SCRIPTS or eScripts for their use.

B. Encounter Data

Encounter data for all services provided during the previous month to each child is due on the 10th of each month; subcontractor data is included. Should the 10th fall on a weekend or holiday, the encounter data is due on the next working day.

PPS reviews encounter data for accuracy and to ensure only contract required placements and services are reported. Documentation of these encounters is noted in the child's case record. Encounter data with errors are to be corrected by the next month's submission. Encounter Data not corrected each month appears on a pending error report distributed at the end of the following month.

C. Placement Rates

PPS shall review the amount of the payments made for foster care maintenance to assure continued appropriateness.

5910 Overview of the Title IV-E Program

Title IV-E payments are an individual entitlement for eligible children placed in state custody and out-of-home care either by the Department for Children and Families (DCF) or by the Kansas Department of Corrections - Juvenile Services (KDOC-JS).

The Title IV-E foster care maintenance program is based on Title IV-A, Part A, of the Social Security Act as the program was in effect in Kansas on July 16, 1996. Children's eligibility for IV-E payments is based upon the AFDC relatedness criteria that was in effect in Kansas on July 16, 1996. IV-E eligibility is not based on the Temporary Assistance for Families Program (TAF) criteria which replaced the AFDC program under Welfare Reform.

A. Reimbursable Activities
Through Title IV-E, the federal government shares in the cost of:

1. Foster Care Maintenance:
   Maintenance costs are the costs associated with maintaining the child in out-of-home care. These costs include the room/board and other supervision costs, including child care, for Kansas Department of Health and Environment licensed/approved foster parents, child care institutions, shelter care, and group homes.
2. Administrative Services:
   Administrative costs are incurred when working with the child, the child's family, and the care provider. Staff shall complete the REST or RMTS survey when sampled. Staff shall refer to the description of the activity and program codes to ensure the coding accurately reflects the activity/service they provided at the time of sampling.
3. Training:
   IV-E training costs are the costs of training people who work with the child, including resource parents and those who administer the foster care system for the child.
4. Candidates for Care:
   Candidates for Care are children receiving in home services and determined to be at imminent risk of removal from the home. Title IV-E provides reimbursement of some administrative activities for these children. The DCF social worker shall determine the child is a candidate for care by reviewing the case plan and documenting it on the PPS 3050C. Eligible administrative activities are documented through the REST or RMTS process.

B. IV-E Basic and Payment Eligibility
An eligible child enables the State to collect Title IV-E funds in two ways:

1. IV-E Basic Eligibility:
   The determination of IV-E basic eligibility qualifies the State to obtain IV-E reimbursement for administrative and training costs associated with the child.
2. IV-E Payment Eligibility:
   The determination of IV-E payment eligibility qualifies the State to also obtain IV-E reimbursement for maintenance costs (board and care) associated with the child.

   A child must first be determined IV-E basic eligible in order to be determined IV-E payment eligible. Initial basic eligibility is based on information obtained when the child first enters out-of-home care and into custody of the State. If a child is determined not eligible for basic eligibility, the child is ineligible for the duration of the custody episode for both IV-E basic eligibility and payment eligibility. A custody episode begins when the State initiates custody and OOH placement begins, and ends when the State's custody terminates. A new custody episode occurs when a child re-enters foster care following release of custody, following six months at home with continuous custody or following six months on run status with continuous custody. See Section 3251(C) for information on trial home placements.

5911 Documentation for IV-E Determination

Documentation of IV-E eligibility determination decisions shall meet the 'prudent person' standard. The prudent person standard requires a prudent person would concur that the case meets IV-E requirements.

A child shall be made IV-E eligible if the worker has adequate facts which clearly support that a prudent person would determine the child meets IV-E eligibility criteria. If the worker has reasonable doubt about whether the child is eligible, the child shall be made ineligible or pending determination while additional information is pursued. Case forms, court orders and computer screen print-outs which document a child's eligibility shall be included in the foster care eligibility section of the financial section of the child's case file. Documentation of IV-E eligibility may be in another case file (i.e., court file, administrative case review file, etc.) but it must also be in the foster care eligibility section of the child's case file. Information obtained from conversations with persons knowledgeable about the child (i.e., relatives, the case manager, etc.) must be documented on the case log.

A. Initial IV-E Basic Eligibility Criteria

Basic Eligibility Period
A child who meets all of the eligibility criteria in this section, Section 5911, is IV-E basic eligible. Title IV-E basic eligibility is determined each time a child comes into State custody and is removed from the home (episode of care). If a child is determined

initially as IV-E basic eligible, the child continues to be IV-E basic eligible, except as indicated in 5914 of this manual. If a child is not eligible for initial basic eligibility, the child cannot be IV-E basic or payment eligible at any time during the custody episode.

The basic eligibility effective date is the first day of the month in which all of the eligibility criteria are met. A child who is IV-E basic eligible during any part of the month is basic eligible for the entire month.

B. IV-E Basic Eligibility Judicial Requirements

1. Court Order Custody

a. In order for a child to be IV-E basic eligible, there shall be a court order establishing the state agency has custody of the child.

b. For a child to be IV-E basic eligible, the initial court order must include a statement that continuation in the home would be contrary to the welfare of the child or that removal is in the "best interest" of the child, or words to that effect (per 45 CFR 1356.21). See Section 5912 A for initial removal order judicial determination requirements.

c. On occasion, a child may be adjudicated as a juvenile offender and placed in an out-of-home placement in KDOC custody pursuant to a juvenile offender court order. In this instance, the child may be determined to have IV-E basic eligibility if the initial court order includes a statement that continuation in the home would be contrary to the welfare of the child or that removal is in the best interest of the child, or words to that effect.

Affidavits or nunc pro tunc orders are not accepted for meeting the contrary to welfare or best interest judicial language requirement. This requirement is effective on and after March 27, 2000.

d. Court orders referencing the State law are not accepted for meeting the contrary to welfare or best interest judicial language requirement. This requirement is effective on and after March 27, 2000.

2. Relinquishment of Parental Rights

A child placed in a foster home without court action, due to a parent voluntarily relinquishing parental rights to the State, may only be IV-E basic eligible if the initial court order is received within six months of the relinquishment which must include the contrary to welfare or best interest judicial language.

C. IV-E Basic Eligibility - AFDC Relatedness, General Information

To be IV-E basic eligible, a child must meet the AFDC relatedness criteria during the eligibility month.

1. Eligibility Month

a. AFDC relatedness, assessment of income, resources, and deprivation factor in the removal home, must be assessed based upon information during the eligibility month.

b. The eligibility month is the month of the initiation of court proceedings that led to the removal of the child. An example of the initiation of court proceedings is typically a petition or complaint which results in the removal of the child.

c. The date the child entered out-of-home placement does not necessarily define the eligibility month. The date a child was removed or was placed in out-of-home care may be different than the date of the actual petition or initial custody order. As stated above, it is the month of the initiation of court proceedings that led to the child's removal, not the date of the removal or placement that defines the eligibility month.

d. In rare circumstances the petition or complaint may be filed more than six months prior to the state being awarded custody and the subsequent removal of the child. In these situations, the eligibility month is the month of physical removal.

2. Determination of AFDC Relatedness

For a child to meet initial IV-E basic eligibility, the child must meet the AFDC relatedness criteria applicable to the Title IV-E program. These criteria include: age, citizenship, lived with a specified relative/removal, deprivation, and met financial need (income and resources).

The federal IV-E program requirement for AFDC relatedness states that a child meets AFDC relatedness if one of the following two conditions is met:

a. The child lived with a specified relative and would have received AFDC in the eligibility month, or in any of the six months prior to the eligibility month if an AFDC application had been made; or

b. The child was removed from a home, other than a specified relative, but had lived with a specified relative at some point within six months prior to the eligibility month and would have received AFDC in that home had an application been made.

D. IV-E Basic Eligibility - AFDC Relatedness; Age

To be IV-E basic eligible, the child must be either under age 18 or, between age 18 and 19, and in secondary school or training full time, and expected to complete the schooling or training before turning age 19. IV-E basic eligibility always discontinues when the child reaches age 19.

IV-E basic eligibility ends the month of the child's 18th birthday, end of the month of graduation or end of the month in which the child is not in school full time or end of the month of the child's 19th birthday.

E. IV-E Basic Eligibility AFDC Relatedness Citizenship

To be IV-E basic eligible, the child must be either a United States citizen by birth or naturalization, or legally admitted for permanent residence in the United States. The U.S. citizenship of the child follows that of his U.S. citizen parent(s) or is established by being born in this country. Permanent legal resident status can be verified by the alien registration card designated as form I-94. Children who are in the U.S. under a visitor's or tourist's visa or under a student arrangement are not eligible for Title IV-E.

F. IV-E Basic Eligibility - AFDC Relatedness; Specified Relative/Removal

For a child to meet initial IV-E basic eligibility, the child must have lived with a parent or specified relative during the eligibility month, or within any of the six months prior to the eligibility month. The specified relative with whom the child most recently lived during the eligibility month or within six months prior to the eligibility month, is considered the relative from whom the child was removed.

1. The definition of Specified Relative includes any of the following:
    a. Father, mother, brother, sister, uncle, aunt, first cousin, child of a first cousin, nephew, or niece
    b. Relationships to persons listed above of preceding generations denoted by prefixes of grand, great or great-great are within this definition
    c. The parental relationship can be birth, adoptive or step. The sibling and grandparent relationships can also be birth, adoptive, step, or half; and
    d. Spouses of any persons named in the above groups are within the scope of these provisions, even though the marriage is terminated by death or divorce
2. Living with a specified relative is met if a newborn child is placed in the State's care and custody directly from its birthplace in a hospital or following birth to an incarcerated prisoner.
3. Identifying the correct specified relative home where the child lived and was considered removed from is critical for two very important reasons:
    a. it identifies the removal home, and
    b. it determines the AFDC group members.
4. Determining the Removal Home

To meet initial IV-E basic eligibility a child must be in DCF or KDOC custody and have been removed from the home. The worker must determine the home from which the child is considered removed. There are two types of removal when determining the removal home; physical and constructive removal.

The removal home is the Home addressed in the judicial determinations.

a. Physical removal occurs when the agency has physically removed the child from the home of a parent or specified relative. When a child is physically removed from the home of a non-parent specified relative, the

judicial determinations of contrary to the welfare and initial reasonable efforts are required to be regarding the circumstances in the home of the non-parent specified relative. If the judicial determinations are not about the circumstances of the home of the non- parent specified relative, the removal home must be considered to be the parent the child most recently, within six months of removal, lived with.

b. Constructive removal is considered "paper removal": the agency has obtained custody of the child, but the agency did not physically remove the child from the home of a specified relative, however the child lived with a different specified relative within six months of the eligibility month (per 45 CFR 1356.21).

The specified relative criteria and removal requirement are inter-related in that the specified relative with whom the child most recently lived (during the eligibility month or within six months prior to the eligibility month) is considered the relative from whom the child was removed; this is considered the removal home.

There are five types of scenarios for meeting the living with specified relative and removal criteria:

i. The child was removed from a specified relative at the time the agency initiated custody (eligibility month) and placed the child in out-of-home care. Removal home is the home of the specified relative from which the agency removed the child.

ii. State removed the child from a non- specified relative but the child did live with a specified relative within six months prior to the agency initiating custody (eligibility month.

Removal home is the home of the most recent specified relative where the child resided within the six months prior to the eligibility month.

iii. At the time of initiating custody the State leaves the child in the home of a non-parent specified relative but the child lived with a different specified relative within six months of the petition or initiating custody (eligibility month.

Removal home is the home of the most recent specified relative, where the child resided within six months prior to the eligibility month.

iv. Child has been living with the same specified relative for over six months prior to the State initiating custody (petition). The state obtains custody of the child and leaves the child in the home of that specified relative but the agency removes the child at a later date within six months after the petition or initiating custody (eligibility month).

Removal home is the specified relative home with whom the child lived prior to, during and after the eligibility month at the time agency physically removed the child (within six months after the eligibility month).

If the agency did not remove the child within six months after the eligibility month (state receives custody at the time of the petition) the child could not be IV-E basic eligible until the child re-entered State placement and custody and a new initial IV-E eligibility determination was conducted.

v. State removed the child from a non-parent specified relative and the judicial determinations of contrary to the welfare and reasonable efforts are regarding the circumstances of the non-parent specified relative OR about the parent with whom the child most recently (within six months), lived.

Removal home is the Home addressed in the judicial determinations. If a finalized adoption disrupts and the child returns to out-of-home placement and agency custody, the adoptive family is the removal home and the adoptive family's income and resources shall be considered.

5. Determining the AFDC Group

The AFDC group is the grouping of persons from the removal home whose income and resources must be considered in determining if the child meets the financial need: income and resources criteria for AFDC relatedness.

If the child was removed from the parent's home, the AFDC group would include any of the following individuals residing in the home at the time of removal:

a. Birth or Adoptive parents,

b. Child in custody, and

c. Any minor siblings (birth, adoptive or half) of the child in custody.

If the child was legally removed from the home of a specified relative other than the parent(s), the AFDC group would include any of the following individuals residing in the home at the time of removal:

a. Child in custody, and

b. Any minor siblings (birth, adoptive or half) of the child in custody, who were living in removal home at the time of the child's removal.

Any household members receiving SSI benefits are not counted as a member of the AFDC group, unless the household member is the child in custody. In addition, the SSI benefits and any other income or resources of the SSI recipient are not counted in determining financial need. (Financial need is covered in section 5911.) If the child in custody is in receipt of SSI, count the child in the AFDC group size but the child's income and resources are not counted in determining financial need.

If the child, whose eligibility is being determined, is receiving adoption assistance, do not count the child's income and resources when determining financial need; however, count the child as a member in the AFDC group size.

Any adoptive sibling to the child being removed receiving adoption assistance; do not count the sibling's income and resources and do not count the sibling as a member of the AFDC group size.

G. IV-E Basic Eligibility - AFDC Relatedness, Deprivation

Deprivation means that the child is deprived of the support of one or both parents (married or unmarried, if paternity is established). This information may be verified by statements from family members, DCF social worker, or KDOC case manager's observation and documented in the case log, or from information obtained from available systems. Deprivation exists for the entire month in which it occurs. For a child to be IV-E basic eligible, the child must be deprived of the support of either one, or both parents in the removal home due to one of the following circumstances:

1. Death
2. Separation:

One of the parents is not living in the same house.

3. Divorce:

One of the parents is not living in the same house.

4. Absent Parent:

One of the parents is continually absence from the home where the child resides.

A deployed parent serving in U.S. Armed Forces is considered a part of the household for consideration of deprivation as required by Title IV-E Foster Care Maintenance requirements. The deployed parent is included in the AFDC group size. Any income received by the residential parent from the deployed parent is considered earned income to the household.

5. Institutionalized/Incarcerated:

One of the parents is in an institution or incarcerated.

6. Incapacitated or Disabled:

The parent must be determined to be disabled or incapacitated for at least 30 days by means of competent medical testimony. If the parent(s) is receiving SSI or SSA (Social Security) payments because of disability or blindness, the incapacitation requirement is met and verification of the SSI or SSA payments shall be included in the record (such as a copy of an award letter, copy of a check, caseworker documentation, etc.). Mental disabilities shall be documented by psychological evaluation and state that the mental disability impacts the person's ability to parent.

7. Parental Rights Terminated:

If there has been a termination of parental rights (PRT, the child is deprived from the month of PRT. However, the existence of a PRT at an IV-E redetermination does not replace the requirement for deprivation at the time the petition is filed which results in the removal of the child.

8. Unemployment/Underemployment:

In order to meet the deprivation factor of underemployment, both parents are living together, only one parent is working and the earned income is below the AFDC needs standard for the group. If both parents in the same household are working, there is no deprivation even if the income is below the AFDC needs standard.

H. IV-E Basic Eligibility - AFDC Relatedness, Financial Need: Resources

Resources are defined as a "resource that a person possesses or owns". A resource is determined by its equity value, which is the current market value minus any debts still owed on the resource. The maximum value of resources the child's AFDC group can own is $10,000 to meet the resource limit for the financial need criteria (per H.R. 3443: Foster Care Independence Act of December 14, 1999). Provided below are listings of what are countable resources and what are exempt (not counted) resources.

1. Countable Resources
   - a. Bonds
   - b. Credit union savings
   - c. Income property
   - d. Real estate, except the home in which the family resides
   - e. Savings accounts
   - f. Checking accounts
   - g. Savings bonds
   - h. Stocks
   - i. Vacation homes
   - j. Vehicles (The first $1500 of equity value is exempt. Vehicles older than seven years have $100.00 value)
2. Exempt Resources
   - a. Inaccessible trusts (include per capita tribal payments to foster child)
   - b. Burial plot (one per household member)
   - c. Home of residence and surrounding acreage
   - d. Funds for relocation (Uniform Relocation Act)
   - e. Household furnishings and clothing
   - f. Personal jewelry

g. Farm/Business inventories/tools used in the course of a business to produce income

I. IV-E Basic Eligibility - AFDC Relatedness, Financial Need: Income

1. Income available to a child must meet AFDC income requirements

This income is calculated utilizing countable earned and unearned income of the AFDC group. (See section 5911 F. 5. for AFDC group). This section will first provide a listing of the types of countable and exempt earned and unearned income that must be included or excluded in determining if the child meets the income limits for the financial need criteria. The end of this section provides the steps in determining if the child passes the two-step AFDC Need Standard test which is necessary to meet the financial need income criteria for initial IV-E basic eligibility.

In order to determine the correct AFDC Need Standard, an assessment of shared/non-shared living arrangement must be made.

The shared/non-shared living standard is based on adults residing in the removal home when determining IV-E initial eligibility. If the SSI recipient is the child being removed they are counted as a member of the AFDC group size but the income and resources are not counted. A child recipient of SSI is not a factor in determining whether or not to use shared or non-shared living in the context of an IV-E determination.

The following guidance is consistent with Kansas' AFDC plan.

a. Non-Shared Living Arrangements

i. AFDC groups with a stepparent present shall always be considered non-shared.

ii. Households with adult SSI recipients not included in the AFDC group, use non-shared living if the SSI payment is less than the full payment. This procedure is based on Social Security regulations determining a reduced payment based on non-shared living in the AFDC program in 1996.

b. Shared Living Arrangements

i. Households with adult SSI recipients not included in the AFDC group, use shared living if the SSI payment is the full amount. This procedure is based on Social Security regulations determining a full payment based on shared living standards in the AFDC program in 1996.

ii. Removal homes of non-parent specified relative, such as grandparent, where only the child s income and resources, and that of their siblings, are assessed in determining IV-E eligibility, use the shared living AFDC needs standard.

iii. Removal homes where a non-relative adult is present, such as a boyfriend, whose income and resources are not considered in determining IV-E eligibility, nor is the adult considered to be a member of the AFDC group size, use the shared living AFDC needs standard.

2. Overview of Income Standards

The countable earned and unearned income available to the child must not exceed the income limits for the child's AFDC group size. There are two steps to determine if the child's AFDC group meets the income limits.

Step One:

Tests the AFDC's group's gross income against 185% of the Federal Poverty Level (FPL). If the AFDC group passes the first step income test then apply the second step.

Step Two:

Tests the AFDC group's income against Kansas's 100% AFDC Need Standard for the child's AFDC group size which was effective July 1996.

3. Converting Income to Monthly Amounts

When determining the earned and unearned income amount of the child's AFDC group, the worker will need to convert income payments to a monthly amount for each applicable person:

a. Bi-weekly (paid every other week) income must be multiplied by 2.15;
b. Semi-monthly (paid twice per month) income must be multiplied by 2;
c. Weekly income must be multiplied by 4.3; and
d. Quarterly (paid once every three months) income must be divided by 3.

4. Countable Earned Income

Earned income is income in cash or in-kind for which a person performs a service. Sources of countable earned income include:

a. Bonuses
b. In-kind income for work (e.g. shelter received for work)
c. Longevity pay
d. Wages, salaries, tips (before taxes)
e. Work-study
f. Self-employment/farm income

g. Severance pay

5. Countable Unearned Income

Unearned income is income received by an individual for which no service is performed. Sources of countable unearned income include:

a. Armed forces allotment and receipts from a deployed parent
b. Child support/alimony (minus $50) (EP Appendix B) Child support arrearage payments are counted as unearned income in the month the payment is received.
c. Disability insurance (sick pay)
d. Dividend payment
e. General Relief
f. Income for continuation payments
g. Income from relatives, income deemed from relatives/stepparents
h. Inheritance pay
i. Interest, money payments
j. Money from churches, charitable organizations, friends, lodges, or unions
k. Retirement or Pension (union, private or government)
l. Social Security Benefits (non-SSI)
m. Striker's Benefits
n. Unemployment Compensation
o. Veteran's Benefits
p. Worker's Compensation

6. Exempt Earned and Unearned Income

Certain types of earned and unearned income are exempt (not counted) in determining if the child meets the financial need requirement for AFDC eligibility. Sources of exempt earned and unearned income include, but are not limited to:

a. Supplemental Security Income (SSI)
b. Food programs, such as, food stamps, WIC, USDA food surplus, etc.
c. Payments for home energy assistance and rental subsidies
d. Loans or grants administered by the U.S. Commissioner of Education
e. Foster Care payments
f. Adoption Assistance payments
g. JTPA earned income of full-time students
h. Students employed less than full-time
i. JTPA unearned income
j. The earned income of a child who is a student
k. Income tax refunds and earned income tax credit (EITC) payments
l. Trust funds not available on demand
m. Cash to pay for shared living expenses (from a person not in the AFDC group)
n. Loans, including reverse equity loans, endorsed for repayment

o. TANF Tribal Allotment

7. Lump Sum Payments

A lump sum payment is a non-recurring or advance payment not earmarked for a specific purpose. Lump sum payments are counted as income in the month received. Examples of lump sum payments are retroactive SSI and SSA benefits, stock dividends, life insurance settlements, etc. PPS uses lump sum payments to recover the foster care and medical expenditure incurred on behalf of a child. Any balance remaining from the lump sum payment shall be placed into a WARDS account for the child. Dedicated awards may not be used to support the cost of care. (See EP Appendix B for instructions to calculate child support income.)

8. Deeming Step-parent's Income

Deeming means determining the amount of the stepparent's income to be included in the total gross income available to the child. If a stepparent lives in a parental removal home, the worker has two options.

Option One:

The stepparent (and stepchildren) are not included as part of the AFDC group but the stepparents income is deemed (only a portion of the income is counted) as available towards the child, or

Option Two:

Include the stepparent and stepchildren residing in the same household as the child at the time of removal (removal home), as members in the AFDC group. Their full countable income and resources must be included in determining if the child meets the income limits. (Generally, Option Two is better when the stepparent has very little income and resources.)

To determine the Option one deemed income amount, complete the following steps:

Step 1: Determine the stepparents gross income (earned and unearned)

Step 2: Determine the AFDC group size for the stepparent. The AFDC group size for the stepparent consists of the stepparent and any of the stepparents birth or adoptive children who is a minor living in the home, or out of the home, who are not children (birth or adoptive) of the other spouse in the household. The stepparent is not counted in the AFDC group size for the child removed from the home but the income of the stepparent is deemed to the child.

Step 3: Subtract $90.00 earned income work deduction if the stepparent is working.

Step 4: Subtract the 100% Need Standard amount for the stepparents AFDC group size. Stepparent living environment is always non-shared.

Step 5: Subtract any child support/alimony which the stepparent is paying.

Step 6: The remaining income is the income to be deemed (added) to the child's available income.

9. Determining Income of AFDC Group

The worker must determine the members of the AFDC group in the removal home and the total income available for support of the child. The AFDC group is explained at 5911 F.

If the child is removed from a parent (birth or adoptive) include the income of the child, parents (birth or adoptive), and the siblings (birth, adoptive and half) residing in the same household (removal home) as the child at the time of removal.

If a stepparent is in the same household, the worker shall determine between Option One or Option Two, whichever one is more likely to result in the child meeting the income limits. See Section 5911 I. 8. to determine which option to use for deeming a stepparents income.

If the child is removed from a non-parent specified relative include only the income of the child and any siblings (birth, adoptive or half) income residing in the same household (removal home) as the child at the time of removal.

The child's AFDC group must pass the two step income test, discussed below, for determining if the child meets the AFDC Need Standard for financial need under the AFDC relatedness criteria.

10. 185% Gross Income Test

The child's AFDC group's countable earned and unearned income is calculated on the PPS 5410 B. The calculations include the following:

a. Earned Income
   The total monthly earned income of all members of the child's AFDC group
b. Unearned Income
   Add the group's total monthly unearned income. Deemed income would be included in the total amount of monthly unearned income.

If the income is less than the Gross Income Limit of 185% FPL for the group size (See EP Appendix A), the group meets this income requirement and needs to be tested against the 100% AFDC Need Standard explained below.

11. 100% AFDC Need Standard Income Test

The child's AFDC group's countable earned income minus allowable deductions must not exceed the 100 % AFDC Needs Standard chart. The AFDC Needs Standard for the AFDC group size is provided in EP Appendix A. AFDC

relatedness is determined by subtracting allowable deductions from the countable earned income (not less than zero), and adding this adjusted earned income to the countable unearned income and any deemed stepparent income. See Form PPS 5410 B for a chart that guides this calculation. Allowable deductions subtracted from earned income include:

a. Work Allowance:
   subtract $90.00 work expense allowance from each employed persons earnings in the AFDC group.
b. $30 and 1/3 Disregards:
   Subtract $30 and subtract 1/3 of the gross adjusted income. (To get 1/3 of the adjusted income, multiply the adjusted income by .333, for example; 1500 x .333 = 499.50, thus 499.50 is 1/3 the amount of the adjusted income that should shall be deducted from the income.)
c. Day Care
   if a person in the AFDC group is paying for day care for a child or an adult member of the AFDC group, the day care expense may be deducted. The amount of day care expense that may be deducted includes per child:
   I. $175 for children age 2 and over.
   ii. $200 for children under age 2.

If the resulting income does not exceed the 100% AFDC Need Standard in EP Appendix A, the child meets the income requirement for AFDC eligibility.

Form PPS 5410B: Initial IV-E Eligibility Determination provides step by step directions for the 100% Income Test.

J. Infants of Teen Mothers
In order for the infant of a teen mother placed in foster care to be 'automatically' IV-E basic eligible, the following criteria must be met:

a. The infant is not in DCF or KDOC custody
b. The infant is placed together in the same family foster home or group home.
c. The Child Welfare Contract Management Provider is paying for the cost of the infant's care in the placement.

The Child Welfare Contract Management Provider service delivery system does not include providing foster care payments to the provider of the infant's care. KDOC service delivery system may encounter the above circumstances.

If an infant comes into state custody and remains placed with the teen mother, IV-E regulations would view the child as not being removed from a parent or specified relative. The EP segment begins at custody and the eligibility is GA.

If the infant comes into state custody and is placed separately from the teen mother, both the infant and the teen mother may be eligible for IV-E in their own right. The infant may be eligible for IV-E following completion of an eligibility determination. The infant's EP segment begins at DCF custody and eligibility is determined for IV-E based on the teen mother's income and resources.

5912 IV-E Payment Eligibility

At the time of the initial determination, if a child met initial IV-E basic eligibility a set of three conditions must be met for a child to meet IV-E payment eligibility. The three payment eligibility criteria at initial determination are:

1. Judicial determination of "reasonable efforts" (Section 5912 A.)
2. Payment eligible placement (5912 B) and
3. Consideration of SSI benefits

If the child met initial IV-E basic eligibility, the eligibility worker will need to determine if the child meets initial IV-E payment eligibility. A child who is initial IV-E basic eligible AND who meets all of the IV-E payment eligible criteria in meets IV-E Payment Eligibility.

IV-E Payment Eligibility Period

Title IV-E payment eligibility may fluctuate from month to month. A child may lose and regain payment eligibility, depending upon the circumstance in the placement, or in obtaining the required judicial language determination while the child remains in State custody. The loss of IV-E payment eligibility does not deprive the child of future IV-E payment eligibility, nor does it affect IV-E basic eligibility.

IV-E Payment Eligibility Effective Date

The IV-E payment eligibility effective date is the first day of the month in which all of the IV-E payment eligibility criteria are met, including having been determined IV-E basic eligible. A child who is IV-E payment eligible during any part of the month is payment eligible for the entire month. The exception to this IV-E regulation is placements which are IV-E payment ineligible for any reason; the child is IV-E payment ineligible on a daily basis when staying in the ineligible placement.

A. Initial IV-E Payment Eligibility - Judicial Determination

There must be a custody court order at the initial removal from the home that contains judicial language to the effect that "reasonable efforts were made to prevent removal of the child" or "the situation precluded (was not possible to provide) reasonable efforts" (per 45 CFR 1355.20).

1. This judicial language requirement for "reasonable efforts" should not be confused with the "contrary to welfare/best interest" judicial language requirement for initial IV-E basic eligibility.

2. Affidavits or nunc pro tunc orders are not accepted for meeting the reasonable effort judicial language requirement (per 45 CFR 1356.21). This requirement is effective March 27, 2000.

3. Court orders referencing the State law are not accepted for meeting the reasonable effort judicial language requirement (per 45 CFR 1356.21). The judicial language must be stated in the court order.

B. Initial IV-E Payment Eligibility - Payment Eligible Placement

1. Eligible payment placements include:

a. KDHE licensed or approved foster home. Relative homes shall be approved by KDHE as meeting licensing standards in order to be considered a IV-E eligible placement.

If the child's placement is outside the state of Kansas, the placement must meet the licensing standards for which the placement is located.

b. The entire month, in which the placement obtains a full license and provided the child is continuously placed, the child is payment eligible for entire month.

c. A private group home, child care facility, shelter care facility or secure care facility licensed by KDHE and;

d. A publicly operated (by a branch of government) child care group home or child care facility licensed for no more than twenty-five (25) children.

2. Ineligible payment placements include:

a. Medical facilities (including PRTF)

b. Unlicensed Foster Homes

c. Temporary licensed Foster Homes

d. Detention facilities

e. Forestry camps

f. Publicly operated child care group homes with more than twenty-five (25) children

g. Training schools

h. Locked and secured facilities used primarily for detention purposes

i. Specific court ordered placement

j. Adoptive placements upon signing of the Adoption Placement Agreement (APA)

C. IV-E Payment Eligibility - Consideration of SSI Benefits

DCF contracts with Kansas Legal Services (KLS) to carry out the SSI application process for disabled children who enter foster care and do not already receive SSI. The Child Welfare Contract Management Provider refers the child to KLS and sends any background information they may need. While waiting for Social Security to determine if the child is eligible for SSI, DCF is responsible for the child's maintenance cost of care. The child's payment eligibility must be coded AG during this waiting period. If the child is determined SSI eligible a lump sum SSI benefit may be received, and a request can be made to Social Security to apply those back benefits to the cost of care for the application months. (See E&P Appendix D, WARDS User's Handbook, General Instructions, and Item 1 for further details.)

DCF uses the SSI payment to offset the cost of care for children. SSI eligible children remain basic eligible for IV-E. SSI eligible children are IV-E payment ineligible. Notify Social Security Administration when a child is placed in a PRTF acute psychiatric or state hospital. SSI benefits may be reduced during the time a child is placed in these settings. SSA will calculate any reductions.

If DCF is not granted representative payee status while a child is in state custody and placed out of home, and a third party is granted representative payee status, such as a foster parent or relative, the child is IV-E payment ineligible. The third party is responsible for completing the annual Representative Payee report.

DCF may request suspension of SSI benefits for up to one year. An IV-E basic eligible child may resume IV-E payment eligibility only if SSI benefits are suspended. Only the Social Security Administration may suspend the SSI benefits. Should SSI benefits be received by a third party while the child is in state custody and in out of home care, the benefits are not suspended by the SSA.

5913 Cases Pending Foster Care Funding Source Determination

When a child is placed in the custody of the Secretary of DCF or Secretary of KDOC-Juvenile Services for out of home placement, the PPS eligibility specialist shall determine the correct funding source for their foster care episode. The PPS social worker or KDOC-court services officer is responsible for completing the PPS 5410 A, which provides information about the AFDC removal home.

The PPS eligibility specialist shall pend the eligibility determination if information regarding the family’s income and resources is not available or provided at the time of determination.

Enter the pending code into KAECSES (PE). Enter GA01N/GAB PEN as the EP segment in FACTS and KEES upon implantation of KEES for pending cases.

Once all of the information is available to accurately determine the foster care funding source, delete the AG01N PEN and enter the correct funding source beginning with the first date the child entered foster care.

5914 Ongoing IV-E Eligibility

Children determined to be IV-E eligible must have a redetermination at least every 12 months to ensure they are eligible for on-going IV-E basic and payment eligibility. The Child Welfare Case Management Provider (CWCMP) or Community Supervision Officer (CSO) shall complete the PPS 5425A. The PPS eligibility specialist shall complete the PPS 5425B. The PPS 5425A and PPS 5425B are both necessary to evaluate on-going IV-E basic and payment eligibility requirements.

A. Re-determination - IV-E Basic Eligibility

1. Continuation of IV-E Basic Eligibility
   If a child is determined initially as IV-E basic eligible, the child continues to be IV-E basic eligible if all of the following criteria are met:

   a. The child meets the age requirement for the IV-E program as specified in 5911 D.
   b. The child continues to be in the custody of the state placed out of home; or
      The child was placed at home less than six months with continued DCF or KDOC-JS custody (per 45 CFR 1356.21).

2. Considering Placement At Home Longer than 6 Months

   a. Removal Home - A child is never payment eligible when living in the home of a parent or returned to the removal home of a non-parent specified relative.

      For IV-E purposes, when a child returns to the removal home from foster care, whether to a parent or to a non-parent specified relative, the child is no longer in foster care. Children who are returned to a parent or specified relative removal home and identified by the CWCMP as achieving permanency, are considered reunified and the payment eligibility (EP Segment) ends in FACTS. CWCMP's stop reporting placements when the child achieves permanency.

Children who are returned to the removal home of a non-parent specified relative and permanency is not achieved, are considered a placement by the CWCMP. Payment eligibility (EP Segment) continues in FACTS until permanency is achieved.

If the child's placement at home lasts longer than six months, with continuous custody to the state agency, the child loses IV-E basic eligibility at the end of the six months. If the child returns to out-of-home care under a new custody order, a new initial IV-E eligibility determination shall be made. The initial custody order does not need to be set aside or dissolved by the court.

b. Judicial Determination - Kansas statute provides for obtaining necessary judicial determinations of contrary to the welfare and reasonable efforts when a child is returned home with continuous custody and removed to out of home care following six months or longer.

Emergency removal - When a child is in imminent danger and the family is unable to take steps to assure the safety of the child, the child shall be removed and notification shall be sent to the court the next working day of the circumstances which threatened the child's safety and required removal. The notification shall request the court make a new judicial determination reasonable efforts were made or an emergency existed which required the child’s removal and it is contrary to the welfare of the child to remain in the home.

Non-Emergency Removal - When a removal does not meet the emergency standard a 30 calendar day written advance notice of the intent to remove the child shall be sent to all parties. The written notice shall request the court make a new judicial determination reasonable efforts were made and it is contrary to the welfare of the child to remain in the home.

The court may respond by setting a hearing no later than 14 calendar days from the date of notice or issue the judicial determinations without a hearing. The statute allows the court 45 calendar days from the date of notice to issue the required judicial determinations.

The month in which the notice was provided to the court is the eligibility month for IV-E eligibility determination. A new petition is not required.

If the placement is less than 6 months, the child retains their initial eligibility determination.

B. Re-determination - Ongoing IV-E Payment Eligibility

A child may lose and regain payment eligibility, depending upon changes in, the placement type, or timeliness of a permanency hearing while the child remains in state custody.

Upon re-determination, a child meets IV-E payment eligibility if all of the following criteria are met:

1. Continued IV-E Basic Eligibility

   The child must continue to be IV-E basic eligible.

2. Judicial Determination that Reasonable Efforts Have Been Made To Finalize the Permanency Plan (REPP)

   A judicial determination of reasonable efforts the state agency has made to finalize the permanency plan must be made at least every twelve (12) months.

   IV-E payment eligibility ends at the end of the month that the permanency judicial determination was due and not held. IV-E payment eligibility resumes the first of the month in which the permanency judicial determination is made.

3. Payment Eligible Placement

   Once the child enters a payment eligible placement, IV-E payment eligibility may resume if all other criteria are met.

4. Consideration of SSI Benefits

   The worker must review the monthly cost of out of home care for cases in the WARDS system. SSI benefits may not exceed the cost of out of home care on a month to month basis.

   Accumulated balances in the WARDS system whose source is non-SSI benefits, are considered a resource available to the child on an ongoing basis. Non-SSI benefits paid in a lump sum are considered as unearned income to the child in the month they are received. Thereafter, accumulation of the regular SSI benefit is considered a resource available to the child.

   Eligibility specialists shall enter SSI as a service source code when a child is SSI eligible and receiving SSI benefits without regard to the child's foster care maintenance eligibility. In order to make an accurate IV-E administrative claim, the service source code SSI overrides all other eligibility service source codes and EP Action codes. PPS will make the IV-E administrative claim based on the SSI code.

Children who are both SSI eligible and in an ineligible placement, always enter the service source code, SSI. Children are IV-E payment ineligible for multiple reasons. CWCMP will submit codes CF077, CF077.1, or CF077.2 on the Acknowledgment, indicating ineligible placement to assist eligibility specialists in making this determination. PPS eligibility specialists shall select the service source code in order of priority on the PPS 5435.

5915 Desk Review at Case Closure

At the time of closure of a foster care case, complete a desk review of ongoing payment eligibility to assure all the months of eligibility since the previous re-determination are accurate. Document in the case log that all eligibility factors have been reviewed. Factors to be reviewed are age of the child, judicial determination to finalize a permanency plan, eligibility of placement, and consideration of any SSI benefits the child may have received. Documentation of ongoing months of eligibility is required at case closure review. A PPS 5425A and B are not required if the case closure occurs less than 12 months following the last re-determination. Any past due re-determinations are to be completed using the PPS 5425A and B at case closure.

5917 Foster Care General Assistance (GA-FC) Funding Source

Once all information is available and a child is determined basic ineligible for IV-E, foster care payments shall be made using GA-FC.

All of the following conditions must be met:

Not Eligible for Title IV-E:
The case record must document the reason the child is not eligible for Title IV-E.

Desk Review of GA Foster Care

Every 12 months from the date of the initial determination that a child is GA foster care eligible, a desk review shall be conducted to document the child continues in foster care and in the custody of the state. The date of the desk review shall be entered in KAECSES to document the child remains in DCF custody and in out-of-home placement.

Entering Basic and Payment Eligibility for GA-FC on KAECSES, FACTS and KEES upon implementation of KEES
When a child has been found to have GA-FC eligibility this is to be shown on the FOCA screen in KAECSES. The Funding Type code that should be entered on FOCA and on FCPD is "GA". Reference Section for explanation of the FACTS date entry for basic and payment eligibility.

5918 Medicaid Requirement for Children in Out of Home Care

Children who are in the custody of DCF, KDOC- Juvenile Services or Tribal Authority and removed from their home are eligible for Foster Care Medical assistance up to the age of 21.

Recipients of foster care maintenance and children receiving adoption support payments are exempt from the Medicaid requirement to verify citizenship and identity in order to receive Medicaid. For children to be IV-E eligible, the child still must meet the citizenship requirements listed in section 5911 E. Eligibility is based on the fact the child's custody and removal status makes them a family unit of one.

To provide a foster care medical card, a Person/program alert must be entered on the KAECSES PRAP screen. This code documents the individual's identity/citizenship verification status. Upon KEES implementation a medical program block shall be opened in KEES.

A. For individuals whose identity/citizenship has been verified, the code is IM (Verification is met by the completion of the EES 3850 and the documents verifying citizenship and identity is attached to the form and is located in the eligibility packet.)

B. For individuals whose identity/citizenship is not verified through the above method, the code is IC

C. If verification is later provided, the code shall be changed from IC to IM

The PPS eligibility specialist shall notify EES and/or KanCare to close the medical card when a child comes into foster care and is already receiving Medicaid, to enable the child to be eligible for foster care Medicaid.

Children who are in the custody of DCF, KDOC- Juvenile Services or Tribal Authority and placed in an Medicaid eligible out of home placement, shall receive medical card from PPS. Medicaid ineligible placements include detention centers, juvenile correctional facilities, and jails and sanction houses.

5919 Medicaid Eligibility Requirements-Reunification Services

When a child returns to the home of parents, including adoptive parents, they lose their Foster Care Medicaid eligibility. However, they may qualify under an adoption subsidy agreement, a Regional PPS Program Administrator Extension or Director for Prevention

and Protection Services Extension. If the child continues to need medical treatment and the parents cannot pay, the following steps are taken:

A. Document Need for Continued Treatment.

DCF staff or KDOC- Juvenile Services shall document in the case file the need for continued medical treatment indicating the lack of medical coverage may be a barrier to the child's return home.

The parents or relatives should apply for medical coverage for the child through the Clearinghouse for KanCare, if the child is not covered by private medical insurance. The application shall be made on the day the child returns home. If the child has an urgent medical need, it shall be noted on the front page of the application if submitted through paper application. In order to expedite the eligibility determination, the following documentation must be attached:

1. Proof of Citizenship
2. Proof of Identity
3. Proof of Income
4. Proof of Other Health Insurance (if applicable)

Documents that meet the requirement can be found in KEESM Manual Appendix 12

B. If the Medicaid application is denied

If the Medicaid application is denied by the KanCare Clearinghouse for a child served by DCF, the social worker shall forward written documentation of the continued need for medical coverage to the Regional PPS Foster Care Administrator for approval. The approval for the extension along with the documentation shall be forwarded to the PPS eligibility specialist for the eligibility file.

If the Medicaid application is denied by the KanCare Clearinghouse for a child served by KDOC-Juvenile Services, the Case Manager shall forward written documentation of the continued need for medical coverage to the KDOC-Juvenile Services administrator. The KDOC-Juvenile Services Administrator may approve an extension. The approval for the extension along with the documentation shall be forwarded to the PPS eligibility specialist for the eligibility file.

The Regional PPS Foster Care Administrator or KDOC- Juvenile Service Administrator may approve an extension for up to six months. Permission for extensions beyond six months shall be requested from the Director of Prevention and Protection Services or designee.

5920 Purchase Limitations and Guidelines for Medicaid

Medicaid pays for eligible services furnished by enrolled providers. Specific services covered, prior authorization requirements, and the proper payment rate are established by the Kansas Health Policy Authority. They are reviewed and adjusted periodically.

A. KAN Be Healthy (KBH)
Kansas' name for the federally mandated Early and Periodic Screening, Diagnosis and Treatment (EPSDT) program is Kan Be Healthy (KBH). Kan Be Healthy is a preventive health screening program for Medicaid recipients under age 21. These screenings include vision and dental. If the children have been screened and/or their screenings are up-to-date, they are eligible for expanded medical services.

All children who are eligible for Medicaid and are receiving services through PPS shall be enrolled in the Kan Be Healthy program. These children shall receive timely screens.

Screening dates for the children are available in iC- MMIS.

B. Services Delivered Outside of Kansas
May require a prior authorization. Many services have a limited geographical area in which they may be delivered, in order to qualify for payment, normally border cities. See the Kansas Medical Services Manual for information.

C. Third Party Liability (TPL)
If a child receiving services through DCF has other health insurance, the insurance company name will appear on the child's Medicaid card, based on iC- MMIS data entry by DCF staff. DCF staff is responsible for obtaining the information concerning the child's third party insurance (via MS-2505). Medical providers must first bill other health insurance before they can bill Medicaid.

5921 Dependent Children of Minor Mothers

Newborns of mothers currently receiving foster care Medicaid benefits are eligible for Medicaid benefits under the newborn provisions of KFMAM 2222.04. Unless the newborn is also in foster care, it is the responsibility of Clearinghouse staff to establish Medicaid coverage for the newborn child.

The newborn child is always entitled to a Medicaid card in the month of birth in these instances. This is true even if the newborn does not physically reside with the mother following the birth. A new application is not required to be filed on behalf of the infant to provide either coverage in the month of birth or continuing coverage if the child

continues to live with the mother. Effective the month following the month of birth, coverage will continue if the newborn is residing with the mother in foster care. This is true even if the mother is no longer eligible for Medicaid coverage. If the child is not living with the mother, the current caretaker of the newborn child must file an application for medical assistance to continue beyond the month of birth.

The placement in which the mother and child reside must be a Medicaid eligible placement.

When a child in foster care gives birth:

The PPS worker shall notify KanCare Clearinghouse staff of the newborn's birth. Clearinghouse staff may receive the notification from another source, such as the hospital, Managed Care Organization (MCO), through claims submitted to the MMIS or other reliable source. These same policies apply regardless of the source of notification. A new case must be opened with the mother in foster care as the primary individual (PI) on the case. Medicaid coverage shall be provided on the MP program

Upon notification of the child's name, date of birth and gender, Medicaid coverage shall be established for the month of birth and continue through the month the child turns one. If the newborn's name, date of birth and gender are unknown, coverage is only provided for the month of birth. If the identifying information is later obtained prior to the month following the child's first birthday, the coverage can then be established for the entire continuous eligibility period.

Newborn Request Notices are generated by Medicaid when PPS fails to have KanCare Clearinghouse open the infant of a foster child MP immediately. This happens when the infant is taken to a medical appointment using the mother's medical card. Medicaid denies the claim because the infant must have his/her own medical card. Federal regulations require that newborns of children in foster care be given their own Medicaid ID number during their birth month in order to avoid Newborn Request Notices.

When a Newborn Request Notice is received, EES Administration staff notifies PPS Administration, requesting that the regional PPS follow up to ensure the infant has coverage.

5922 Waiver Information

Medicaid waivers were implemented to provide services beyond what is generally covered by Medicaid. These services are designed to prevent children from being placed in an institution or State Hospital. Children receive services such as Children's Residential Services, Supportive Home Care, Respite Care and Environmental or Adaptive Equipment through a Medicaid Waiver.

A. Home and Community Based Services (HCBS)
The Medicaid waivers are all considered HCBS waivers. The following is a list of HCBS waivers potentially available to youth served by PPS:

1. Physically Disabled - HCBS/PD
2. Mental Retardation or Development Disabilities - HCBS/MRDD
3. Technology Assisted - HCBS/TA
4. Head Injury - HCBS/HI
5. Severely Emotionally Disturbed - HCBS/SED

For more information on waiver eligibility and services contact regional EES staff.

B. Waivers and Child Welfare Contract Management Provider
PPS Child Welfare Contract Management Provider are responsible for referring youth under their case management to the appropriate community resource for a clinical evaluation if they believe the youth may need to utilize the HCBS waiver program. The Child Welfare Contract Management Provider shall also participate in and support implementation of the waiver plan of care, while coordinating total services to the child.

1. Children placed in Family Foster Homes are potentially eligible for an HCBS Waiver. Children placed in Residential Treatment Facilities, Group Homes, Correctional or Detention centers and State Hospitals or Institutions are not candidates for an HCBS Waiver. When it is anticipated that a child will move in less than 30 days from one of these placements into a family foster home, the child may be considered for waiver approval.
2. The Child Welfare Contract Management Provider shall refer cases to the CMHC to determine eligibility for the SED waiver or to the CDDO to determine eligibility for the MR/DD waiver. For children served by DCF, the DCF social worker shall have these same responsibilities. For children in out of home placement and children receiving adoption support who are determined to be eligible for the SED or MR/DD waiver, the CMHC or CDDO shall inform DCF and the Child Welfare Contract Management Provider about the child's eligibility for the HCBS Waiver by sending an ES-3160 to the regional DCF office. PPS staff are to complete Section II of the ES-3160, sign at the bottom as the EES Specialist/Social Worker, noting their job title, and return a copy to the CMHC or CDDO case

manager as soon as possible. Services cannot be provided until the CMHC or CDDO receives the approval from DCF. Regional policy may also require that a copy of the ES-3160 be sent to other individuals in the region.

If eligibility is approved for the SED or MR/DD waiver, regional PPS staff shall complete the LOTC screen in KAECSES to reflect the child's HCBS waiver status. EES staff handles this task for other waivers and for youth who do not have an open FC or AS case. Correct codes must be on the LOTC screen before the provider can receive payment. Reference E&P Appendix B, Section VIII for LOTC screen processes.

3. When a foster child who receives SED or MR/DD waiver services, leaves DCF custody, or loses foster care Medicaid status, PPS staff shall refer the child to EES to determine continued Medicaid eligibility for the SED or MR/DD waiver.
4. The same shall occur for a child whose adoption support case is being closed due to the child reaching age 18 (or older, if agreed to in adoption support plan). PPS shall also complete an ES-3161 to notify the CMHC or CDDO case manager that the foster care or adoption support medical case is closing.

5924 Children Entering Foster Care with KanCare 21 Coverage

When a child receiving KanCare 21 comes into foster care, PPS staff shall notify the HealthWave Clearinghouse to request closure of the child's KanCare 21 case. The Clearinghouse will close the KanCare 21 case as soon as allowable under their rules.

To identify that a child is on KanCare 21, go to the KAECSES MEBH screen and look for a Medical subtype of 'T5', 'T6', or 'T7' under the MP program.

When a foster child returns home, the caretaker should be informed the child may be eligible for KanCare 21. Coordination between PPS and KanCare 21 Clearinghouse staff is essential to ensure that the Foster Care case closure coincides with the effective date of KanCare 21. PPS staff may extend Medicaid coverage while the application for KanCare 21 is pending, up to 60 days prior to the effective date of KanCare 21.

5925 Child Support Services (CSS)

CSS is charged with the responsibility of seeking child support for children in the custody of the state in an out-of-home placement.

A. Referrals to CSS

Parents of children who are in the custody of the state in an out-of-home placement must be referred to CSS. Referrals are accomplished via the KAECSS system. Each parent shall be listed on the CHSE screen. The narrative section on the CHSE screen shall note the child was removed and the initial type of placement.

Notifications of Changes in Status. Inform CSS of changes in the child and family's status. PPS must notify CSS through KAECSS of the following:

1. Change in Placement.

When children in out-of -home care change placements, CSS is to be notified. This includes moves to a non-parent relative, a correctional or State Hospital placement. It is not necessary to inform CSE regarding moves from foster home to foster home.

2. Return Home.

CSS shall be notified when a child returns home so that they can stop any subsequent child support debt accrual. CSS will continue to contact the parent for any arrearage owed.

3. Change in Legal Status

CSS shall be notified immediately of changes in legal status, especially if parental rights are terminated.

B. Exempt Referrals to CSS

Children who meet both of the following criteria are exempt from referrals to CSS. CSS shall be informed of the exemption on the CHSE screen. (See KCSEM 2520)

1. Adopted through DCF.

The child is coming into foster care from the home of adoptive parents who adopted through DCF.

2. Special Needs

Prior to adoption, the child met the definition of a special needs child and PPS staff believe the events that led to the placement in foster care are attributed to the child's special needs. If the placement in foster care is due to the action(s) or inaction(s) of the adoptive parent(s), the case may be referred to CSS.

3. Good Cause.

In rare instances, PPS may determine that a parent has good cause for refusing to cooperate in establishing paternity and securing support payments. The social worker has the responsibility to determine the validity of good cause and to document the same. CSS shall be informed of the good cause.

5926 TAF Eligibility for Dependent Children

A minor mother cannot apply for TAF for the care of her dependent child. A person having parental control over the minor mother in foster care must apply for the infant's TAF. This may be the foster parent or relative provider. Group facilities cannot apply for TAF on behalf of a child. The Foster Care Child Welfare

Contract Management Provider must meet the infant's financial support needs when the mother and child reside in a group facility.

If the mother in foster care and her child live in a placement that is not eligible to receive a Title IV-E payment because the placement is federally funded (i.e., Job Corps, alcohol and drug treatment), the teen mother may apply for the infant's TAF, only if she is 18 years of age or older.

If the child is in an independent living setting, the child can apply on their own behalf.

Eligibility Ceases Upon Separate Placements
If the dependent child is placed in DCF custody or separated from the minor mother in foster care, the dependent child shall have eligibility determined for IV-E and Medicaid. Upon custody and separation removal occurs from the parental home.

5927 WARDS – Possible Eligibility for Outside Benefits

Many youth who are in the custody of the Secretary for placement receive, or may be eligible for, various benefits. DCF can initiate procedures with appropriate agencies to help clients receive benefits, and/or request to become payee of these benefits to help with the client's cost of care. When DCF becomes payee, these benefits are managed through the WARDS system. WARDS is a database; the system was named WARDS due to children in foster care being wards of the State. See EP Appendix D, "Computer Systems--WARDS User's Handbook" for detailed system instructions.

A. Types of Benefits

Following is a list of benefits for which a client in custody, in out-of-home placement, may be the beneficiary, and for which DCF can request to be made payee. The two or three letter acronyms starting each benefit type below are the acronyms used in the WARDS system.

1. SSA (Social Security Act benefits, officially named Retirement, Survivors, & Disability Insurance benefits) is income for the child generated from a disabled, retired, or deceased parent. Children receive primarily SSA survivor and disabled parent benefits. Social Security refers to these benefits as Title II (2) benefits.

2. SSI (Supplemental Security Income) is income received for the child due to being financially needy, blind, or disabled including behavioral and emotional disabilities. Social Security refers to these benefits as Title XVI (16) benefits.
3. VA (Veterans Administration) benefits are received by youth when a parent is an eligible veteran receiving a VA benefit.
4. RR (Railroad) benefits are received by youth when a parent is eligible for railroad benefits.
5. OTH (Other) benefits may include, but are not limited to, retirement, disability, or survivor benefits from a private source.

B. Applying for Benefits

When it appears a child might be eligible, but is not currently receiving, one of the benefits listed above, the PPS or Child Welfare Case Management Provider staff shall apply for benefits on a child's behalf. Following is contact information for the major benefits for which clients may be eligible.

1. Applying For SSI.

   a. Child Welfare Case Management Provider (CWCMP) staff refers the child to Kansas Legal Services (KLS) for SSI consideration by filling out the IS-3122 referral form. Form IS-3122 is located in the forms section of the EES manual. Each region's Program Administrator has a listing of KLS contacts. The referral should be sent to the KLS office that serves the child's county of jurisdiction, which is not always the same as the county of residence. The CWCMP staff shall provide a copy of the completed IS-3122 to the WARDS worker.

   b. Upon receipt of the completed IS-3122, the WARDS worker shall inform the PPS Eligibility Worker that an application for SSI benefits has been submitted. If the client is IV-E eligible, the Eligibility Worker shall change the client's payment eligibility to state funded, keeping administrative eligibility IV-E. Refer to PPM 5912.C for more details.

   c. The CWCMP staff shall send a completed copy of form IS-3122 to the regional DCF office WARDS worker.

   d. KLS will obtain the required signatures for the "Authorization of Release of Information" on the IS-3122 and request an appointment to review the file with the CWCMP staff. KLS may request all relevant medical information

from the child's case file be mailed to KLS if travel to the file is not possible.

e. KLS submits an application to the Social Security Administration and informs the CWCMP case manager who requested the referral and the WARDS worker of Social Security's decision. If PPS is informed of the decision directly from Social Security, the WARDS worker shall notify KLS and the CWCMP case manager of the decision.

f. Appeals for denied SSI applications are also managed by KLS. If KLS determines it is not prudent to pursue an appeal, KLS will notify through e-mail the regional PPS program administrator. The regional PPS program administrator or designee will reply within 30 days as to whether PPS accepts the determination not to pursue an appeal or would prefer KLS continues with an appeal, giving justification for that preference.

Children and young adults age 18-21 not in DCF custody eligible for Independent Living Services or Family Services can also be referred to Kansas Legal Services. The PPS Independent Living Coordinator or designee responsible for making the KLS referral shall complete the IS-3122.

2. Applying for Veteran Benefits

Contact the Veteran's Administration (VA) at 1-800-827-1000 to see if the child is eligible for Veteran's benefits. The veteran's social security number is required in order for the VA to do a search.

3. Applying for Railroad Benefits

Contact the U.S. Railroad Retirement Board at 1-877-772-5772 to see if the child is eligible.

C. Becoming Payee

When it is determined a foster child on a new or existing case is receiving benefits as described in 5927.A (above), the WARDS worker shall request the

agency become payee. Following are contact numbers and the information to be provided to each of the major benefit agencies. DCF prefers benefits are direct deposited, but paper checks can also be received. DCF direct deposit numbers and DCF Payable's mailing address are listed in 5927.D (below).

Becoming Payee of:

1. Social Security Benefits (SSI or SSA)

   Contact your local Social Security office and provide the child's name, SSN and DOB, and date child began DCF custody. Inform Social Security the client is state funded. Benefits are to be made payable to:

   Children and Family Services for (child's name).

2. Veterans Benefits

   Veterans Administration Form 21-4138 needs to be completed with the following information. The form is located at http://www.va.gov/vaforms/ . For more information on completing the form, see EP Appendix D, "Computer Systems--WARDS User's Handbook".

3. Railroad Benefits – Call the U.S. Railroad Retirement Board at 1-877-772-5772 to request to become payee.

D. Direct Deposit or Paper Checks

DCF prefers that benefits are direct deposited, but paper checks can also be received.

1. Direct Deposit

   Have direct deposits go to: Capital City Bank

   Routing #101101141

Account #(see below)

There are three accounts managed within WARDS. Each has a different account number. Contact the PPS Administration WARDS System Administrator, the Benefit Payee Program Manager, or WARDS Finance Manager for the actual account numbers. You will need to supply both the routing number and account number to set up direct deposit.

The three separate bank accounts involved are:

a. Regular Account – SSI and SSA benefits are deposited into this account.

b. Dedicated Account – Large SSI lump sum deposits that Social Security designated as needing to be deposited into a *dedicated account* go here.

c. non-RD (non Regular or Dedicated) - Veteran Administration, Railroad, and all other benefits are deposited into this account.

2. Paper Checks

Have paper checks sent to:

(This includes paper benefit checks received in the local DCF office.)

WARDS Account Clerk

DCF - Payable Division

555 S. Kansas Ave.

Topeka, KS 66603

F. Setting up a WARDS Financial File and Case

1. The DCF WARDS worker shall establish a separate financial file to contain all transactions pertaining to the WARDS accounts. Maintaining this file is important to the agency to prove accountability to the child, the Secretary of DCF, and an auditor. The file shall contain, but is not limited to:

   a. All communications from the agency issuing the benefit.

   b. All communications from DCF, including e-mails, letters, or phone calls documented in a log note.

   c. Log Notes – System actions such as approving/disapproving deposits and expenses are automatically logged in the WARDS system. WARDS workers shall use the system's logging function to record other transactions with the WARDS accounts such as telephone calls. Log notes do not need to be printed routinely; printing of log notes may be saved for audits or the worker's use.

   d. Original or copy of receipts for purchases made with WARDS dollars. Purchases over $100 must have a receipt in the WARDS file. These receipts can be obtained through the CWCBS contractor.

2. When the DCF WARDS worker is notified DCF will be made payee of a benefit the worker shall enter the beneficiary's identifying information in WARDS on the Maintain | Client screen. Refer to EP Appendix D, the WARDS user's guide, for details. Should PPS Administration receive information about a beneficiary before the regional office, the WARDS Financial Manager may have already entered the client information; the WARDS Worker shall confirm the information entered is correct.

5928 WARDS - Benefits from Social Security Administration

This section deals with managing Social Security benefits. Social Security benefits have special rules and procedures.

A. Communicating with Social Security Administration

1. GSO (Government to Government Services Online) – Once DCF is payee, communication with Social Security Administration is primarily done through an online system managed by Social Security called GSO http://www.socialsecurity.gov/gso/gsowelcome.htm . Contact the WARDS Administrator at PPS Administration to have an application submitted for a GSO userid and password.

The DCF eData Reporting Form (PPS-5928) is the document used to submit information to Social Security through GSO.

2. Telephone - Workers shall telephone Social Security with problems or questions or when the subject is not contained on the DCF eData Reporting Form (PPS-5928).

B. Mandatory Reporting of Changes to Social Security

When DCF is payee of Supplemental Security Income (SSI) or Social Security Act (SSA) benefits, regional office staff shall contact Social Security, via GSO and form PPS-5928, when any of the following occur:

The beneficiary:

1. dies;
2. moves (any placement change);
3. marries;
4. starts or stops working (see EP Appendix B-Computer Systems for information on using the BASI system to check income);
5. has a foster care eligibility funding change;
6. drops out of school;
7. will turn 18 in the next 6 months;
8. is imprisoned;
9. is adopted (adoptive placement agreement signed or finalized);
10. no longer needs a payee; or
11. is released from DCF custody.

C. Lump Sum Benefits

Lump sum benefits are often received from Social Security for past benefits owed to the child or because the last payee saved some of the benefit they received and returned it to Social Security. There are different ways to handle a lump sum benefit.

1. Dedicated Account

   Some lump sum benefits will be designated as needing to be put in a dedicated account. Social Security will inform DCF by letter when this is needed. Inform Social Security of the routing and account number for the WARDS Dedicated Account (contact PPS Administration WARDS System Administrator for assistance). Monies placed in the dedicated account do not count toward the child's SSI $2,000 balance limit.

2. Multi-Month Distribution of a Deposit

   Other lump sum amounts not designated as needing to be in a dedicated account can be applied to expenses spanning several months. Since DCF uses the Social Security benefit to reimburse ourselves for the client's cost of care, DCF is seen as a payee and a creditor. A creditor payee must obtain Social Security's approval prior to using lump sum

benefits for self-reimbursement. (SSA POM Section GN 00602.030.) The GSO communication system and form PPS-5928, GSO Reporting Form, are used to request a multi-month distribution of a lump sum deposit. See instructions for Form PPS-5928 for details.

D. SSI While in Medical Placements

Youth placed in a State Hospital, Institution, or residential treatment facility (PRTF) receive a reduced SSI payment of $30.00 per month. The reduced rate starts the first full month in one of these medical placements. The month the client is admitted (a partial month) PPS can receive the entire benefit. The $30 is provided for the child's incidental expense for the month. Social Security must be notified, using GSO and form PPS-5928, when a youth enters and leaves a medical-type placement so the benefit can be adjusted. When in a medical placement for an entire month, if the SSI benefit is received by DCF at the full amount, the worker shall approve only $30 of the benefit. Refer to PPM EP Appendix D for details on approving deposits in WARDS.

E. SSI Balance Limits

Clients lose SSI eligibility if their resources are over $2,000. Resources for SSI purposes would include the total of balances in their regular and non-RD WARDS accounts (the “non-RD” account is where non-social security benefits are held). A balance in the dedicated account (lump sum benefits Social Security labels as “dedicated” are held in the dedicated account) do not count towards the $2,000 limit. If a client’s WARDS balance is approaching $2,000, regional office staff shall reduce the balance by deciding how to spend the money based on the needs of the client. Refer to PPM Section 5929 for information of how benefits can be spent. Refer to PPM Section 5928.E for information on PASS, an option to consider when the SSI client has no unmet needs so benefits cannot be spent down.

A report in WARDS called Balance Range (Reports | Clients | Client Balance Range) shall be run anytime a worker wants to know the balance of a client. The WARDS Finance Manager in PPS Administration runs this report monthly for clients who receive SSI and sends a copy to Social Security Administration and to each region.

Notify Social Security, using GSO and form PPS-5928, when a client’s account balance is:

1. Between $1,250-$2,000 – add a comment to form PPS-5928 that Social Security will be contacted next month if the balance is not spent down.
2. Over $2,000 – add a comment to form PPS-5928 explaining when the balance will fall under $2,000. Having the account over the limit may cause benefits to be suspended; Social Security will make that decision. If benefits are suspended, Social Security will let you know what needs to be done to reactivate the benefits once the WARDS account balance is back under the limit.

F. Conserving Funds

There are two ways to save Social Security benefits for a need of the beneficiary.

1. PASS (Plan for Achieving Self-Support) for Clients with SSI Balances

   a. Qualifying

      A PASS plan is appropriate when the following conditions are met:

      i. The client receives an SSI benefit; and
      ii. The client has all needs met; and
      iii. Their WARDS balance will exceed the $2,000 limit within 90 days; and
      iv. The client has a plan for their future (i.e. attend college or start a business).

      Money put into PASS is not considered as a resource when determining a client's eligibility for SSI. Should a youth's resources exceed $2,000 their SSI benefit could be suspended which results in a loss of benefit for the youth. More information about PASS, and how to apply for it, can be found at http://www.ssa.gov/pubs/11017.html . The WARDS worker shall initiate discussions regarding a PASS with the DCF IL Coordinator and the CWCBS social worker. The DCF IL Coordinator shall complete the needed form and documentation, making sure the WARDS worker has copies of anything submitted to Social Security.

   b. If Approved

      If the PASS is approved the WARDS worker shall do the following:

      i. Indicate on the Maintain | Clients screen the approved amount under *SSI* "Maintain Minimum Balance". This will prevent the WARDS system from using up to that approved amount to reimburse the agency for cost of care.
      ii. Send the request to the WARDS Finance Manager in DCF Payables when the PASS funds are needed by the client for their intended purpose.
      iii. Reduce the amount listed on *SSI* "Maintain Minimum Balance" by the amount of the purchased item.

2. "Minimum Balance" for Clients with SSA Balances

   Applying a "Maintain Minimum Balance" to a client's SSA account in WARDS means that up to the amount determined for the identified need will not be used to reimburse DCF for expenses incurred while the client is in DCF custody. The reason for conserving funds needs to be carefully evaluated by the WARDS worker and the regional program administrator to determine if this is in the best interest of DCF and the youth in DCF custody.

   a. Qualifying

i. The client receives Social Security Act (SSA) benefits and no SSI benefits; and,
ii. This need cannot be met through any other source.

b. Procedures
i. Documentation - The WARDS worker shall obtain in writing from the region's program administrator approval to conserve funds in WARDS. This documentation shall be kept in the WARDS financial file.
ii. Maintain | Client Screen - On the Maintain | Client screen in WARDS, enter the amount to conserve as a "Maintain Minimum Balance" for SSA. DCF will not be reimbursed until this dollar amount is achieved in the WARDS account.
iii. e-Mail the PPS Administration WARDS Finance Manager with expenses as they are needed for disbursement from the WARDS *conserved* funds.
iv. Reduce the amount listed on "SSA Minimum Balance" by the amount of the purchased item.

G. Annual Accounting to Social Security Administration (Representative Payee Report)

When DCF is payee of a child's social security benefit, Social Security will mail yearly to DCF a Representative Payee Report which is filled out with the assistance of the Rep Payee Report in WARDS (refer to PPM EP Appendix D for instructions on how to run this report). DCF shall use Social Security's on-line reporting site whenever possible to answer the questions asked on the Payee report. If the site is not available or attachments need to be sent with the report to explain certain answers, the Representative Payee Report shall be mailed in the envelope provided by Social Security.

Social Security's on-line reporting site can be found at http://www.socialsecurity.gov/payee/form/index.htm . Each DCF WARDS worker completing payee reports shall access the site and register for a userid and password. This userid and password are then used on the site to submit answers to Representative Payee Reports.

Please note that the on-line reporting site is different from the GSO account mentioned in PPM 5928.A.1.

5929 WARDS - Benefit Management

This section contains information regarding events occurring while DCF is payee of a foster child's benefit. The DCF WARDS worker shall be familiar with the following information.

A. Approving Deposits and Expenses

1. Guidelines for Approving Deposits
   DCF is eligible to receive a benefit deposit if the child was in DCF custody in an out of home placement at any time during the month. The following guidelines apply for determining how much of a benefit deposit can be approved.

   a) Return Home: for the month a child returns home DCF Regional Office staff shall approve the entire benefit deposit for the month. Any benefit deposits received for months following a return home shall be disapproved.
   b) PRTF: If a child is placed in a PRTF for the entire month, the state is only allowed to approve $30 of the deposit for an SSI benefit. Other benefit types (SSA, VA, RR, etc), do not have this limitation.
   c) OPPLA: Youth who achieve permanency through OPPLA are also released from custody. Any benefit deposits received the month of release shall be completely approved; any benefit deposits received the month after the release from custody shall be disapproved.
   d) Detention & AWOL: For SSI and SSA benefits, consult the local Social Security (SS) contact to determine if benefits can continue to be received. In some instances, social security benefits may continue while the child is in detention or is AWOL to be conserved for the child's return. Other benefits (VA, RR, etc) can continue to be approved.
   e) Adoption subsidy pre-finalization:
      i. For SSI benefit with IV-E funded adoption subsidy ONLY: Concurrent receipt of IV-E adoption assistance and SSI is permissible. Social Security will reduce the SSI amount by the monthly subsidy payment. The new adoptive parents may request to be payee.
      ii. For all other benefit types (SSA, VA, RR, OTH): The new adoptive parents may request to be payee of the child's benefit. If they choose to become payee, all Social Security deposits received after their request becomes effective should be disapproved and returned to Social Security or returned to the adoptive parent if the benefit is VA, RR, or OTH. A partial month offset may be approved from the deposit if the request became effective in the middle of a month.
   f) Death: In the case of death, an SSI check is payable for the month of death; any SSI checks received following the month of death shall be disapproved. For non-SSI beneficiaries, no check is received for the month of death, even if the child dies on the last day of the month. Disapprove any check received for the month of death or later for non-SSI benefits.

2. Guidelines for Approving Expenses

   Expenses shall be approved as long as the service occurred, the number of units agrees with acknowledgements received from the contractor, and the cost seems reasonable—'reasonable' meaning the cost is within a few

dollars of the rate listed in the Handbook for Client Purchases (see PPS website). The system automatically considers whether an expense exceeds the amount of SS benefit for the month in order to allow or disallow the expense to be reimbursed to DCF. The following guidelines apply when approving expenses in WARDS.

a) Determine whether the cost is listed accurately: The cost listed in WARDS is what the contractor had to pay for the expense. This varies by contractor. If an expense seems unreasonably low or high (consult the Handbook for Client Purchases on the PPS web site for suggested rates), contact the contractor to confirm the cost they submitted is accurate. Give them the service ID of the expense in question so the contractor can easily identify which expense is in question.

b) No expenses displayed: If expenses are not showing up for a child, check the following:

   i. Has an initial deposit for the child been approved? Approving the first deposit of a child's WARDS account allows expenses to be loaded.
   ii. Is there an approved deposit for the time period in question? Only expenses involved in the service dates of an approved deposit will appear in WARDS.
   iii. Do the Rep Payee start/end dates (on the Maintain | Clients screen) include the months missing from the expense page? The Rep Payee start/end dates indicate when a case is active; even if a deposit is approved, if the Rep Payee dates do not include the deposit's service month(s), the expenses will not load.

c) Medicaid Paid Placement – PRTF or Other: Medicaid paid placements usually have no direct expense to the contractor so the cost is usually zero. Approve expenses with 0 as an amount if the placement matches what was reported on the Acknowledgment form (PPS 5120 form).

3. How to Fix an Expense

The services seen in WARDS are actually encounters stored in SCRIPTS received from contractors. Each encounter has a unique identifying number called a service ID. Once a service ID is loaded into WARDS, it does not receive any updates. If the contractor sends SCRIPTS a correction, it will not be reflected in WARDS. If an expense needs changed, there are two options:

a) Approve the expense, adjusting the rate so it matches up with what the expense should have been. Document in the logs what the expense should have been and the contractor has been contacted to submit a correction to SCRIPTS; or.

b) Ask the contractor to submit the change under a new service ID. If the contractor successfully submits the change under a new service ID, disapprove the expense currently showing and wait for the new expense to be loaded. When the new corrected expense is loaded into WARDS, approve it.

B. Monitoring Account Balances

By the 15th of each month, the WARDS Worker shall run the following reports to check balances on their cases:

1. Inactive Client List with Balance – This report provides a list of clients and their balances that do not have an open rep payee episode. Workers shall contact the WARDS Accountant to close any cases with a balance where DCF is no longer the Representative Payee.
2. Client Balance Range – This report provides a list of client balances falling within the filters applied. To check balances of clients who receive SSI, check the box "Only Clients Receiving SSI Benefits" and apply a filter where total balance is between $2,000 - $100,000. Workers shall look for ways to spend down the balance before the 1st of the next month.

C. Purchases Made from the WARDS Account

Any personal item the beneficiary needs can be purchased with money in a WARDS account once the client's cost of care has been paid (calculated by the WARDS system) and the item is not covered under the Foster Care Reintegration contract.

1. Waiving Cost of Care Reimbursement
   Reimbursing DCF for cost of care can be waived by the regional office program administrator should an extenuating circumstance exist, such as no other source is available to pay for a needed item. WARDS workers shall document this exception and approval in the WARDS financial file. (Refer to 5928.E.2 for details on conserving funds.)

2. Receipts and Approved Items
   Receipts for purchased items are required. Benefits should be used only for items the client can take with them from placement to placement. Following are examples of personal items for which WARDS funds could assist:

   a. clothing – coats, caps, gloves, swimming suits, shoes, uniforms for school
   b. therapeutic equipment (if recommended by a doctor and not covered by any other source) – hearing aids, glasses, walkers, book holders, wheelchairs
   c. health and hygiene items – soaps, cosmetics, lotions, combs, brushes, bath scale, dermatology treatments, cosmetic dental treatments
   d. room furnishings – rugs, curtains, bedding items, pictures, posters, mirrors, or clothes hamper
   e. transportation – mileage or bus pass to visit family, go to amusement parks, State fairs, or summer camps
   f. hobby items – art supplies, photo albums, cameras, film and video tapes

g. school items – supplies, class fees, activity tickets, yearbooks, instrument for school band or orchestra
h. convenience items – radios, tv's, clocks, CD players, watches
i. miscellaneous items – magazine subscriptions, telephone expenses for out of town calls, restaurant meals, or reasonably priced holiday present for the child to give.

Items the client cannot take with them when they move, or are not consumed by the client, shall not be purchased with WARDS account money. This would include, but is not limited to, anything built in, such as a wheel chair ramp, a dishwasher, wall-to-wall carpeting, or bus ticket for a family member. Reasonably priced holidays gifts for the client to give are the exception to this rule.

3. How to Make a Purchase

a. Choose a Method
The WARDS worker shall explain to the case manager the following options:

i. The CWCMP, an agency, or an individual purchases the item(s) and turns in receipt(s) for reimbursement. Case managers should ensure there is money available in the child's WARDS account prior to making the purchase. NOTE: WARDS workers should impose a 'minimum balance' on the child's account when receiving a request from the case manager to reserve funds for a purchase. (See WARDS User's Handbook, EP-Appendix-D in the PPM for details on how to place a 'minimum balance' on an account.)
ii. An allowance (limited to $100 or less) is given to the client. The check will be made out to the client; the client and case manager (see NOTE 2) will need to sign the PPS 5929 acknowledging receipt of the check. Describe what the client plans to purchase with the allowance on the PPS 5929.
NOTE 1: If the client is unable to sign for a check due to age or disability, this method should not be used. Use method C.3.a.i described above.
NOTE 2: Whoever hands the check over to the client needs to sign in the 'case manager' field on the PPS 5929. This could be someone else with the CWCMP agency or from DCF.
NOTE3: If the client is signing something other than the PPS 5929, the paper must contain the following information: client's name, the amount received, the intended purchase(s), the date the check was received, the case manager's signature (see NOTE 2), and the beneficiary's signature.
iii. A gift card is purchased for the client. Gift cards have the same requirements as an allowance—they are limited to $100 or less and

the case manager and client will need to sign the PPS 5929 acknowledging receipt of the gift card.

Exceptions to these purchasing options must be approved by the WARDS Program Administrator prior to a purchase being made. Documentation of the exception request and approval shall be through e-mail correspondence which will be saved with the completed PPS 5929 WARDS Account Spending Request form.

b. Request a Check

To request a check from WARDS, the WARDS worker shall complete the PPS 5929 WARDS Account Spending Request and e-mail the form to the WARDS Accountant, in DCF Payables unit, along with any receipt(s), if applicable. Receipts and/or client signatures are required for any purchase request.

D. Child Support Services Involvement

When a child receives benefits based on a parent's disability or retirement (regardless of whether the Social Security Administration or a private insurance company is the payer), the benefit can be applied to that parent's child support order, if one exists. Refer to EP Appendix D for details on how this process works within the WARDS system.

1. Legal Justification

From the case Andler v. Andler, it was determined disability or old age benefits "constitute a satisfaction of a child support order when paid to the divorced mother for the benefit of the minor children." [*Andler v. Andler*, 217Kan.538 (1975).] When the child is in DCF custody and DCF is payee of that benefit, the same applies.

2. Amount Child Support Services Can Receive

Child Support Services (CSS) is entitled to credit the parent's account the lesser of the total amount of the monthly accruing Child Support Order or the amount received from SSA, VA, or Railroad Retirement. CSS is responsible for crediting the parent for the support provided to the child.

E. Youth Over 18 Who Remain in Custody

Youth over 18 who remain in custody and out-of-home placement can become their own payee, but the youth must sign their benefit check over to DCF to be deposited into the WARDS account as recovery of their cost of care. Youth who are not able to manage their own benefit money should not become their own payee. This is a decision to be made by staff at the agency issuing the benefit.

F. Returning Money Held in WARDS

When a child in DCF custody is no longer in out-of-home placement and DCF should no longer be payee, the client's WARDS account shall be closed, meaning the balance brought to zero. The following are the responsibility of the WARDS Worker:

1. Inform Issuing Agency – For Social Security benefits, the WARDS worker shall inform Social Security, via GSO and Form 5928, of the child's new placement. For Veterans Administration or the Railroad Board, phone or e-mail your contact of the child's new placement.
2. Last month of expenses – Approve/disapprove all pending deposits and expenses. Expenses appear in WARDS the month following the month they occur; the WARDS worker will need to wait until the month following the closure month to approve/disapprove all expenses.
3. Close Rep Payee Period – Enter a Rep Payee closure date on the Maintain | Client screen in WARDS.
4. Notify WARDS Accountant – Send an e-mail to the WARDS Accountant letting them know the following:
   a. To Whom the Check should be made out following these guidelines:
      i. Social Security benefits – Balances shall be paid to Social Security. Social Security will then forward that balance to the new payee.
      ii. Veterans, Railroad, and other benefits – Balances shall be sent to the new payee responsible for the child's day-to-day care.
   b. Where the check should be sent
   c. Why the account is closing
   d. New address of client
   e. The date the client reached permanency (DCF no longer payee)
   f. Client's name
   g. Client's ID#
   h. Client's SSN

5930 Closing the Foster Care Case

Detailed data entry instructions for closing a foster care case are contained in E&P Appendix B of this manual.

Close the Foster Care case on KAECSES when any of the following occur. Upon implementation of KEES close the foster care case in KEES and KAECES:

1. Child returns home
2. Child is living independently or has otherwise achieved permanency
3. Adoption Assistance case opens
4. Death of the child
5. Close the Medicaid Case

If the child returns home on or before the 15th of the month, the case shall be closed at the end of that month. If the child returns home after the 15th of the month the case shall close at the end of the following month.

The foster care payment case shall close unless child has returned home, is still in custody, and the Regional PPS Program Administrator has approved extending the medical card as outlined in section 5919. Close the Medicaid case for a child on runaway status.

If DCF staff receives the Certificate of Creditable Coverage from KMAP after a child returns home from foster care, the form shall be mailed to the parental home.

5931 Entering Payment Eligibility in FACTS

See section 5892 for Instructions on entering eligibility into FACTS

5940 Coordination with the Kansas Department of Corrections - Juvenile Services (KDOC-JS)

KDOC-JS is the designated State agency for serving juvenile offenders in Kansas who have been placed into the custody of KDOC-JS by the courts. PPS Eligibility Specialists are responsible for determining if juvenile offenders (JOs) in KDOC-JS custody are eligible for IV-E and Medicaid. Whenever necessary, PPS and KDOC-JS staff communicates and coordinate work related to these cases.

Local KDOC-JS agency Case Managers are responsible for the day-to-day management of JOs who are in KDOC-JS custody. Some of these JOs are in out-of-home placement which makes them part of the State's foster care population. JOs may reside in a Family Foster Home, YRC's, PRTFS, Sanction House, TLP, CIP, Juvenile Detention Center, Juvenile Correctional Facility, Secure Care Facility, Emergency Shelter or with relatives.

5941 Juvenile Offender Eligibility for Foster Care Medicaid and IV-E

When a youth is adjudicated a juvenile offender and committed to Kansas Department of Corrections - Juvenile Services (KDOC-JS) custody and placed out of home, KDOC-JS Case Managers enters information into CASIMS system in order for the PPS Eligibility Specialist to obtain the PPS 5410A from the CASIMS system. PPS Eligibility Specialists will be sent an automatic e-mail to alert them that a youth has entered KDOC-JS custody. PPS Eligibility Specialists also determines eligibility for juveniles who are directly committed to a juvenile correctional facility.

KDOC-JS Case Managers will need to forward the following information to the PPS Eligibility Specialists on the day custody is given to KDOC-JS :

1. Complaint
2. Order of Custody

KDOC-JS Case Managers will need to forward the following information to the PPS Eligibility Specialists within three business days of the youth entering KDOC-JS custody:

1. Copy of Birth Certificate/Verification
2. Copy of Medical Insurance (if applicable)
3. Social Security Card (if available)
4. JJA 0014 KDOC-JS Acknowledgment of Parental Obligation
5. PPS 5410A (if the completed form is not available through CASIMS)

Youth in KDOC-JS custody and residing in out of home placements are also eligible for Foster Care Medicaid if they meet the eligibility criteria per Section 5900.

Youth in KDOC-JS custody are no longer eligible for Foster Care Medicaid when they reach the age of 21 (last day of the month they turn 21). The PPS Eligibility Specialist shall close the KAECSES and KEES case.

5942 Legal Status Code for KDOC-JS Cases

Enter a JJA legal status code in the FOCA legal status field. This prompts the interchange-Medicaid Management Information System (iC-MMIS) to reflect a KDOC-JS population code for budget purposes. This coding also assures that KDOC-JS is charged for Medicaid paid placements by the iC-MMIS system. See E&P Appendix B; FOCA screen explanation for details.
For information about applying templates to topics, press **F1**.

5943 Juvenile Offender Eligibility

A redetermination of IV-E eligibility is required every 12 months. PPS Eligibility Specialist will download the PPS 5425A, IV-E Eligibility Redetermination, from CASIMS. KDOC-JS Case Managers will need to supply supporting documentation to the PPS Eligibility Specialist, so that they can correctly determine ongoing eligibility. Supporting documentation may include, but not limited to:

A. Journal Entries showing continuous custody
B. Permanency Hearing
C. Income (earned and unearned)
D. Information regarding ongoing deprivation
E. Resources

PPS Eligibility Specialist redetermine the youth's IV-E eligibility by completing the PPS 5425B. Refer to Section 5900 for juvenile offenders who are GA foster care eligible.

5944 KDOC-JS Notification to DCF Regarding Changes Which Impact Eligibility

KDOC-JS agencies are responsible for notifying PPS Eligibility Specialist in the regional DCF office when case changes occur which impact eligibility. This is completed by an automatic e-mail being generated to DCF when the KDOC-JS Case Manager enters the information into CASIMS. Upon receipt of the notification of the change, the PPS Eligibility Specialist will access CASIMS, print the information for the file, and forward a copy to the CSE worker. In most circumstances, the information will be contained in the PPS 5460, which will be printed and placed into the eligibility file. PPS Eligibility Specialist will enter the eligibility segments into CASIMS so KDOC-JS can submit their quarterly IV-E maintenance claim.

Changes that could impact eligibility for which KDOC-JS is responsible to notify DCF when any of the following changes in status occurs:

A. KDOC-JS is relieved of custody by the court
B. The youth's placement changes
C. The youth returns home
D. The youth is enrolled in private health insurance

5945 Referrals To Child Support Services (CSS)

When a foster care case is opened for a juvenile offender, regional PPS program staff sends a KAECSES referral to CSS indicating the case is a KDOC-JS case.

PPS Eligibility Specialist will forward to CSS the following information:

A. Order of Custody
B. PPS 5410A
C. PPS 5460 (Change of Placement)
D. JJA 0014 JJA Acknowledgment of Parental Obligation
E. Copy of Birth Certificate/Verification

5946 Medical Card Extension Programs

Youth served by KDOC-JS are referred to PPS to determine eligibility for Medicaid. See Section 7000 of this manual for details when the youth has aged out and is released from KDOC-JS custody. See Section 5900 for details when the youth is still in KDOC-JS custody and has returned home.

5947 Denied Medicaid Claims

Regional eligibility staff refers denied Medicaid claims to KDOC-JS. KDOC-JS works with the Department of Health Policy and Finance to reinstate Medicaid claims denied by the iC-MMIS system.

5948 KDOC-JS Relative Placement Program

KDOC-JS staff may choose a relative placement for youth in KDOC-JS custody. Relatives may choose to be approved by KDHE or to receive TAF. KDOC-JS completes PPS 5460 to notify regional eligibility staff of the placement and the choice of the relative. Relatives choosing medical only receive a foster care medical card.

If the juvenile receives SSI or other benefits, KDOC-JS staff will refer the relative to the Social Security Office to become payee for benefits.

5949 Dually Adjudicated Youth Served by KDOC-JS

When a youth in the custody of the Secretary is later adjudicated as a juvenile offender and placed into the custody of the KDOC-JS, KDOC-JS is responsible for the care and treatment of the youth. This includes payment responsibility for the placement. KDOC-JS's responsibility for placement continues as long as the youth is in the custody of KDOC-JS. As long as the Secretary was not relieved of the youth’s custody when he/she entered KDOC-JS custody, DCF responsibility for care and treatment will resume on the day the youth is released from KDOC-JS custody.

When court order transfers custody of a youth from DCF to KDOC-JS or from KDOC-JS to DCF, the same episode of care continues as long as State custody is continuously maintained.

A. Change the Legal Status code on the FOCA screen. (See E&P Appendix B for details).

B. Notify any agency from which the youth receives benefits (SSA, VA, etc.) that KDOC-JS is now the responsible agency and that DCF is no longer responsible for the youth. Provide a copy of this notification to the local KDOC-JS agency.

C. When a youth has a Wards Account and the youth is released from DCF custody, the PPS Eligibility Specialist will notify Social Security Administration of the change in custody. The remaining funds will be returned to Social Security Administration. If they youth is dually adjudicated, the PPS Eligibility Specialist will contact Social Security Administration for instructions on how to handle the remaining funds.

5950 Juvenile Offender Independent Living

KDOC-JS youth may be eligible for DCF Independent Living services through DCF. PPM Section 7000 for Independent Living policies and procedures.

5960 Foster Care Eligibility for Tribal Youth

A. Medicaid Eligibility

PPS eligibility specialists are responsible for determining Medicaid eligibility for children in the custody of one of the four federally recognized tribes in Kansas. Children in the custody of the Tribal Authority and in out of home placement are categorically eligible for Medicaid. Once the child is returned to the parental home, even if the child remains in the tribal custody, the child is no longer eligible for Foster Care Medicaid.

1. Tribal Case Manager's Responsibilities:

Tribal case managers shall send the following documentation to the PPS eligibility specialist within five (5) business days.

i. Initial Eligibility
   1. Order of Custody
   2. PPS 5410 A
   3. Social Security Number
   4. Placement information (Foster Home name and address)

ii. Ongoing Eligibility
   1. Placement Changes
   2. Complete Medicaid Reviews

3. Order releasing the child

2. DCF Responsibilities

The PPS Eligibility Specialist will determine the child's eligibility for Foster Care Medicaid.

i. Initial Eligibility

Determine the child's Medicaid eligibility within 15 business days of receiving the documents proving the child is in the custody of tribal authority for out of home placement.

ii. Ongoing Eligibility

1. Update the eligibility system when the child changes placements
2. Review ongoing Medicaid eligibility

B. IV-E Funding Eligibility

PPS eligibility specialists are responsible for determining IV-E eligibility for children in the custody of the state as well as for children who are in the custody of the tribal authority which Kansas has a Title IV-E agreement. Currently, Kansas does not have an IV-E agreement with any of the federally recognized Tribes in Kansas.

There are times when a child may enter Kansas foster care system and later be released from state custody and placed in the custody of the tribal authority. Kansas will coordinate with the tribe to transfer the child's Medicaid eligibility as well as the documentation supporting their Title IV-E funding determination, if the tribe is a Tribal Title IV-E agency or develops a title IV-E agreement with Kansas. The child's case plan, health and educational records will be transferred pursuant to Section 475 (1)(C) of the Social Security Act.

6000 Permanent Custodianship & Adoption

6110 Establishment of Permanent Custodianship Subsidy (PCS)

In 1999 the legislature established funding for permanent guardianship subsidy (PGS) to assist families willing to assume this responsibility. Additional funding was designated for those guardianships established pursuant to K.S.A. Chapter 38, Article 15 (permanent guardians). Starting January 1, 2007, the CINC Code changed the name to Permanent Custodian.

6111 Eligibility Requirement for Children

Permanent custodianship subsidy may be considered if one of the following is met:

A. The child is age 14 and over, or
B. The child is part of a sibling group being placed together and one child is age 14 and over, or
C. The child has an approval for an exception from the Director of Prevention and Protection Services for other extenuating circumstances making adoption not a reasonable option.

A. Permanent custodianship subsidy ends when:

1. a child is 18 unless still in high school, then the PCS may continue until the youth graduates or turns 21, whichever is first,
2. the child becomes emancipated, dies or otherwise ceases to need support,
3. the child no longer resides with the permanent custodian,
4. or the permanent custodian fails to complete and return the annual review.

B. The permanent custodianship subsidy is not an entitlement program and the child must meet all of the following criteria:

1. be in the custody of the Secretary of DCF with or without parental rights terminated at the time permanent custodianship is established;

2. a court order appointing a permanent custodian;
3. not receiving SSI; and
4. the permanent custodian meets eligibility to receive TAF as defined by EES (KEESM 2220 - Living with a Caretaker).

Children who are living with a guardian established through K.S.A. Chapter 59 (probate court) are not eligible for PCS.

6112 Type of Support and Amount of Subsidy

A. Maximum Monthly Subsidy Payment

The maximum monthly subsidy payment cannot exceed $300, for permanent custodianships granted on or after 7-1-06. It may be adjusted lower depending on the income and resources of the child. Children shall not receive subsidy if their countable income exceeds $300 per month. Once the subsidy amount is established it does not change unless there is a change in the child's circumstances.

B. Medical Card

The medical card can be authorized as part of the Permanent Custodianship Subsidy (PCS) approval process.

When the approved PPS 6155 and PPS 6160 are received by the provider, the provider shall work with the family to submit their application to the Clearinghouse. This shall include:

1. PPS 6155, Referral for Payment, with signed approval from the PPS Administration PCS Program Manager, and
2. PPS 6160, Permanent Custodian Subsidy Agreement, with signed approval from the PPS Administration PCS Program Manager, and
3. The Journal Entry showing the date stamp of the Permanent Custodianship
4. Assisting the family in assuring the KanCare paper application is submitted by mail or by fax to KanCare. The following statement shall be hand-written on the top of the paper application, “Foster Care returning home, is Permanent Custodianship”.
5. Refer to the KEESM manual, Appendix A, which outlines documents required to prove citizenship and identify.

Kan Be Healthy Screens and all Medicaid rules are applicable.

The parent's family health insurance is applicable if parental rights are not terminated. Custodians are expected to include the child on their family medical insurance plans, if the coverage is available. If the permanent custodians move to a different state, the Kansas medical card shall be closed. The permanent custodian will need to apply for medical coverage in the state of residency. A medical card may or may not be issued for the child in that state.

C. Income and Resources of the Child

The relative and non-relative custodians may apply for Temporary Assistance to Families (TANF) on behalf of the child. EES will exempt the subsidy payment in determining the TANF benefit amount. All other applicable income for the child will be considered in determining both the subsidy and TANF payment.

Disregard $186.00 per month of the child's income when determining eligibility for permanent custodianship subsidy.

Income to consider shall include but is not limited to:

1. Social Security Survivors Benefits (SSA);
2. Social Security Disability Insurance (SSDI);
3. Child Support;
4. Income for the child from a trust or annuity
5. Other benefits, e.g. railroad or veterans benefits.

Permanent custodians are expected to apply to be the payee for benefits on behalf of the child. If parental rights are intact, parents may need to agree to the transfer of payee. The amount of benefits affect the amount of subsidy and TANF payment.

6113 Exempt Income and Resources

The following income and resources shall be exempt in determining eligibility for PCS:

A. earned income of the child;

B. inaccessible trusts of the child;

C. income and resources of the permanent custodian and spouse;

D. income and resources of the parent;

E. TAF benefits received for the child.

6114 Eligibility Determination

A limited amount of permanent custodianship funds are available. Prior approval from PPS Administration must be obtained before entering into a custodianship subsidy agreement with an individual or family.

A. The Child Welfare Case Management Provider shall:

1. Submit the PPS 6150 Request for Permanent Custodianship Subsidy, a letter from the prospective permanent custodian explaining why they want to be the custodian, and a letter from the child (if age 14 or over) confirming they are in agreement with the plan to the PPS Permanent Custodianship Specialist and the Regional DCF Office;

2. After approval is received, complete the PPS 6160, Permanent Custodianship Subsidy Agreement, with the custodian (the custodian signs the agreement and DCF will sign when it is submitted to Prevention and Protection Services):

3. Obtain a copy of the Journal Entry of Permanent Custodianship or Letter of Custodianship from the court;

4. Determine that other applicable requirements are met;

5. Complete PPS 6155, Referral for Payment;

6. Submit all the above to the Regional DCF Office

7. Notify the Regional DCF Office staff if they become aware there is a change in address of a custodian.

B. Regional DCF staff shall:

1. Issue Permanent Custodianship Subsidy through KAECSES

2. Send the PPS 6165, Annual Permanent Custodianship Report to the custodians to complete

3. Submit to PPS Permanent Custodianship Specialist the completed Annual Permanent Custodianship Report, PPS 6165;

4. Notify PPS Administration Permanent Custodianship Program Manager if they become aware there is a change in address of guardian

5. Notify the PPS Administration Permanent Custodianship Program Manager in writing of the effective closure date when a case has closed

6. Receive the approved PPS 6155 and PPS 6160 from the DCF Administration PCS Program Manger prior to initiating payments.

6115 Permanent Custodianship Subsidy Agreement

The Permanent Custodianship Subsidy Agreement, PPS 6160, shall be signed by the designated custodian(s). A blank copy of the Permanent Custodian Update Form, PPS 6170, shall be provided to the Permanent Custodian, which shall include information about where to send the form if changes occur.

A. The DCF staff (or designee) shall explain to the custodian:

1. the purpose of the subsidy, their financial and social responsibilities;
2. the terms of the agreement;
3. the duration of the agreement;
4. the custodian shall use the Permanent Custodian Update Form to report changes to DCF when they occur;
5. should the custodian fail to complete and return the annual review form the case shall be closed;
6. monies will be recouped by PPS if sent in error after subsidy should have terminated;
7. failure to report changes may result in an investigation for fraud.
8. the child may be eligible for Independent living services if the child achieves permanent custodianship at or after age 16, and encourage the custodian to assist the child by contacting the State's Independent Living Program Manager to access services such as post-secondary financial assistance
9. if the child becomes eligible for SSI after the PCS was approved, the child is then ineligible for PCS.
10. the custodian should apply for other financial benefits for the child, e.g., SSI or veteran's benefits;

11. the custodian should notify DCF immediately of any changes in the child's living situation;
12. the custodian should advise DCF immediately if the custodianship is set aside or they cease to be legally or financially responsible for the child;
13. the custodian should advise DCF when the child reaches 18 and has completed high school;
14. the custodian should advise DCF when the child becomes emancipated;
15. the custodian should advise DCF if the child dies, or otherwise ceases to need support; and
16. the custodian should cooperate fully with DCF in an annual review. (See PPS 6165)

6116 Termination of Permanent Custodianship Subsidy

A. Permanent Custodianship Subsidy shall not continue beyond the month in which:

1. the child reaches 18 (unless the youth is still in high school; then subsidy may continue until the youth graduates or until age 21, whichever is first);
2. the child becomes emancipated, dies or otherwise ceases to need support;
3. the child no longer resides with the custodian;
4. an annual review is due and the custodian fails to complete and return it.

B. The case manager is responsible for forwarding all information that would result in termination to the PPS Permanent Custodianship Specialist and the Regional DCF Office immediately upon receipt of the information.

6120 Annual Report

Permanent Custodianship subsidy does not require an annual eligibility re-determination. An annual report shall be made to determine if any changes in the circumstances of the child exist. The annual report shall coincide with the anniversary date of the beginning of the Permanent Custodianship Subsidy and a copy of that report is due in the PPS Regional office by that date.

DCF staff shall send to the family on an annual basis the PPS 6165 Custodianship Annual Report. The family shall complete this form and return it within 30 days to DCF staff. The form shall be reviewed, any changes not reported timely shall be sent to the fraud investigator, a copy shall be forwarded immediately to the PPS Permanent Custodianship Specialist, and the original will be placed in the case file. Failure to

submit the PPS 6165 Custodianship Annual Report to the case manager in a timely manner may result in automatic stoppage of payment to the custodian.

6132 Referral to Child Support Services (CSS)

Parents whose rights have not been terminated shall be referred to Child Support Services (CSS) for the collection of support. CSS may receive referral from both EES and PPS. The establishment of a permanent custodianship subsidy case shall be noted on the narrative section of the CHSE Screen in KAECSES.

6200 Adoption Assistance

Adoption Assistance is a program designed to remove barriers to the adoption of children with special needs, who otherwise could not be adopted. The intent of the program is to assist the adoptive family in meeting the special and ordinary needs of a child. The types of assistance the child receives shall be determined by the negotiation process. It shall not be assumed all families will need all types of assistance.

A. The adoption assistance program may provide one or more of the following:

1. Kansas Medical Card
2. Monthly cash subsidy,
3. Special one-time payment,
4. Non-recurring expense reimbursement.

Reference PPM Section 6201-6204 for details related to each adoption assistance type.

B. This program is authorized by state and federal statutes and regulations.

1. Kansas implemented a state adoption assistance program in 1970.
2. The state only adoption assistance program is codified in KSA 38-319 through 38-329.
3. The Title IV-E of the Social Security Act was modified to include federal financial participation in adoption assistance through the Adoption Assistance and Child Welfare Act of 1980, Public Law 96-272.

4. The Tax Reform Act of 1986, Public Law 99-514 amended the Title IV-E adoption assistance program to provide 50 percent matching funds for non-recurring expenses associated with the costs of adopting a child.
5. The Adoption and Safe Family Act of 1997, Public Law 105-89 further modified the requirements for Title IV-E adoption assistance.
6. The Fostering Connections to Success and Increasing Adoptions Act of 2008 (Public Law 110-351) amended the Title IV-E of the Social Security Act.

Both the state and federal programs shall be operated the same. Adoption assistance and medical assistance shall be provided for eligible children regardless of the funding source.

6201 Medical Services

The Adoption and Safe Families Act requires health care coverage be provided for any special needs child for whom there is an adoption assistance agreement. It is important that the family understand the benefits and limitations of the Kansas Medicaid Program.

The PPS Administration Medicaid liaison shall be consulted for information regarding Medicaid services. Kansas Department of Health and Environment, Division Health Care Services will assist in obtaining information regarding available medical services for specific children. Booklets and brochures are available through that Division for families. Additional information can be found in the Kansas Family Medical Assistance Manual (KFMAM).

6202 Monthly Cash Subsidy Payments

The Adoption Assistance Specialist shall negotiate a monthly subsidy with the adoptive family based on the child's needs and family's community resources and support services.

Once the family and agency agree to the amount of the subsidy it shall not change unless mutually agreed to by both parties.

A. Monthly Subsidy Rates
The maximum amount of subsidy is $500, unless a child is eligible for SSI prior to adoption finalization. (See section 6202B.) The monthly payments shall be negotiated

with the adoptive family and based on the needs of the child and the family's access to community resources.
Factors to consider when negotiating the amount of subsidy include but are not limited to:

1. Cost of medical transportation;
2. Cost of adding the child to private health insurance;
3. Special equipment or other non-medical supplies needed by the child not covered through other resources or Medicaid;
4. Cost of day care.
5. Number of children in the sibling group to be adopted (In certain situations where families are adopting large sibling groups, the added cost of food, clothing, and shelter may be taken into consideration when arriving at a subsidy amount);
6. Costs of special enrichment programs to benefit the child;
7. Other costs unique to the needs of the child;
8. Home improvements required due to the child's special needs.

B. SSI Eligible Children

1. Pre-finalization: Children determined SSI eligible prior to adoption finalization, may receive adoption subsidy at the SSI rate. The current rate is posted on the Social Security Administration web site at: www.socialsecurity.gov An adoptive assistance agreement shall be established whether the adoptive parents receive the SSI payment or a IV-E payment. The most common arrangement is for the agency to make a IV-E payment to the adoptive parents and the Social Security Administration suspends the SSI payment until finalization.

   For children who receive state funded adoption assistance, and becomes eligible for SSI, and receives an SSI payment, the cash subsidy shall be reduced by the amount of the SSI payment as Kansas operates the Title IV-E and State funded adoption assistance programs the same. A new adoption assistance agreement shall be signed.

2. Post-finalization: At finalization and release from the Secretary's custody, if the child continues to be SSI eligible, the adoptive family may request to become payee of the child's SSI benefit. However, children eligible for SSI in foster care may not be eligible for SSI post-finalization because the family's resources will be taken into consideration. If the child receives adoption subsidy and SSI payments, the adoptive family shall be advised the Social Security Administration will reduce the SSI payment by the amount of the adoption subsidy payment.

3. At age 18 youth eligible for SSI and receiving Title IV-E Adoption Assistance: Assistance may continue past age 18 until age 21, if the youth has current

documentation of a physical or mental disability which warrants continuation of adoption assistance beyond age 18. Prior to the youth's 18th birthday, the family shall submit current documentation from a physician, hospital, clinic or other qualified licensed medical practitioner of the youth's physical or mental disability which warrants continuation of adoption assistance beyond age 18. The documentation shall be placed in the financial file.

At the age of 18, an adult as a household of one, is eligible to apply for lifelong SSI benefits. If the adult has physical or mental conditions indicating the likelihood of eligibility for lifelong benefits, families shall be advised to apply for SSI benefits on behalf of the youth.

C. Home and Community Based Services (HCBS) Eligible Children

Children receiving in-home services through the Home and Community Based Services (HCBS) Waiver while in foster care continue to be eligible for services after adoption. Refer to PPM 0606.

6203 Special Service Payments

A special service payment may be authorized on a time-limited or one-time only basis if the child has a specific need which cannot be met through the Medicaid program, the monthly subsidy payment or other resources and address the special needs of the child. The special service payment should not be used to meet the ordinary needs of a child. The service payment for special purchase of goods or services shall be specified on the Adoption Assistance Agreement, PPS 6130. Specify and document the service and length of time the service shall be purchased, or the goods to be purchased. (See Handbook for Client Purchases for details on purchasing special services or goods). If a need is identified at a later date, a new agreement shall be developed and signed.

Payments for goods or services are not covered under the Title IV-E Adoption Assistance program, and shall be purchased from all state funds (non-IV-E adoption support).

A. Time Limited Services

Time limited services may be approved by regional staff for a six month period.

B. One-Time Only Purchases

Unique one-time only purchases are limited to $1000 per child. Purchases may include:

1. Beds and chest of drawers for families who adopt three or more children and the child has not been placed with the adoptive family as a foster care placement;
2. Special equipment for children with handicaps or development disabilities not covered by other resources;
3. Home modifications to make the house handicapped accessible~~,~~ or meet the special needs of the child, i.e., building ramps or widening doors etc.;
4. Lifts for vans, DCF does not purchase vehicles;
5. Respite care.

6204 Non-recurring Adoption Expenses

Any family who adopts a Kansas child who meets the definition of special needs is eligible to apply. A Kansas child is a child who is in the custody of the Secretary or a private child placing agency and does not receive adoption subsidy from another state and whose adoption becomes final in Kansas. Families may be reimbursed up to $2,000 for the expenses associated with the placement of each child and finalization of the adoption. Payments cannot be made until the adoption is finalized. Children adopted internationally or placed by the court, adoption brokers, parents and other individuals are not eligible for reimbursement of non-recurring funds.

A. Allowable Reimbursement

Families may be reimbursed up to $2,000.00 for the finalization of the adoption. Reimbursement is for reasonable and customary for:

1. attorney fees
2. court costs including filing fees
3. other costs associated with the legalization of the adoption
4. transportation for pre-placement visits with the child and reasonable costs of food and lodging to complete the adoption process
5. health and psychological exams

6. the home study fee,

Reimbursement is made to the family based upon the adoption assistance agreement. Reimbursement shall not be made directly to the attorney. After the adoption finalization the family may assign benefits to the attorney finalizing the adoption, the attorney shall submit the assignment of benefits with the bill for services, court cost, attorney fees, etc., along with the decree of adoption. Payment will be issued in the adoptive parents name and directed to the attorney's address. (See Appendix 6C).

B. Adoption Assistance Agreements for Non-recurring Expenses:

Adoption assistance agreements shall be completed prior to the finalization of the adoption.

Form PPS 6115 Eligibility for Adoption Assistance shall be used to document eligibility for adoption assistance.

Form PPS 6140 Non-Recurring Adoption Assistance Agreement shall be completed for families eligible for reimbursement of non-recurring expenses only.

Form PPS 6120 Application for Adoption Assistance Private Agency Placements shall be completed when applicable.

Form PPS 6130 Adoption Assistance Agreement shall be completed for children who receive adoption assistance.

C. Nonrecurring expenses if the adoption is not finalized

Non-recurring expenses may be reimbursed under certain circumstances if the adoption is not finalized and upon approval by the Adoption Assistance Program Manager.

The Regional office shall provide the Adoption Assistance Program Manager detailed information regarding;

1. The reason for the adoption disruption
2. The amount of requested reimbursement expenses
3. The type of requested expense

6210 Eligibility Requirements for Adoption Assistance

Eligibility for adoption assistance is based on the needs of the child, not the income of the family. The family's access to community resources shall be considered when determining the type and amount of assistance. The child's eligibility for adoption assistance shall be documented on the PPS 6115, Eligibility for Adoption Assistance.

Eligibility shall be determined while the child is in the custody of the Secretary in out of home placement or the custody of a licensed child-placing agency. Children may be eligible for one or more of the following types of adoption assistance: Medicaid, monthly subsidy payment, special subsidy payment, and non-recurring expenses.

A. To be eligible for adoption assistance a child shall meet all of the following criteria – 1, 2, 3 and 4:

1. A child must be legally free for adoption and placed in the custody of the Secretary of Kansas Department for Children and Families (DCF) or a private licensed child placing agency.

2. Establish the Child Cannot Return to the Parents
   There shall be a judicial determination that the child cannot or should not be returned to the home of the parents and it is not in the best interest of the child to be returned to the parents. Case records shall contain documentation stating why the child cannot return to his/her parents.

   Documentation is based on the following evidence:
   a. Journal entry documenting the termination of parental rights; or
   b. Journal entry documenting the child cannot return home; or
   c. Relinquishment by the parents to DCF in lieu of TPR; or
   d. Relinquishment by the parents to a private agency

3. Establish the Special Needs of the Child
   The child shall have one or more specific factors or conditions, which limits his/her's adoptability without adoption assistance. There shall be a linkage between the specific factor or condition and the type of subsidy needed to enable the adoptive family to meet the needs of the child. DCF staff shall determine eligibility. The Child Welfare Case Management Provider shall provide DCF with documentation of special needs.

   The following conditions are factors used to determine if the child has special needs requiring professional treatment on an ongoing basis, which may make it reasonable to conclude the child cannot be placed without cash subsidy or Medicaid services.

a. Physical Disability
The child has a medically diagnosed disability, which requires professional treatment, impairs normal functioning, or requires assistance in self-care or the purchase of special equipment. The disability is to be diagnosed by a physician, hospital, clinic or other licensed medical practitioner qualified to make disability determinations.
b. Developmental Disability
The child has significant developmental disabilities and/or delays with demonstrated need for intensive adult supervision beyond chronological age, determined through an evaluation by a licensed psychologist, diagnostic center, special education services, or other qualified professional individual.
c. Behavioral or Emotional Disability
The child is diagnosed as having a psychiatric condition, which impairs the child's intellectual, behavioral or social functioning. Diagnosis and prognosis shall be established by a licensed physician, psychologist or clinical social worker.
d. Age of Child
The child is age 12 or older.
e. Guarded Prognosis
Children with guarded prognosis are not currently being treated for a specific disability or condition but there are factors in the child's genetic, health, and/or social background, which indicates the child, may develop physical, emotional or developmental problems later. The child, parents genetic, social, and health history shall be documented in the case record.
f. Membership in a Sibling Group Placed Together
The child is a member of a sibling group of two or more children placed for adoption together. For a sibling group of two, one of the siblings shall have one of the special needs factors or conditions listed above. Sibling groups of three or more placed together do not need to meet any other special needs criteria.

4. Establish Reasonable Efforts Were Made to Place the Child Without Assistance.
A determination shall be made that reasonable but unsuccessful efforts were made to place the child without assistance. This criterion is not applicable for the child who is adopted by a relative or a foster family with whom a significant relationship has been established.

Efforts shall be made to place the child without assistance and documented in the case file. Reasonable Efforts include the following initiatives:
a. Referral of the child to state and national adoption exchanges;
b. Develop of individual recruitment plans;
c. Special Recruitment initiatives, such as TV or newspaper

It is not the intent of the agency to delay adoption reasonable efforts if an appropriate family is available who requires adoption assistance to adopt the child. It shall be documented in the staffing report why the family is the most appropriate choice for the child.

B. Children Who Are Not Eligible for either State or Federally Funded Adoption Assistance:

1. Children who have been placed by the court, adoption brokers, parents and other individuals; even if the child was previously in the custody of the Secretary.

2. Children adopted internationally

3. Children adopted by their birth parent.

6220 Eligibility Funding Requirements

The adoption assistance agreement shall be completed prior to the finalization of the adoption. Eligibility payment for adoption assistance begins on the date the PPS 6130 Adoption Assistance Agreement form is signed by the regional adoption assistance specialist.

A. Title IV-E Funding Assistance Criteria

Admin (Basic) IV-E Eligibility

In addition to meeting special needs criteria, one of the following criteria shall be met in order to establish a child's basic eligibility for Title IV-E Adoption Assistance:

1. At the initial removal from the home, the child's Title IV-E eligibility was established for the current foster care episode
2. A Child voluntarily relinquished to DCF or a licensed child placing agency had IV-E foster care eligibility established as a result of a foster care episode. The voluntary relinquishment may be considered a judicial removal if a petition to remove the child from his/her home is filed within six months of the date the child lived with the specified relative and there is a subsequent judicial

determination that to remain in the home would be contrary to the child's welfare.

3. The child is eligible for Supplemental Security Income (SSI) prior to the finalization of the adoption. The child's eligibility for SSI benefits must be established prior to finalization of the adoption. The notice of eligibility must be received by the agency prior to finalization. The back date the SSI is determined to start may not be used as the eligibility date.

4. The child's parent is a minor and the minor parent's IV-E maintenance payment covers the child's cost of care.

5. The child is eligible for IV-E adoption assistance and becomes available for adoption because of the dissolution of a prior adoption or the death of their adoptive parents. See PPM 6230 Subsequent Adoption Assistance Agreements.

6. The child is a United States citizen by birth or naturalization, or legally admitted for permanent residence in the United States the initial court order includes a statement that continuation in the home would be contrary to the welfare of the child or that removal is in the "best interest" of the child, or words to that effect (per 45 CFR 1356.21) and one of the three following criteria has been met;

   a. Has attained the age listed (1) through (9) in the federal fiscal year (FFY) phased in from October 1, 2009 through October 1, 2017 and the adoption agreement is entered into during that FFY. The schedule for phasing in, based on the child's applicable age which decreases by two years each subsequent FFY, is:

      1. (FFY 2010) October 1, 2009 16 years old
      2. (FFY 2011) October 1, 2010 14years old
      3. (FFY 2012) October 1, 2011 12 years old
      4. (FFY 2013) October 1, 2012 10 years old
      5. (FFY 2014) October 1, 2013 8 years old
      6. (FFY 2015) October 1, 2014 6 years old
      7. (FFY 2016) October 1, 2015 4 years old
      8. (FFY 2017) October 1, 2016 2 years old
      9. (FFY 2018) October 1, 2017 or thereafter any age

   b. Beginning October 1, 2009, (FFY 2010) a child of any age and an adoption assistance agreement is entered and has been in foster care for 60 consecutive months.

      i. The child shall have resided in a foster care setting as defined as a placement providing 24 hour substitute care for children living away from their parent or guardians and for whom the state has care and

responsibility. Detention facilities and PRTFs are ineligible placements

ii. The child shall have been in a foster care setting at least one day of the month

iii. Time during a runaway episode and/or trial home visit which lasts less than 6 months is counted toward the 60 months if the state agency maintains custody of the child.

c. Is a sibling of a child who is eligible due to age or length in foster care and is placed in the same adoptive placement.

B. Title IV-E Maintenance (Payment) Eligibility

For Title IV-E payment eligibility, the child shall have met at least one of the basic Title IV-E adoption assistance requirements above and all of the following:

1. Children who are of minimum age of compulsory school attendance under state law shall be enrolled and attending per law; and
2. Children 18 to 21 may be eligible for Title IV-E payments if the youth's physical or mental disability as documented by a physician, hospital, clinic or other qualified licensed medical practitioner; and
3. The prospective adoptive parent has not had any of the following felony convictions:
   a. At any time for child abuse or neglect; spousal abuse, crimes against children, including child pornography; or crimes involving violence, including rape, sexual assault or homicide or
   b. In the past five years for physical assault, battery or a drug related offense

C. State Funded Adoption Assistance Criteria

For state funded adoption assistance, the following criteria shall be met:

1. The child is not eligible for Title IV-E adoption assistance; and
2. The child shall be 17 or younger when the adoption assistance began; and
3. The child who is between the ages of 18 to 21 shall be enrolled in high school.

6230 Subsequent Adoption Assistance Agreement

A. Establishing Eligibility for Subsequent Adoptive Placements

In a situation where a child is adopted and receives title IV-E adoption assistance, but the prior adoption dissolves or the adoptive parents die, a child may continue to be eligible for title IV-E adoption assistance in a subsequent adoption. The child does not have to be in the custody of the Secretary. The child is eligible due to the prior title IV-E adoption assistance eligibility and meets the definition of a child with special needs.

Need and title IV-E eligibility factors must not be re-determined as the child is to be treated as though their circumstances are the same as those prior to the previous adoption. The manner of a child's removal from the adoptive home, including whether the child is voluntarily relinquished to an individual or private agency is irrelevant.

See PPM 6240 for approval for Adoption Assistance.

B. Ending Previous Adoption Assistance Agreement

The agreement between DCF and the prior adoptive parents must end the date of the death of the adoptive parents or the date the prior adoptive parents relinquish their parental rights or parental rights are terminated.

C. Responsible State

If the child is placed with a State agency that assumes responsibility for placement and care, it is the placing State's responsibility to determine whether the child meets the definition of special needs, entering into the adoption assistance agreement, and paying the adoption assistance.

If a public child welfare agency is not involved in the subsequent placement for adoption the state agency in the subsequent adoptive parent's State of residence is responsible for determining whether the child meets the definition of special needs, entering into the adoption assistance agreement, and paying the adoption assistance.

DCF shall provide the subsequent state agency completing the subsequent adoption assistance agreement with all title IV-E eligibility documentation.

If Kansas DCF is responsible for the subsequent adoption the agency must request from the prior state all title IV-E eligibility documentation.

D. The child placing agency, family or attorney is responsible for providing the following documentation to DCF;

1. Adoptive home study
2. Clearances through KBI done within the last year
3. National criminal history finger print checks on adoptive parents
4. Child Abuse and Neglect Registry checks for all family members 18 years or older done within the past year and if residing out of state for the last five years, child abuse registry checks in the state (s) where they resided
5. Legal documents
6. Death certificate if applicable
7. Update social history for the child
8. Documentation of the child's disability from a from a physician, hospital, clinic or other qualified licensed medical practitioner of the child's physical or mental disability to support need for adoption assistance

9. PPS 5340
10. PPS 6110 Referral for Adoption Assistance.

6240 The Application and Approval for Adoption Assistance

DCF is responsible for determining eligibility for adoption assistance, for negotiating the amount and type of assistance with the family, and for the execution and signing of all agreements. The family shall have face-to-face contact with the Adoption Assistance Specialist executing the agreements whenever possible. The DCF Adoption Assistance Specialist is responsible for assuring the family understands the services provided by the program and the limits of the program. Adoption assistance is intended to encourage the adoption of special needs children and minimize the financial barriers. It is different from foster care, as it does not reimburse the family for the total costs for caring for the child. Families shall receive this type of information before they make a decision to adopt and before the adoption agreements are signed.

Eligibility is based on the needs of the child and not the resources of the family. The agency shall not use any universal form of a means test or use any type of grid or scale to determine the amount of assistance. However, the child and family's resources may be taken into consideration when determining the amount and type of assistance. Determination is always based on the individual needs of the child and the family's ability to meet these needs.

A. Responsibilities of the Child Welfare Case Management Provider

The Child Welfare Case Management Provider shall inform the prospective adoptive parents of the availability of adoption assistance, but shall not discuss specifics of the agreement with the family; nor shall they commit DCF to specific services or a certain amount of cash.

The Child Welfare Case Management Provider shall:

1. Send the Regional Adoption Specialist at least two weeks prior to the date planned to sign the Adoption Placement Agreement

    a. The complete social history of the child

b. Medical, School and psychological records of the child as applicable

c. The adoptive parent home study including updated information on clearances through KBI done with in the past year, national criminal history finger print checks on adoptive parents and Child Abuse and Neglect Registry checks for all family members 18 years or older done within the past year and if residing out of state for the last five years, child abuse registry checks in the state (s) where they resided.

d. Documentation regarding referrals to the state and national adoption exchange, recruitment plans, and any special recruitment initiatives if the placement is not with a relative or a foster family with whom a significant relationship has been established

2. Complete the Referral for Adoption Assistance form, PPS 6110

3. Provide the family with information about the adoption assistance program

B. Responsibilities of DCF Staff

Based on the information provided by the Child Welfare Case Management Provider and prior to the Adoption Assistance negotiation meeting with the family the Regional Adoption Assistance Specialist shall:

1. Review all documentation provided by the CWCMP and the PPS 6110

2. Determine the funding source utilizing PPS 6115:

   a. Title IV-E

   b. State only

3. Verify the child's financial eligibility including special issues such as eligibility for waiver services through Medicaid, SSI, SSA death benefits, VA benefits, etc. During the Adoption Assistance Negotiation with the family the Regional Adoption Assistance Specialist shall:

4. Review with the family the special needs of the child to help them understand the scope of the needs of the child and the impact it will have on their family's resources.

5. Review with the family; adoption subsidy does not automatically increase as the child gets older, the family determines how the monthly cash subsidy payment will be spent, the family may request the subsidy amount be reviewed if the needs of the child change, or if their ability to meet those needs changes.

6. Discuss with the family the purpose and parameters of the adoption assistance program. Explain the differences between foster care payments and adoption assistance
7. Discuss the type of adoption assistance funding source (Title IV-E or State only) the child is eligible and the limitations of both
8. Discuss the types of adoption assistance available
    a. Medical
    b. Monthly cash payments
    c. Non-recurring adoption expenses
    d. Special Service Payments
9. Explain the limitations of the adoption assistance program
    a. For example, a state funded child may not receive a medical card from the state where the family relocates
    b. A title IV-E funded child shall receive a medical card from the state where the family relocates
    c. Not all states offer the same services under Medicaid and they may be limited by which service will be available to the child.
    d. There are no automatic increases in adoption assistance payments

10. Review the family budget and information regarding other resources available to the family
    a. Educational services in Kansas shall be provided by the public school system.
        i. The Kansas Adoption Assistance Program does not pay for private school education or services which are provided to children who attend public school
        ii. Public schools are mandated to provide services to eligible children
        iii. If the child is eligible for an Individual Educational Plan (IEP), a number of services may be provided to the child
    b. Explore community services and organizations available to the child and family to meet the child's needs such as, but not limited to:
        i. Public Health Departments
        ii. Community Mental Health Agencies
        iii. Support groups
        iv. Service programs specializing in specific needs of a child such as to provide support, counseling, camps and equipment
            1. Muscular Dystrophy
            2. Spina Bifida
            3. The Kansas Society for Children with Challenges
            4. Families Together

c. Discuss the child's current and potential future financial resources
i. Veterans Benefits, Railroad Benefits and/or Social Security Benefits through the birth's family's claim
ii. Adoption does not make the child ineligible for such benefits nor does it limit a child's right to inherit from the birth family. The adoptive parent needs to explore with Social Security the regulations surrounding drawing benefits from birth parents Social Security Claim.

11. Discuss and negotiate with the family what type of adoption assistance they need in order to adopt the child using agency documentation and information gathered from the adoptive parents.
    a. Discuss with the family what portion of the cost, if any, of the child's needs the family can meet
    b. Consider the current and future needs of the child when negotiating the specific amount of cash assistance.
    c. Explain the limits to the maximum amount of cash assistance see PPM 6202
    d. Explain Adoptive parents are not required to purchase a separate medical insurance policy for children eligible for adoption assistance. If they do have 3rd party insurance available, this insurance policy will be billed before Medicaid will be billed for services.
    e. Explain the amount of cash assistance can be renegotiated at any time to a lower amount and up to the maximum limits set forth at the time the adoption agreement went into effect based on the child's needs and the family's ability to meet those needs
    f. Explain the duration of the agreement, and terms of the contract
    g. Explain the terms of the agreement will be fulfilled regardless of where the family lives
    h. Explain the family may request the subsidy amount be reviewed if the needs of the child change or if the parent's ability to meet those needs change
    i. Explain if the child ever is in need of an out of home placement such as a Psychiatric Residential Treatment Facility (PRTF) they can choose to renegotiate a lower amount of adoption assistance while the child is at the PRTF or will be assessed a fee for patient liability based on the amount of adoption assistance according to Medicaid regulations
12. Provide the prospective adoptive parents with tax credit information.
    a. Federal tax information can be located at: http://www.irs.gov/taxtopics/tc607.html
    b. Kansas tax information can be located at: http://www.ksrevenue.org/taxcredits-adoption.html
13. Explain eligibility for Independent living services If the child is adopted at or after age 16, encourage the family to assist the child by contacting the State's Independent Living Program Manager to access services for which the child may be eligible such as post- secondary financial assistance

14. If the Region and the family are unable to come to an agreement on the type and amount of adoption assistance
    a. Explain to the prospective adoptive parents they have the right to appeal the decision (refer to PPM 0230)
    b. The Regional office may contact the Prevention and Protection Services Adoption Assistance Program Manager for assistance in the negotiation. The Regional Office makes the decision about the amount of the subsidy and handles any appeals that may result
15. Explain reporting requirements
    a. The adoptive parent is responsible to inform the Regional Adoption Specialist within 30 calendar days of any circumstances which occur that make the child ineligible for assistance payments or effect the agreement such as, but not limited to
        i. The adoptive parent is no longer legally or financially responsible for the child
        ii. The child 18 and over is no longer attending high school
        iii. The child is no longer living in their home
        iv. The child is deceased
        v. Any changes in address
    b. Provide at least annually for a child who has attained the minimum age for compulsory school attendance under the state law of the child's state of residence proof of school attendance.
        i. Copy of report card or letter from the school district the child is attending; or,
        ii. For children who are unable to attend school due to a medical condition, documentation from a medical provider
    c. Complete the annual review and return to the regional office within 30 days of the request.
    d. Any changes not reported timely shall be sent to the fraud investigator for possible collections.

6260 Developing the Adoption Assistance Agreement

Once the family and DCF worker have agreed upon the amount and type of assistance the PPS 6130, Adoption Assistance Agreement, can be signed. It shall be signed by the parent(s) after the Adoption Assistance Placement Agreement and prior to the finalization of the adoption. Although this may be executed during the same meeting with the family as the placement agreement, the details of the subsidy agreement shall be negotiated prior to the signing of the placement agreements.
It may be signed at the same time the adoption agreement is signed.

A. Terms of the Adoption Assistance Agreement

The terms of the agreement are legally binding. It shall be documented in the PPS 6130 if DCF has agreed to provide additional goods or services in addition to the monthly cash assistance, Medicaid, non-recurring and/or special service payments. The agreement shall not be changed without the mutual agreement of DCF and the family and a new agreement shall be signed by all parties. A new adoption assistance agreement shall be signed by all parties. All agreements and supporting eligibility documentation shall be maintained in the adoption assistance financial section of the child's case file.

B. Length of the Adoption Assistance Agreement

The adoption assistance agreement remains in effect until the child reaches age 18, unless the agreement is time limited based on the needs of the child and circumstances of the adoptive parents. Assistance may continue past age 18 until age 21, if the child has current documentation of the youth's physical or mental disability which warrants continuation beyond age 18. See section 6210 for eligibility requirements

If the youth is still in high school, adoption assistance, under the state funded program, may continue beyond age 18 until the adult graduates from high school as long as the adult continues to be dependent upon his or her parents for support.

Once the child receives IV-E adoption assistance, adoption assistance continues until either the adoptive parents agree to a change or the adoptive parents are no longer legally or financially responsible for the child.

C. Effective date of the Adoption Assistance Agreement

1. Initial Adoption Assistance Agreement

The effective date of the initial assistance agreement shall be the date the adoption assistance agreement is signed.

6262 Adoption Assistance Exceptions

A request for an adoption assistance exception may be sent to the PPS Adoption Assistance Program Manager when the family requests over the subsidy rate per PPM 6202 or needs goods or services beyond the scope of the program. Per federal requirements the amount of adoption assistance cannot exceed the amount a child receives if he or she had been in a family foster home. The following dispute resolution procedures may be utilized for original subsidy negotiations and renegotiations.

Regional DCF staff shall collect, and review all supporting documentation for an adoption assistance exception. The family shall request the exception in writing explaining the current needs of the child and the reason for the request. DCF shall obtain information from the CWCMP if the child is in the custody of the Secretary.

A. The adoptive family shall provide current documentation from:

1. Physicians/therapists for a current summary of special needs.
2. Other applicable documents such as current school reports.
3. Services the child requires to meet their special needs that are not covered by the current adoption subsidy amount or Medicaid
4. A current family budget
5. A list of the family and or community resources related to the child's need

B. DCF staff may visit the family in their home to assess the child's needs, request additional documentation from the family if needed, and help the family access services.

C. DCF staff shall review the documentation to ensure the family is receiving all types of adoption assistance to the fullest extent possible, medical services through Medicaid, services through the public school system, HCBS services, behavioral management services, etc., by:

1. Reviewing the parent's request with the PPS Administration Medicaid liaison to determine if Medicaid will cover needed services. At a minimum, local staff shall explore the following options with Medicaid; prior authorization, pre-determination, if the child is less than 21 years of age and current on the KBH screen, and enrollment of the in state or out-of-state provider as a Medicaid provider.
2. Exploring additional mental health evaluations and or services.

D. DCF staff shall evaluate and staff the request with the PPS Foster Care Administrator or supervisor by considering the following:

1. Documentation to support the request for an increase in subsidy.
2. Prior to treatment or services the family received and the outcome of the treatment or services.

E. Staff shall provide a detailed request and forward the recommendation to the PPS Adoption Assistance program manager. The recommendation shall include:

1. The dollar amount determined to be reasonable to meet the family's request.
2. The rationale or justification for the decision.

6263 Renegotiating the Terms of the Agreement

The adoptive family or DCF may request a renegotiation of the agreement if there are significant changes in the needs of the child or the circumstances of the family. If the child has a special need which cannot be met through the monthly subsidy payment, Medicaid, family or community resources, the adoption assistance agreement may be renegotiated. The renegotiated amount may be for a time limited period. The renegotiated amount cannot exceed the limits set in PPM sections 6202 A and B.

A new adoption assistance agreement shall be signed by all parties. All agreements and supporting eligibility documentation shall be maintained in the adoption assistance financial section of the child’s case file.

For children temporarily placed in a Psychiatric Residential Treatment Facility (PRTF) a portion of the cost for treatment will be paid through Medicaid, provided the child meets the eligibility criteria. The portion which is not Medicaid funded shall be the responsibility of the adoptive parents.

When a child is placed in a PRTF for over thirty (30) days, the agency shall renegotiate the terms of the adoption assistance agreement to help pay the cost of the treatment or placement.

The adoption assistance case cannot be closed or the amount of subsidy decreased without agreement of the family, provided they remain financially or legally responsible for the child.

DCF shall review the adoption subsidy payment when the child returns home, unless the family agrees to the amount of adoption subsidy received immediately preceding the child's out of home placement. DCF may negotiate a higher amount if the child's needs or the family's ability to meet the child's needs have changed.

6264 Unilateral Termination of the Adoption Assistance Agreement

The terms of the agreement cannot be terminated, suspended, or changed without the adoptive parent(s) agreement unless DCF can verify the following;

A. The family is no longer legally responsible for the child.

   The adoption assistance agreement shall be terminated if the family is no longer legally responsible for the child, when the family's parental rights are relinquished or terminated by the court or when the child becomes an emancipated minor, marries or enlists in the military.

   Placement in foster care does not terminate an agreement. As long as the family is working toward reunification of the child, assistance may continue. The Adoption Assistance Agreement can be renegotiated with the family to a lesser amount during the foster care episode. All parties involved must agree to the renegotiation and a new Adoption Assistance Agreement shall be signed by DCF and the adoptive family. The decision to make a referral to Child Support Services is made on a case-by-case basis.

B. The State determines that the adoptive parents are no longer providing any support to the child;

   Support includes various forms of financial support. DCF may determine that payments for family therapy, tuition, clothing, maintenance of special equipment in the home, or services for the child’s special needs, are acceptable forms of financial support.

C. A child turns 18 and the adoptive parent fails to return documentation that shows the youth is still in high school or an equivalent approved GED or alternative degree program

D. The child has attained age of 18 and up to the age of 21 and the State has determined the youth does not have a mental or physical disability as documented by a physician, hospital, clinic or other qualified licensed practitioner which would warrant continuation of assistance.

DCF shall inform the adoptive parents to contact the Social Security Administration to apply for adult SSI 90 days prior to the youths 18th birthday if the youth was approved for SSI as a child or a change in circumstance would warrant an adult SSI eligibility determination.

If any of the above circumstance exits DCF shall provide the adoptive parents with thirty days written notice to close the adoption assistance case. The written notice shall provide the basis for the decision to close the case, and inform them of their right to request a fair hearing. See Section 0230 for the Fair Hearing process.

6270 Annual Review of the Adoption Assistance Case

A. The Purpose of the Review

An annual review shall determine if the family continues to be legally or financially responsible for the child. It is not a re-determination of eligibility for adoption assistance.

B. Procedures Related to the Annual Review of Adoption Assistance

1. Send the family the PPS 6135 Adoption Assistance Review form.
2. If the family fails to return the review within 30 days DCF staff shall attempt to contact the family by letter to determine the family continues to be legally or financially responsible. A complete search must be conducted using FACTS, KAECSES, KIDS, and KIPS to determine a correct address or whereabouts of the family. The ICAMA Program Manager may be contacted for families outside of Kansas.

The Annual Adoption Assistance Review Second Notice along with the enclosed copy of the PPS 6135 provides written notification to the adoptive parent(s) that procedures are being initiated to determine whether the adoptive parent(s) continue to have legal or financial responsibility for the child.

3. If the family fails to return the review form following the written notification contained in the Annual Adoption Assistance Review staff shall make attempts based on information in the file and the agency system checks to determine whether the parents continue to be legally or financially responsible. Unless information confirms the parents are no longer legally or financially responsible for the child, adoption assistance shall continue without interruption.

4. The adoption assistance cannot be reduced or suspended solely because the adoptive parents fail to respond to the annual review. Review documentation and determine next steps consistent with Section 6264: Unilateral Termination of the Agreement.

5. If there is an ICAMA referral from another state the returned Annual Adoption Assistance review shall be sent to the ICAMA Program Manager to process and forward to the sending state.

6280 Establishing Eligibility for Adoption Assistance After the Adoption is Finalized

Title IV-E and State Funded adoption assistance programs require the adoption assistance agreements be signed prior to the finalization of the adoption. Title IV-E and State Guidelines allow exception to this requirement under certain circumstances. If adoption assistance is approved the effective date shall be no earlier than the date the parent(s) requested adoption assistance.

A. Factors to Consider when Establishing Post-Finalization Eligibility

1. Failure by DCF staff and/or Child Welfare Case Management or Adoption Provider staff involved to advise the adoptive parents of the availability of adoption assistance for a child with special needs. DCF is not required to notify the parents of children placed by private/agencies and is not liable for a private child-placing agency's

failure to inform prospective adoptive parents of the child's special needs.

2. Erroneous determination that a child did not meet eligibility requirements.
3. There existed, unknown or undiagnosed, conditions of the child at the time of placement, which if known, would have created eligibility for assistance.
4. Relevant facts regarding the child, or the child's background, were known but were not presented to the adoptive parents prior to the finalization of the adoption.

B. Procedures Related to the Determination of Post- Finalization Eligibility for Title IV-E Eligible Children

DCF staff shall make every effort to establish the child was eligible for basic Title IV-E funding at the time the child came into foster care. This eligibility shall be maintained in the case record.

Federal Adoption Assistance regulations for Title IV-E specify the assistance case shall be opened prior to the finalization of the adoption. When it is not opened prior to finalization federal regulations, the following procedures shall be followed.

1. Deny the request for adoption assistance because the adoption has been finalized.
2. Provide the family with written notification of the denial and their right to appeal to the Office of Administrative Fair Hearings.
3. Provide the family with the appropriate appeal forms.
4. DCF may request supporting documentation from the family and and/or the agency responsible for placing the child.
5. Prepare a summary of the case with the necessary attachments, including, but not necessarily limited to: medical records, psychological reports, etc., reflecting the agency's position concerning the recommendation.
6. Hold a staffing where all supporting documentation is reviewed and a recommendation prepared for the fair hearing.
7. Provide the Administrative Fair Hearing Officer with a recommendation. If the child would be otherwise IV-E eligible and the agency supports the adoption assistance request, the agency shall recommend adoption assistance to the Administrative Fair Hearing Officer.

C. Procedures Related to the Determination of Post Finalization for State Funded Adoption Assistance.

In those situations where the child is not eligible for Title IV-E Adoption Assistance, DCF has determined when one of the conditions in PPM Section 6210 exists which merits the opening of an adoption assistance case; it is not necessary for the family to request an administrative fair hearing. The following procedures shall be followed:

1. The DCF staff shall conduct a staffing review with supporting documentation to determine, if the criteria of one of the factors listed in PPM Section 6210 exists which would determine the child's eligibility at the time of placement.
2. Submit request to the PPS Adoption Assistance Program Administrator for approval of state funded adoption assistance.
3. State funded assistance shall not be used to circumvent the fair hearing process for potentially eligible Title IV-E children.
4. If the agency denies approval, the family shall be provided with information about their right to request an Administrative Fair Hearing.

6285 Adoption Assistance Subsidy Overpayments

DCF is responsible for determining adoption assistance subsidy overpayments. DCF Administration Collections Unit will be responsible for collecting and tracking payments made by the adoptive family.

A. Determining Adoption Assistance Subsidy Overpayments

1. Contact the family to obtain information needed to determine if there is an overpayment
2. Determine the amount and the reason for the overpayment
3. Determine if the overpayment should be collected. Exceptions shall be approved by the Adoption Assistance Program Manager
4. After a determination of an overpayment has been made the DCF Adoption Assistance Staff must notify the adoptive family within 5 working days.

B. Responsibilities to notify the adoptive family and DCF Administration Collections Unit

1. Complete the PPS 6145 Adoption Assistance Notice of Overpayment
2. Send the PPS 6145 Adoption Assistance Collections form and the Appendix 6E Adoption Assistance Repayment Agreement to the family
3. Email the PPS 6145 Adoption Assistance Notice of Overpayment to the DCF Administration Collections Unit CCUnit@dcf.ks.gov
4. Notify DCF Administration Collections Unit of all administrative appeals filed by the adoptive family and the outcome of the appeal via the CCU e-mail.
5. Close the adoption assistance case in KAECSES and KEES, if applicable, if the child is no longer eligible for subsidy.

Any individual who is suspected of committing fraud for the purpose of improperly establishing or maintaining eligibility for adoption assistance benefits shall be referred to the Fraud and Investigations Unit at the Office of the General Counsel, Fraud and Investigations Unit, DCF Administration Office 555 S Kansas, Topeka KS, 66603.

6290 Transfer of Files

The social service case and adoption assistance financial file shall be maintained in the region/office where the adoption assistance agreement was signed. This region/office shall be responsible for the case. The adoption assistance financial file shall include all eligibility documentation for IV-E or state funded adoption assistance according to PPM 0430 Adoption Subsidy Eligibility Packet.

The social service and adoption assistance financial file may be transferred to the region where the family resides if the family makes a request or if there is a request for renegotiation after the adoption is finalized. The Regional Support Services Administrators or Foster Care Administrators must coordinate the transfer of the adoption assistance file to the other Region.

6800 Recording Adoption Subsidy Information in FACTS

Monthly cash subsidy information is recorded on a child's ADOP and RESP screens. Non recurring adoption reimbursement is only recorded on ADOP. If non recurring adoption reimbursement is not known at the time of discharge, leave reimbursement amount blank. Once the monthly subsidy is determined, maintain this activity as a service action on RESP. A child must have a special needs to be eligible to receive an adoption subsidy; therefore, if an adoption subsidy is being entered, a special needs must be entered as outlined in PPM section 5881.

A. Children Who Receive Medical Card Only Subsidy

Enter a service request to secure member grants (SG) with an achievement date eleven months from the date on the PPS 6130 Adoption Assistance Agreement. Enter a service action code of AO05N with service source of subsided adoptive parent (SAP). Enter the name of the adoptive parents in the description field, initiate the status with an effective date that the medical card became effective with this subsidy. Family structure code does not need to be completed.

B. Children Who Receive Both Monthly Cash Subsidy Payments and Medical Card

Enter a service request to secure member grants (SG) with an achievement date eleven months from the date on the PPS 6130 Adoption Assistance Agreement. Enter a service action code of AO05P with service source of subsided adoptive parent (SAP). Enter the name of the adoptive parents in the description field, initiate the status with an effective date the subsidy was effective per PPS 6130. Enter the caseload number of the worker with responsibility for the subsidy case, and the start date that worker began responsibility for that subsidy case. The worker start date cannot be prior to the effective date of the subsidy service action. Family structure code does not need to be completed. Enter an authorized max unit of 1, with a monthly type (M) and unit reflecting the cash amount of monthly support and effective date from the PPS 6130. Co pay information is not completed. At this time (prior to finalization), link the provider to an family foster parent (FFP) provider number on PROM.

6900 Eligibility and Payment Procedure for Permanent Custodianship and Adoption Assistance

Section 6900 outlines the eligibility requirements and payment procedures for Permanent Custodianship and Adoption Assistance

6901 Determining Eligibility for Permanent Custodianship Subsidy

Sections 6110 - 6132 specifically outlines the eligibility requirements for permanent custodianship subsidy.

6902 Payment Procedures for Permanent Custodianship Subsidy

The permanent custodian subsidy (PCS) payments are issued through the KAECSES system under program FC, sub-program GS.

The PCS payment shall be effective the first of the month in which the permanent custodianship is granted. These payments shall continue monthly as long as the child maintains subsidy eligibility.

Form PPS 6155 Referral for Payment - Permanent Custodian Subsidy shall be used to establish initial and subsequent subsidy payments.

Follow KAECSES Manual instructions for registering applications, using program code FC and sub-program code GS and following instructions for FOCA and FCPD screens. The client's FC case number and client identification number shall be used for FC-GS payments. The KAECSES manual can be found with this link: KAECSES Manual

6920 Eligibility and Payment Procedures for Adoption Assistance

Sections 6200 - 6290 specifically outlines the eligibility requirements for Adoption Assistance

6921 Opening an Adoption Assistance Case

See PPM E&P Appendix B Computer Systems for detailed data entry instructions on opening an adoption assistance case in KAECSES.

1. Adoption Placement Agreement
2. Adoption Assistance Agreement PPS 6130
3. Eligibility for Adoption Assistance PPS 6115
4.

Adoption assistance payments cannot begin earlier than the date on the Adoption Placement Agreement. The first month's Adoption assistance amount shall be prorated.

In order for the child to continue to receive medical assistance as part of the adoption assistance, refer to section 5918 for information on the process to be followed.

Payment Procedures for Adoption Assistance
Payments for adoption subsidy are generated from an open adoption assistance (AS) case on the KAECSES system. (See Section 5916 for details.)

6922 Special Service Payment

A special service payment may be authorized on a time limited or one-time only basis if the child has a specific need which cannot be met through Medicaid, the monthly subsidy payment or another resource. Services are limited to a maximum of six (6) months. Plans totaling $1,000.00 or more, require prior approval from PPS Administration. Requests for approval are to be submitted in writing.

The specific service payment must be identified on the adoption assistance agreement. Specify the length of service and the amount to be paid. Specify amount to be paid if payment is one time only.

The child may have a Wards Account or a Dedicated Account which may be used to purchase necessary items.

A. Payment Procedures

Special Service Payments based on authorization in the adoption assistance agreement are made utilizing open KAECSES case and customer ID numbers. These payments are generated from VenPay, not KAECSES.

B. Required forms and documentation for payments

A PPS 2833 Client Purchase Agreement shall be completed by PPS staff with a copy of the adoption assistance agreement attached, which authorizes the payment. Also attach an itemized bill for the item or service purchased. Use the applicable adoption assistance state-only PCA codes. See the Handbook for Client Purchases for details on purchasing procedures.

6923 Non-Recurring Adoption Expenses

All families who adopt a Kansas child who meets the definition of special needs are eligible for a non-recurring expense payment. Payments cannot be made until the adoption is finalized. Although we have an agreement with the family, no payments shall be made if the adoption disrupts prior to finalization.

A. Definition of a Kansas Child:
   1. A Kansas child is a child who is in the custody of the Secretary or
   2. A private child placing agency and is placed for adoption with a family who resides in Kansas and meets the eligibility criteria for adoption assistance.

B. Allowable Reimbursement
   Families may be reimbursed up to $2,000.00 for the finalization of the adoption. Reimbursement is for reasonable and customary fees for:
   1. Attorney fees
   2. Court costs including filing fees
   3. Other costs associated with the legalization of the adoption and which are not incurred in violation of State or Federal Law.

C. Families may also be reimbursed for:

1. Transportation for pre-placement visits with the child and reasonable costs of food and lodging when necessary to complete the adoption process
2. Health and psychological exams
3. The home study fee (there is no charge for families adopting children placed by the state)

D. Reimbursement to the Family Post Finalization
Reimbursement is made to the family based upon the adoption assistance agreement.

Reimbursement may not be made directly to the attorney except under the following circumstance:

Assignment of Benefits: A family may sign “assignment of benefits” to the attorney representing the finalization of the adoption. The attorney shall submit the assignment of benefits with the bill for services (court cost, attorney fees, etc.) along with the decree of adoption. Payments shall have the child’s name and client id on each payment for tracking purposes.

E. Adoption Assistance Agreements for Non-recurring Expenses:
Adoption assistance agreements shall be completed prior to the finalization of the adoption.

Form PPS 6130 “Adoption Assistance Agreement” is used for children who receive other types of adoption assistance.
Form PPS 6140 “Non-Recurring Adoption Assistance Agreement” is signed for families eligible for non-recurring only.
Form PPS 6115 will be used to document eligibility for adoption assistance. All supporting documentation used to determine eligibility should be attached to the PPS 6115 (Eligibility for Adoption Assistance) and placed in a separate adoption assistance folder in both the financial file and in the child's permanent case file.

6924 Payment Procedures For Non-Recurring Expenses

Non-recurring expense payments are made according to authorization provided on form PPS 6140 or PPS 6130.

A PPS 2833 Client Purchase Agreement shall be completed by PPS staff with a copy of the PPS 6130 or 6140 attached, which authorizes the payment. Also attach an itemized bill if available. Use the applicable adoption assistance accounting codes. See the Handbook for Client Purchases for details on purchasing procedures.

6925 Permanent Custodianship Subsidy Overpayments

DCF regional office is responsible for determining permanent custodianship subsidy overpayments. DCF Administration Collections Unit will be responsible for collecting and tracking payments made by the custodian.

A. Determining Permanent Custodianship Subsidy Overpayments

1. Contact the custodian to obtain information needed to determine if there is an overpayment
2. Determine the amount and the reason for the overpayment.
3. Determine if the overpayment should be collected. Exceptions shall be approved by the Permanent Custodianship Subsidy Program Manager.
4. After a determination of an overpayment has been made the DCF Permanent Custodianship Subsidy staff must notify the custodian within 5 working days.

B. Responsibilities to notify the custodian and DCF Administration Collections Unit

1. Complete the PPS 6175 Permanent Custodianship Subsidy Notice of Overpayment.
2. Send the PPS 6175 form and the Appendix 6F Permanent Custodianship Subsidy Repayment Agreement to the custodian.
3. Email the PPS 6175 Permanent Custodianship Subsidy Notice of Overpayment to the DCF Administration Collections Unit CCUnit@dcf.ks.gov
4. Notify DCF Administration Collections Unit of all administrative appeals filed by the custodian(s) and the outcome of the appeal via the CCU e-mail.
5. Close the permanent custodian subsidy case in KAECSES and KEES, if applicable, if the child is no longer eligible for subsidy.

Any individual who is suspected of committing fraud for the purpose of improperly establishing or maintaining eligibility for permanent custodian subsidy benefits shall be referred to the Fraud and Investigations Unit at theOffice of the General Counsel, Fraud and Investigations Unit, DCF Administration Office 555 S Kansas, Topeka KS, 66603.

6930 Finalization of Adoption Assistance Cases

Upon finalization of the adoption, the KAECSES case shall be closed unless there is a adoption assistance agreement in effect. If so, the case remains open only to monitor and maintain the assistance agreement.

7000 Independent Living & Self Sufficiency

7000 Independent Living Program Purpose

The purpose of the Independent Living program is to assist youth leaving foster care in transitioning to adulthood. For youth who have experienced out of home placement in foster care, the transition to adulthood often occurs without the support of family or identified resources. It is the responsibility of the child welfare system to partner with eligible youth in making the transition to self-sufficiency. Efforts shall be focused on evidence-based, trauma-informed, and resiliency-building practices that lead to lifelong success.

Independent Living (IL) staff shall embrace opportunities to teach youth skills necessary for navigating life. These skills will include self-advocacy, accessing community resources and supports, daily living skills, and efficiently managing financial resources.

The Kansas Chafee Foster Care Independence Program (CFCIP) provides for an array of services and supports to help youth who are likely to remain in foster care and "age out" of the foster care system. Kansas CFCIP services may include Basic Chafee, Subsidy, Start-Up Costs, Vehicle Repair and Maintenance, Education and Training Voucher (ETV), and Kansas Foster Child Educational Assistance (tuition & fee waiver - TW), and Aged Out Medical.

7010 Department for Children and Families Independent Living Coordinator Responsibilities

Independent Living Program staff shall work collaboratively with Department for Children and Families (DCF) and other state agencies, local governments, courts, contract agencies, schools, public and private organizations, the faith based community and with youth and their families.

A. Participate in case planning and transition planning with youth still under the responsibility of the Child Welfare Case Management Provider (CWCMP).

B. Determine accurate eligibility for service components.

C. Complete assessments with the youth to determine service needs.

D. Develop the PPS 7000 Self-Sufficiency Plan with the youth within 20 calendar days of the intake assignment and review every 170 calendar days until case closure.

E. Ensure the Self-Sufficiency Plan meets all state and federal mandates and DCF policy and procedures.

F. Complete all paperwork associated with Self-Sufficiency Planning including all required forms and ensure copies are provided to the youth and mentor, as applicable.

G. Monitor the Self-Sufficiency Plan to ensure the goals are being met as planned and assess whether new or revised goals should be established.

H. Contact youth in person, by phone, email, letter, approved social media networks or text messaging monthly.

I. Maintain documentation of youth's participation and progress in the program.

J. Maintain accurate financial documentation and utilize DCF systems to ensure compliance with financial requirements and limitations for individual service components.

K. Provide case management services.

L. Utilize opportunities to teach youth skills necessary for navigating life.

M. Provide crisis intervention services.

7020 Request for Services and Case Assignment

A. DCF staff shall provide all Independent Living (IL) services to eligible youth no longer in the custody of the Secretary of DCF, Kansas Department of Corrections- Juvenile Services (KDOC-JS), or Tribal Authority.

1. Youth may request services prior to their 21st birthday. Youth may apply for Aged Out Medical coverage until the last day of the month of their 26th birthday. Youth may request IL services by contacting any DCF Service Center or PPS Administration Office. PPS staff who receive service requests shall immediately contact the region's Independent Living Supervisor or designee who shall contact the KPRC within one business day with a request for services.

2. Upon intake assignment, DCF IL Coordinators (ILC) shall use reasonable efforts to establish timely contact with the youth. Reasonable efforts are defined as more than one attempt, utilizing more than one strategy for each attempt to contact. Strategies may include in person, phone, e-mail, letter, approved social media networks, and texting. Attempts to contact the youth shall be documented in accordance with PPM 0420.

3. The PPS 7000 Self-Sufficiency Plan shall be initiated following successful contact within 20 calendar days of the intake assignment.

4. If reasonable efforts to engage in timely contact aren't successful, and the Self-Sufficiency Plan isn't established for eligible youth within 20 calendar days of the request for services, the Regional ILC shall staff the reason for delay with their IL Supervisor utilizing the PPS 7300 Independent Living Case Determination.

5. Following the determination of the IL Supervisor and ILC to close the intake and request for services, the youth shall be notified of the closure.

B. The DCF Service Center where the youth is directed or requests to be served shall establish the Self-Sufficiency case and provide IL services throughout the life of the case, unless the youth requests to transfer their case.

C. Youth receiving services in one area of the state who choose to move to another area of the state may request to transfer their services to the DCF Service Center where they will be relocating or request to maintain their case with the current ILC. DCF IL Coordinators shall use the Face Sheet PPS 1000; and if completed, the most recent Self-Sufficiency Plan PPS 7000 and PPS 7000 series of forms to coordinate the transfer of services to a different region.

7021 Referrals Involving Other States

A. If a youth who has not yet been released from foster care is placed in another state, the sending state is responsible for foster care maintenance payments, case planning, including a written description of the programs and services which will help a child 16 or over prepare for the transition from foster care to independence. The sending state must also fund the identified independent living services for foster care youth ages 16 to release of custody because the sending state has placement and care responsibility for the youth. Educational Training Voucher (ETV) supports are to be provided by the sending state for youth who continue be in foster care.

B. The state of custody is irrelevant to eligibility for former foster care youth (between the ages of 18-21) who move from the state of custody to another

state. The state in which the youth resides is responsible for services if the state provides the services needed by the youth. Youth who are already receiving ETV support in one state and choose to attend a post-secondary educational institution in another state shall continue to receive ETV supports from the original state providing services. However, if a youth moves from the original state to another state permanently, the state of residence will provide independent living supports to the youth for as long as the youth remains eligible for the program.

C. When a youth changes the state of residence, the Independent Living Coordinator (ILC) shall contact the State Independent Living Coordinator for the respective states to initiate transfer of services. Information on State's Chafee Programs and Services, including State Independent Living Coordinator contact information, may be obtained from the Child Welfare Information Gateway website at https://www.childwelfare.gov/organizations/?CWIGFunctionsaction=rols%3Amain.dspROL&rolType=Custom&RS_ID=38 .

D. Youth must meet eligibility criteria for specific services for the state(s) providing services. Determination of eligibility for Kansas independent living services will need to be coordinated with the sending state.

7030 Assessment

Youth shall complete the age appropriate Casey Life Skills Assessment (CLSA) within 60 days of completion of the first Self Sufficiency Case Plan. If youth has completed an CLSA within six months of seeking services from DCF, this CLSA may be used for the first Self Sufficiency Case Plan. A new CLSA shall be completed at a minimum of once every twelve months. This tool shall be used to help direct the individual case planning and services provided. Prior to the completion of the CLSA, youth shall have two tasks identified on the case plan as needs identified by using a previous CLSA completed by the youth while in placement, or needs identified by the youth and Social Worker at the time of request for services. Any needs identified by the assessment shall be addressed by DCF and the Youth. The CLSA may be accessed through http://www.caseylifeskills.org See PPM 3000 Case Management for specific procedures on completing assessments.

7031 National Youth in Transition Database Survey

A. The National Youth in Transition Database (NYTD) federal initiative requires states to conduct client specific data collection activities on an ongoing basis.

The purpose of NYTD is to measure the nature, extent and effectiveness of independent living services provided to young adults who have been released from custody.

B. Data shall be collected from youth who meet the definition of a baseline population:
   1. 17 years old or who reach age 17 during a specified federal fiscal year (FFY); and
   2. in a foster care placement, including relative, kin and secure care placements; and
   3. in custody of the Secretary of DCF or the Kansas Department of Corrections - Juvenile Services (KDOC-JS) at any time within forty-five days after their 17th birthday, whether or not they received independent living services or were AWOL.

C. A baseline population excludes youth:
   1. in detention facilities, forestry camps, training schools, and facilities primarily for the detention of youth adjudicated as delinquent; or
   2. in care of a tribal agency unless the tribe is receiving Title IV-E foster care payments; or
   3. at home but in the care of the state agency (trial home visit, at home supervision)

D. Data shall be collected through administration of Appendix 7D, National Youth in Transition Database (NYTD) Survey Questions. The NYTD survey questions shall be administered within forty-five days following the youth's 17th birthday.

E. Beginning October 1, 2010, NYTD survey questions shall be administered to the baseline population of youth who are 17 or turn 17 during October 1, 2010 through September 30, 2011. Child Welfare Case Management Providers shall administer NYTD survey questions to members of the baseline population in the custody of the Secretary of DCF. DCF region staff shall administer NYTD survey questions to baseline population members in the custody of KDOC-JS. Every three federal fiscal years thereafter a new baseline population will be surveyed.

F. The National Youth in Transition Database Survey questions shall be administered by DCF to youth in each baseline population during the federal fiscal year which the youth reach age 19 and age 21, beginning October 1, 2013.

G. Survey questions shall be made available to all youth required to be surveyed. Methods to administer questions shall include:

   1. mail through the US postal service
   2. approved social media
   3. by telephone

4. face-to-face
5. email
6. at youth activities, such as Regional Youth Advisory Council retreats and youth conferences

7040 Self-Sufficiency Planning

A. Self-Sufficiency planning is a continuous and ongoing process integral to decision making in partnership with the youth. Self-Sufficiency planning is based on evidence-based practice and a strengths-based perspective, which include:

1. Engaging youth in a youth-driven service design
2. Treating youth with respect
3. Respecting youth's privacy
4. Involving youth identified supports and connections as active partners in case planning
5. Providing services in the most youth friendly setting possible
6. Linking youth to community-based, diverse, and comprehensive supports and services
7. Strengthening the capacity of the youth to function independently
8. Providing culturally sensitive services to youth

B. All youth receiving Independent Living services from Department for Children and Families (DCF) shall have a PPS 7000.

1. The initial Self-Sufficiency Plan shall incorporate the court approved PPS 3059 Transition Plan for Successful Adulthood.
2. All subsequent Self-Sufficiency Plans shall incorporate the activities, services and supports of the youth.

C. Youth shall be actively involved in the development of their Self-Sufficiency Plan. Youth shall be assisted in assessing,and identifying their strengths and needs, and in developing realistic and achievable goals. Self-Sufficiency Plans shall:

1. Be relevant to the youth's current circumstances

2. Be realistic in terms of the emotional, physical, and intellectual capabilities of the youth

3. Be written in language that is clear and understandable to the youth

4. Specify the target dates

5. Have the signature of all Self-Sufficiency Plan participants

D. Youth no longer in the state's custody who receive DCF Independent Living services shall have contact from the assigned DCF Independent Living Coordinator (ILC) a minimum of one time per month. Progress towards completion of case plan tasks shall be reviewed with the youth at least once in between conference dates and documented PPS 1010 Social Services Case Activity Log.

E. ILC shall enter the following information, for all youth receiving Independent Living services, into the Self Sufficiency Information System (SSIS) within five (5) working days of the case being opened in FACTS.

1. The youth's case shall be identified as active.
2. The youth's corresponding DCF region of service and assignment of the ILC shall be designated.
3. The Educational Training Voucher (ETV) plan dates shall be entered, if applicable.

7100 Eligibility

Specific eligibility requirements apply to all services and supports offered through the Independent Living (IL) and Self-Sufficiency Program.

A youth's marital status does not impact eligibility for services or supports.

A. For the purposes of determining eligibility for specific service components, eligible and ineligible placement settings are defined as follows:

Eligible Out of Home Placement

1. Resource Home
2. Relative and Kinship Placements
3. Group or Residential Homes
4. Independent Living Settings
5. Secure Care, as a Child in Need of Care
6. AWOL/Run Status

Ineligible Placements

1. Placement at Home with Parent(s)
2. Juvenile Detention Facility
3. Juvenile Correctional Facility
4. Adult Detention Facility (jail)

5. Adult Correctional Facility (prison)

Refer to the specific service components below to determine eligibility.

B. Youth under the age of 18 who are being served through Aftercare services with the Child Welfare Case Management Provider (CWCMP) (after reintegration, permanent custodianship, or adoption) shall have any IL services they are eligible for coordinated through the CWCMP case manager and the Department for Children and Families (DCF) Independent Living Coordinator (ILC).

C. Service Component Eligibility Criteria

1. Basic Chafee
   a. Youth who were in an eligible out of home placement in the custody of DCF, Kansas Department of Corrections-Juvenile Services (KDOC-JS) or Tribal Authority for any length of time on or after their 15th birthday are eligible for Basic Chafee.

   b. Eligibility for Basic Chafee ends when the youth attains 21 years of age.

2. Subsidy
   a. Youth who were released from the custody of DCF, KDOC-JS, or Tribal Authority, and from an eligible out of home placement, on or after their 18th birthday are eligible for Subsidy. Youth who were in an eligible placement on their 18th birthday but in an ineligible placement on the date of release from custody may be eligible for Subsidy, with the approval of the IL Program Manager and the Permanency Program Administrator.

   b. KDOC-JS youth who have not been released from KDOC-JS custody but are not receiving room and board assistance from KDOC-JS may be eligible for Subsidy.

   c. Youth still under the responsibility of the CWCMP or Tribal Authority are not eligible for Subsidy.

   d. Eligibility for Subsidy ends when the youth attains 21 years of age.

3. Start-Up Costs
   a. Youth who were released from the custody of DCF, KDOC-JS, or Tribal Authority, and from an eligible out of home placement, on or after their 18th birthday are eligible for Start-Up Costs. Youth who were in an eligible placement on their 18th birthday but in an ineligible placement on the date of release from custody may be eligible for Start-Up Costs, with the

approval of the IL Program Manager and the Permanency Program Administrator.

b. Youth who are still under the responsibility of DCF, KDOC-JS, or Tribal Authority, and are likely to attain 18 years of age while in an eligible out of home placement, are eligible for Start-Up Costs.

c. Youth who are still under the responsibility of DCF, KDOC-JS, or Tribal Authority and have already attained 18 years of age while in an eligible out of home placement are eligible for Start-Up Costs.

d. Youth who meet the above criteria and are receiving Education Training Voucher (ETV) support continue to be eligible for Start-Up Costs.

e. Eligibility for Start-Up Costs ends when the youth attains 21 years of age.

4. Vehicle Repair and Maintenance
   a. Youth who were released from the custody of DCF, KDOC-JS or Tribal Authority on or after their 18th birthday, and left foster care because they attained 18 years of age are eligible for Vehicle Repair and Maintenance. Youth must have been in an eligible out of home placement when released of custody on or after their 18th birthday to receive vehicle repair or maintenance assistance. Youth who were in an eligible placement on their 18th birthday but in an ineligible placement on the date of release from custody may be eligible for Vehicle Repair and Maintenance, with the approval of the IL Program Manager and the Permanency Program Administrator.

   b. Eligibility for Vehicle Repair and Maintenance ends when the youth attains 21 years of age.

   c. Youth who meet the above criteria and are receiving ETV payments are still eligible to receive Vehicle Repair and Maintenance costs.

5. Education & Training Voucher (ETV)
   a. ETV services are available to youth served by the following: DCF, KDOC-JS, or Tribal Authority.

   b. Youth who are eligible for ETV have earned a high school diploma or GED, are enrolled in a post-secondary education that is a pre-accredited, accredited, or certified training program, and the youth meets one of the following:

      i. in the custody of DCF, KDOC-JS, or Tribal Authority and in a foster care placement on the date the youth attained 18 years of age; or

ii. left a foster care placement subject to a permanent custodianship or guardianship under chapter 38 or 59 of the Kansas Statutes Annotated on or after the youth's 16th birthday; or

iii. adopted from a foster care placement on or after the youth's 16th birthday; or

iv. in an eligible out of home placement for any length of time on or after the 15th birthday

c. Youth enrolled in a post-secondary education or certified training program on their 21st birthday, are eligible until they turn 23 years of age as long as they are enrolled in a post-secondary education or training program and are making satisfactory progress toward completion of that program (satisfactory progress is defined by individual program guidelines)

d. Youth who have received acceptance or conditional acceptance notice from a post-secondary education or training program and who have or will meet one of the above eligibility requirements for ETV, may receive funding for deposits and expenses, as approved based on the PPS 7001. ETV may be used to pay for dorm fees due prior to youth completing secondary education or GED for an ETV eligible youth with an acceptance notice from a post-secondary education institution.

e. Youth who continue to be under the responsibility of the CWCMP, KDOC-JS, or Tribal Authority and meet the above criteria may receive ETV supports prior to the release of custody with completion of the PPS 7001 and associated tasks on the PPS 3050 series, to include custody planning documents utilized by KDOC-JS and Tribal Authority. Tribal case managers, KDOC-JS case managers and CWCMP case managers shall coordinate services for youth eligible for ETV and still in their care in custody through communication with the regional DCF ILC. A new FACTS case or intake is not required for youth requesting ETV services who are served by the CWCMP.

6. Kansas Foster Child Education Assistance (Tuition Waiver)

a. Youth who are eligible to apply for the Kansas Foster Child Educational Assistance Act are enrolled in a Kansas educational institution and meets one of the following:

i. in the custody of DCF and in a foster care placement on the date the youth attained 18 years of age; or

ii. released from custody of DCF prior to attaining 18 years of age, after having graduated from high school or

fulfilled the requirements for a GED while in foster care placement and the custody of DCF; or

iii. adopted from a foster care placement on or after the youth's 16th birthday; or

iv. left a foster care placement subject to a permanent custodianship or guardianship under chapter 38 or 59 of the Kansas Statutes Annotated on or after the youth's 16th birthday.

b. In order to remain eligible for participation in the program, youth shall remain in good standing at the Kansas educational institution where the youth is enrolled and shall make satisfactory progress toward completion of the requirements of the educational program in which the youth is enrolled.

c. Eligibility for Kansas Foster Child Education Assistance service component ends at the conclusion of the semester during which the youth attains 23 years of age.

d. Youth eligible for the tuition waiver through the Kansas Foster Child Assistance Act must have been in the custody of the Secretary of DCF.

7. Aged Out Medical

a. Youth who were in the custody of DCF, KDOC-JS, or Tribal Authority and were in an eligible out of home placement on their 18th birthday are eligible for Medicaid coverage through the Aged Out Medical Program from age 18 through age 26. Young adults who are in a detention, correctional facility or any lock down facility on their 18th birthday are not eligible for the Aged Out Medical Program. If eligible, the Medicaid card coverage will extend to the last day of the month the young adult turns 26 years of age. Eligibility for coverage may be granted for 3 months prior to the application date, if requested on the application, per Kansas Department of Health and Environment (KDHE).

b. No income or resource testing is required for eligibility.

c. Proof of citizenship and identity must be provided by either uploading through the KanCare portal documents provided by the youth, or insuring documents have been uploaded by the DCF eligibility worker. Refer to the KEESM manual Appendix A which outlines documents to prove citizenship and identity http://content.dcf.ks.gov/ees/KEESM/KEESM.htm.

i. Youth who have been granted Special Immigrant Juvenile Status shall have had Legal Permanent Resident status for a minimum of five years before they are eligible for Aged Out Medical.

d. The ILC shall inform the youth they shall be responsible for keeping the Clearinghouse informed of their current address by calling the Clearinghouse at 1-800-792-4884 whenever their address changes

e. Termination of eligibility for this program occurs when one of the following happens:
   i. the youth turns 26 years of age (last day of the month they turn 26)
   ii. the youth is no longer a resident of Kansas
   iii. the youth is an inmate in a public institution
   iv. Annual reviews for youth receiving the Medical Card are required. Failure to return completed reviews shall result in termination of Aged Out Medical.

   The youth will be notified prior to the closure of the medical card.

7200 Services and Supports

The Independent Living Coordinator (ILC) shall engage youth in planning to achieve self-sufficiency. Youth in the Independent Living Program have varying needs and goals. The ILC will need to work with the youth in a cooperative manner to identify the best path towards self-sufficiency. The ILC will guide and support the youth as they work to reach their goals and assist the youth in identifying and overcoming barriers to success. The following services and supports address common needs of youth; however some youth may require additional supports and services.

A. Assist youth with the application for the Aged Out Medical Program and navigating their benefits.

B. Facilitate need based financial support.

C. Educate or refer youth to services that assist with budgeting, money management and daily living skills.

D. Assist youth with maintaining and developing connections for success.

E. Assist youth with locating and maintaining housing.

F. Assist youth with career planning and accessing employment services.

G. Assist youth with secondary, post-secondary education and/or certified training to include, but not limited to, collaboration with educational advocates and implementation of Individualized Education Program (IEP) or 504 plans.

H. Assist youth to access transportation for education or employment purposes.

I. Assist youth to access services to maintain their mental and physical well-being.

J. Assist youth with other training and/or services identified by the youth.

K. Determine need for referral to appropriate community services and programs that are not limited to but may include:

1. Kansas Legal Services for assistance with SSI application
2. Vocational Rehabilitation Services
3. Economic and Employment Services
4. Adult Protective Services
5. Workforce Centers
6. Low Income Energy Assistance Program (LIEAP)
7. Child Support Services
8. Kansas Department of Health and Environment programs and services
9. Parenting and Early Childhood Education/Development Services
10. Kansas Housing Resources Corporation
11. Kansas Coalition Against Sexual and Domestic Violence

L. Assist and encourage youth to participate in Regional and Kansas Youth Advisory Council activities.

M. Assist youth with requesting a credit report from current credit reporting agencies: TransUnion, Experian, and Equifax; and resolving any inaccuracies or instances of identity theft. See Appendix 7E for guidance about how to access credit reports.

7210 Basic Chafee

Basic Chafee activities and programs include, but are not limited to, help with education, employment, financial management, housing, emotional support and assured connections to caring adults for older youth in foster care.

7211 College Classes/Training Programs

Youth who are in out of home placement, enrolled in high school or GED program, and currently receiving services by the Child Welfare Case Management Providers may be eligible for financial assistance for college classes/training programs. General Chafee funds may be used to pay for dual credit, advanced placement, pre-college, or training programs for young people who are not eligible for ETV. Child Welfare Case

Management Provider case managers shall coordinate services for eligible youth in their care through communication with local DCF office. The resources of youth or foster parents shall be considered exempt, unless the youth has a WARDS account that may be utilized

7212 Foster Care Transition Support

A. Foster Care Transition Support is a time limited service for youth released from the custody of the Secretary at age 18 or older who are not released to a permanent connection through reintegration, adoption or custodianship. This service provides housing and other support such as transportation for a limited period of time during the youth's transition to college, training program, or employment.

B. Services may begin the month the youth is released from custody. Payment shall not exceed 120 days, with the following exception: for young adults age 18 or older who are in their junior year of high school at the time of release from custody, the service may continue for a period up to 365 days.

C. Youth shall have a current signed PPS 7000 Self Sufficiency Plan, completed and signed Monthly Budget Plan PPS 7000A, and a written current education or employment plan. A youth's marital status does not impact eligibility.

D. The family foster home must be licensed or approved by KDHE. DCF regions may purchase this service at the rate of $20.00 per day. Payments shall be approved by the Assessment & Prevention Administrator in coordination with the Foster Care Administrator. Monthly payments shall be made directly to the foster parent or to the youth who will pay the foster parent directly. The PPS Client Purchase Agreement PPS 2833 shall be completed monthly. A written lease, signed by the youth and foster family, is required between the youth and the foster family specifying the beginning and end date of the service and the provision of 30 days' notice by the foster family to the youth if the service is terminated. The written lease shall be provided and attached to the PPS Client Purchase Agreement.

7213 Life Skills Services and Supports

A. Youth receive Life Skills services provided by Child Welfare Case Management Providers during out of home placement. Young adults no longer in placement may have continued needs after the transition as identified in the young adult's court approved PPS 3059 Transition Plan for Successful Adulthood. DCF shall assess and provide identified Life Skills services to youth. All Life Skills services and tasks shall be

documented on the Self Sufficiency Case Plan PPS 7000. See PPM 3000. Life Skills services may include but are not limited to the following domains:

1. Communication
2. Daily Living
3. Home Life
4. Housing & Money Management
5. Self-Care
6. Social Relationships
7. Work Life
8. Work & Study Skills
9. Career Planning

B. Life Skills supplemental assessments for Parenting Infants and Parenting Young Children may be used as resources in working with young parents.

C. Youth will be provided information regarding all aspects of health care and information regarding avoidance of unsafe health practices.

1. use of tobacco, products, drugs and alcohol;
2. sexually transmitted diseases or unplanned pregnancies;
3. factual information on how and when to seek medical care;
4. basic first aid training;
5. discussions on health insurance;
6. specific information for any youth who has special medical needs.

D. Free resources are available through www.caseylifeskills.org related to the nine (9) life skill domains listed above. Additional resources may be used as deemed appropriate to meet the youth's needs.

7214 Medical

For those youth not eligible for the Aged Out Medical Program, Chafee funds may be used to purchase medical policies, prescriptions or medical services for youth who have been released from State Custody. Chafee funds may be used to pay premiums for KanCare eligible youth. Eligibility for all Medicaid programs shall be determined prior to using Chafee funds for medical.

DCF Independent Living Coordinator shall work with youth to determine the best approach to selecting a medical policy or services to fit the needs of the youth in relationship to the youth's post-secondary education or training program. Medical policies and services offered through educational institutions shall be explored by the youth and DCF staff, if available.

7215 Transportation

Transportation costs, excluding vehicle repairs and maintenance, are allowed as deemed necessary for the purpose of helping youth meet self-sufficiency objectives, to include employment, education, and Kansas / Regional Youth Advisory Council (KYAC / RYAC) involvement. Transportation costs may include gas, bicycles, bicycle helmets, bus passes, taxi vouchers, vehicle insurance, vehicle registration, tags and taxes. The reimbursement for mileage will be the agency allowable rate for travel reimbursement. Transportation costs shall be documented as related to the youth's self-sufficiency goals indicated on the PPS 7000A Independent Living (IL) Monthly Budget Plan.

7220 Independent Living Subsidy

Youth may request subsidy from the state if they need short term assistance to achieve an independent living education or employment goal and are willing to work with the agency to achieve that goal.

Independent living subsidy is a time limited financial plan between a youth leaving foster care and DCF. The financial plan includes expectations from both the youth and the agency. The youth is expected to be working to achieve specified self-sufficiency outcomes requiring an education or employment plan and to meet regularly with his or her mentor (if assigned), and agency staff. Agency staff are expected to work with the youth to help them locate resources necessary to achieve the outcomes and to provide needed training and encouragement.

Subsidy does not provide full financial support. Youth who receive subsidy are most likely lacking a current support system to adequately provide for their financial needs, struggling financially, unemployed or underemployed but actively searching for employment and have exhausted other resources. It is expected that the youth will assume increasing responsibility for meeting his or her own needs while receiving subsidy.

Subsidy is not a general entitlement program and is based on a youth's identified goal to achieve independence and willingness to enter into a contract and cooperate with the agency to work toward that goal.

7221 Education Plan

To be eligible for Independent Living Subsidy or Foster Care Transition Support services, youth shall be working on completion of secondary education, or the equivalent via an accredited institution. An education plan that details the completion of the education or equivalent is required for the youth to receive Foster Care Transition Support services or subsidy. Youth with educational plans must attend class on a regular basis, complete assignments and maintain passing grades. The plan shall be formally reevaluated by the Independent Living Coordinator (ILC), youth, and his or her mentor (if assigned), at a minimum of every six months. The youth must be enrolled in the educational program specified in the plan and passing to continue to receive subsidy or Foster Care Transition Support services. Documentation of each reevaluation shall be attached to the plan.

A. An education plan is a written plan which includes the following:

    1. Documentation of enrolled status in identified educational program;
    2. Completed housing plan which includes the address of the residence, names of all household members occupying the residence, and copy of signed lease or rental agreement, and landlord's name and telephone number if applicable;
    3. Completed monthly budget plan PPS 7000A which includes documentation of all resources and projected needs. This budget plan should specify the amount and source (e.g. savings, job) of the youth's income, and projected expenses including first month start-up security deposits (e.g. housing, utility, telephone), and on-going utilities, furniture/ household, transportation, food, and school/work needs;
    4. Documentation of regular attendance and a copy of grades shall be attached to the plan at the end of each semester of study;
    5. Documentation of employment or active pursuit of employment ;
    6. Educational Advocate if appropriate.

B. The ILC and youth shall review the educational plan at least every 170 days or more frequently, if indicated.

C. The board of education of a Kansas school district must award a high school diploma to any person requesting a diploma if such person:

    1. Is at least 17 years of age;
    2. Is or has been a child in the custody of the Department for Children and Families (DCF) / (SRS) Secretary or KDOC-JS Secretary (JJA Commissioner) at any time on or after such person’s 14th birthday; and

3. Has achieved 21 minimum high school graduation requirements adopted by the Kansas State Board of Education that shall include the following:
    a. Four units of English language arts, which shall include reading, writing, literature, communication, and grammar.
    b. Three units of history and government, which shall include world history; United States history; United States government, including the Constitution of the United States; concepts of economics and geography
    c. Three units of science, which shall include physical, biological, and earth and space science concepts and which shall include at least one unit as a laboratory course
    d. Three units of mathematics, including algebraic and geometric concepts
    e. One unit of physical education, which shall include health and which may include safety, first aid, or physiology
    f. One unit of fine arts, which may include art, music, dance, theatre, forensics, and other similar studies selected by a local board of education
    g. Six units of elective courses
4. Students should be allowed to participate in all graduation activities.
5. Students should be awarded a regular high school diploma.

D. Youth who have completed secondary education and who are enrolled in post-secondary education and/or certified training programs are not eligible for regular subsidy, but may be eligible for Foster Care Transition Support services. Youth participating in post-secondary education and/or certified training programs may receive room/board assistance through the Education and Training Voucher program (ETV).

7222 Employment Plan

If the youth is to be eligible for Foster Care Transition Support services or receive subsidy as a part of an employment plan, there must be a reasonable expectation of completion of the plan. Youth with employment plans must be working with the agency on job readiness skills and actively seeking employment. All youth who wish to receive Foster Care Transition Support services on a time limited basis after release of custody or apply for subsidy must have a signed employment plan. Foster Care Transition Support services or subsidy is available to youth who are unemployed or underemployed but actively searching for employment. Documentation is required to verify the youth's efforts at becoming employed and the youth's willingness to accept part time employment while seeking a full time job. Staff and the mentor (if assigned), will verify that the youth is working with employment services and following up on job possibilities. Funds should be used to support the employment search needs of the youth.

A. An employment plan is a written plan which includes the following:

1. Documentation of completed instructional requirements on appropriate dress, interviewing skills, completing an employment application, and money management;
2. Resume;
3. Completed job search plan which includes the development of a weekly log of not less than 5 employment opportunities where the youth will apply for employment and will document the name of the contact person for the job;.
4. Completed Independent Living Monthly Budget Plan PPS 7000A which includes documentation of all resources and projected needs. This budget plan should specify the amount and source (e.g. savings, job) of the youth's income, and projected expenses including first month start-up security deposits (e.g. housing, utility, telephone), and on-going utilities, furniture/ household, transportation, food, and school/work needs.

B. The Independent Living Coordinator and youth shall review the youth's employment plan at least every 170 days or more frequently if the youth's circumstances change.

7223 Subsidy Rates

A. The maximum amount of subsidy for room and board is $350.00 per month. Most plans are less than this as the amount offered will depend on the youth's income and resources. Earnings and social security, or SSI payments are deducted in computing the amount of subsidy needed. The amount provided in subsidy will be reevaluated whenever the youth's situation changes or at a minimum of every six months. A youth is considered to have attained self-sufficiency if current monthly gross earnings are greater than $2,000. Youth who have attained this level of earnings will not qualify for room and board subsidy. The subsidy provided for room and board is used to supplement the youth's earnings and to provide a minimum safety net while transitioning the youth to self-sufficiency.

B. Independent Living subsidy shall be provided on a tiered approach to help youth work towards self-sufficiency as they participate in the Independent Living program.

1. Tier 1: Months 1-12 100% of subsidy based on need (PPS 7000A)
2. Tier 2: Months 13-18 90% of initial subsidy amount
3. Tier 3: Months 19-24 80% of initial subsidy amount
4. Tier 4: Months 25-36 70% of initial subsidy amount

C. A youth’s maximum subsidy is determined based on need, and subsequent tiers are derived from the maximum subsidy amount. However, due to a change in the youth’s circumstances the Independent Living Coordinator (ILC) may determine an

upward adjustment in tiers is necessary to meet the youth's needs. The ILC shall document the basis for change on the PPS 7300 Independent Living Case Determination form.

D. If a case is closed prior to age 21 after having received subsidy and the youth indicates a need for subsidy to be reopened, the starting tier will be determined based upon current need and resources.

7224 Subsidy Payment Procedures

The youth, mentor (if assigned), and DCF Independent Living Coordinator will complete the PPS 7000 and 7000A listing the youth's income and expenses. Staff will complete the PPS 7210 form and send it to the DCF Regional pay unit. Subsidy payments will be disbursed monthly (i.e. December payments will be paid in early December). Subsidy payments may be sent to the mentor who will be working with the youth on an education or employment plan.

Subsidy payments may also be made directly to the youth if this arrangement is agreed upon by the youth, DCF IL Coordinator and mentor. This arrangement will accommodate youth in making room/board payments in instances when mentors are not located in the same geographic area of the state or in other instances where this arrangement is more accommodating to the youth. Good judgment must be applied in using this procedure as not all youth may be capable of making good decisions regarding payment of their room/board upon transition to adulthood

7230 Start Up Costs

A. Start Up Costs - not including rent or room and board

Youth who are leaving foster care to live on their own may need assistance with start up expenses, not including rent. These expenses may include utility deposits, necessary furniture, household supplies, or other items as deemed appropriate by the youth and the Independent Living Coordinator (ILC). Cumulative payments may not exceed $600.

B. Start Up Costs - rent or room and board

Youth who are leaving foster care to live on their own may need assistance with the rent/room and board costs, including deposits. Room and board are considered to be lodging and meals, often provided for a set fee. Cumulative payments may not exceed $600.

7240 Vehicle Repair and Maintenance

Vehicle repairs and maintenance must be approved by the Prevention and Protection Services (PPS) Independent Living Supervisor or designee. Cumulative payments may not exceed $1,000. Available transportation options must be explored prior to authorizing a vehicle repair or maintenance. Prior to authorizing a payment for vehicle repair or maintenance the Independent Living Coordinator shall consider and document in the case file:

A. The vehicle is currently registered in the youth's name.
B. The vehicle is currently insured.
C. The youth has a valid driver's license.
D. Other resources available to meet the youth's transportation needs.
E. Documentation from authorized / certified mechanic of repairs or maintenance and itemized costs.

7250 Education and Training Voucher Program

A. Education and Training Vouchers are available to eligible youth for assistance based on need with post-secondary education and certified training programs. ETV funds may be used for costs associated with post-secondary education and/or training only and cannot exceed $3,500 or the total cost of attendance per youth per plan year, whichever is less. All youth must have an open service case to receive ETV.

B. Youth may elect to attend post-secondary education and/or certified training programs outside of Kansas and may use Kansas ETV for this purpose. If a youth is receiving ETV and attending post-secondary education and/or certified training outside of Kansas, all requirements still apply for case planning purposes. The DCF Independent Living Coordinator and youth may need to use phone or e-mail for regular contacts.

C. Youth who are moving to another state and establishing permanent residency in that state, for purposes other than attending a post-secondary educational institution or certified training program must apply for ETV funds through the state where they will establish permanent residency.

D. Youth must reapply for ETV funds on a yearly basis, as it coincides with the youth's education or training plan. All plans shall be for a twelve month period between July 1 and June 30th. If a youth finds themselves unsuccessful in completing their education or training plan, the youth may reapply at any time up until they are no longer eligible for the program. The DCF worker shall use good judgment in working with youth who have received ETV in the past and who have not been successful in continuing in their education or training plan. It is foreseeable and acceptable that youth may make changes in their education or training plans as they move into different stages of their adult lives. These changes should not be used against youth in accessing ETV unless there is a pattern of the youth's inability to work through his/her education or training goals. Assistance should be provided to the youth to keep motivation towards completing their education or training goals.

E. ETV shall only be used at post-secondary educational institutions or certified training programs that meet all three of the following criteria:

1. Admits as regular students only persons with a high school diploma or equivalent; or admits as regular students persons who are beyond the age of compulsory school attendance; and
2. Public, Private, or Non-Profit; and
3. Accredited or pre accredited and is authorized to operate in that state.

F. Youth who have not completed high school or GED requirements who are beyond the age of compulsory school attendance may be eligible for ETV services and supports at post-secondary educational institutions or certified training programs that accept students under this criteria.

7251 ETV Services and Supports

ETV services include services and supports that are necessary for the youth to participate in post-secondary education and certified training programs. Eligible expenses include but are not limited to the following:

A. Tuition and Fees for Post-Secondary Educational Institutions for youth not eligible or receiving the Foster Care Tuition Waiver. This may include special fees. The institution shall award a bachelor's degree or at least a two-year program that is acceptable for full credit toward such a degree.

B. Tuition and Fees for Certified Training Programs that provide at least a one year training program to prepare students for gainful employment in a recognized occupation.

C. Room/Board associated with Post-Secondary Education or Training Program through ETV. Youth who meet eligibility for ETV funds can be awarded room and board assistance for costs associated with post-secondary education or certified training program. Youth shall not receive room/board through both ETV and IL Subsidy. ETV room and board payments should be paid using the appropriate ETV program and object code for this service.

D. Books, materials and supplies associated with an allowable Post-Secondary Education or Certified Training Program to assist the youth in continuing their education or training program. This includes supplies associated with specific education or training programs (i.e. tools, welding boots, art supplies).

E. Special Fees associated with an allowable Post-Secondary Education or Certified Training Program. This may include fees associated with specific classes, assignments, or participation in educational or training activities associated with the institution. Fees associated with student loans or insurance premiums on the student loan may be included.

F. Child Care

Young adults participating in the ETV program may be eligible for childcare through EES or by using ETV funds. If a young adult is eligible for childcare through EES this program shall be utilized first. See EES PPM for policy guidelines. If the young adult is not eligible for EES childcare they may be eligible for childcare using ETV funds. Childcare providers must meet the same requirements as the EES childcare program specifies.

G. Technical Equipment associated with Post-Secondary Education or Certified Training Program (i.e. special calculators, computers or other technical equipment to aid in post-secondary education or training program). Accommodations related to a youth's disability, such as a personal assistant or specialized equipment that is not paid for by another source, may be eligible.

H. Tutoring for youth in post-secondary education or certified training programs to assist youth in completing the program.

I. Transportation costs related to post-secondary education and/or training program (i.e. gas, taxi rides, bus tickets, tags and taxes).

J. Clothing and other items required for post-secondary education and/or training programs (i.e. nurse uniforms, special clothing or other personal items required for class or training program). May not be used to purchase clothing for normal daily use.

K. Medical policies, prescriptions and medical services to assist youth in their post-secondary educational goals or training programs. This service shall not be used for youth eligible for Aged Out Medical. Youth shall be encouraged to use policies provided through education institution if available.

7252 Procedures for ETV

A. The DCF Independent Living Coordinator or designee and youth shall complete the Self-Sufficiency Plan PPS 7000 and the Education and Training Voucher Program Plan PPS 7001 must have an identified education or training plan, along with all required information on the form. All youth participating in Post-Secondary Education and Training plans must be actively involved in all stages of the plan.

B. The Self-Sufficiency Plan PPS 7000 and the Education and Training Voucher Program Plan PPS 7001 shall have verification of eligibility for Chafee Foster Care Independence Program (CFCIP) and/or Education and Training Voucher Program (ETV) approved by DCF Independent Living Coordinator and DCF Independent Living (IL) Supervisor or designee.

C. Documentation to support all identified costs associated with Education and/or Training Plan shall be attached to the Education and Training Voucher Program Plan PPS 7001. In addition, documentation of all Federal or State Financial Awards

associated with the Education and/or Training Plan must also be attached. (i.e. Pell Grant and Scholarships) All youth applying for ETV funds shall complete a minimum of three (3) scholarship applications with proof of documentation at the time of completing the PPS 7000 and PPS 7001 ETV Plan. An exception may be granted when there aren't scholarships available for the planned educational track. An exception to the scholarship requirement must be approved by the DCF IL Supervisor or designee on the PPS 7001. Youth shall complete the Free Application for Federal Student Aid (FAFSA) prior to applying for ETV funds.

D. The Education and Training Voucher Program Plan PPS 7001 shall be signed by the youth, DCF Independent Living Coordinator, DCF Social Worker if different than Coordinator, Case Manager/Social Worker for contractor if youth still served by the contractor, and the DCF IL Supervisor or designee.

E. All ETV case plans shall begin July 1 and end June 30 of each year. The initial ETV plan year shall be entered into the Self Sufficiency Information System (SSIS) within five working days of opening

F. The DCF Independent Living Coordinator must track all expenses so that the total shall not exceed the maximum allowable funds per year or the total cost of attendance per youth.

G. All youth with current ETV plans shall be notified within thirty (30) days of a change in their ETV plan. DCF Staff shall work with youth receiving ETV to make sure all avenues for funding for post-secondary education/certified training options are explored.

H. Services and supports through ETV are available as funding allows.

7260 Kansas Foster Child Education Assistance Act

A. The Kansas Foster Child Educational Assistance Act applies to eligible young people who enroll in a program at a Kansas educational institution which leads to the award of a certificate, diploma or degree upon satisfactory completion of course work requirements. This program will waive tuition and required fees at

Kansas educational institutions to include any vocational school, area vocational-technical school, community college, Washburn University and state educational institution or technical college. For complete list of individual schools please consult http://www.kansasregents.org/

B. The waiver will cover tuition and required fees only for undergraduate enrollment of eligible youth through the semester the eligible youth attains 23 years of age. Tuition will not be waived for any course repeated or taken in excess of the requirements for completion of educational program in which such eligible youth is enrolled. Youth eligible for the Foster Child Educational Assistance Act may also be eligible for assistance for other costs of higher education through ETV.

C. Procedures for Kansas Foster Child Educational Assistance Act

1. Prevention and Protection Services Administration staff will verify the applicant's eligibility.
2. The FACTS code ED04N shall be used to record the date of High School Graduation or GED completion to aid in verification of eligibility for the Kansas Foster Child Educational Assistance Act .
3. If a youth is interested in the Kansas Foster Child Educational Assistance Act Program, applications may be obtained from educational institutions in Kansas or by contacting your local DCF office. See PPS 7260 Application for Foster Child Education Assistance Program. All applications are submitted by the student to the Registrar's office at the educational institution. The Registrar's office will fax the application to Department for Children and Families (DCF) Administration for verification of eligibility and signature of Statewide Independent Living Coordinator or designee.
4. Within 30 days of enrollments, all accepted applicants are required to notify their DCF Independent Living Coordinator (ILC), as applicable, of their current enrollment status and intended program of study.

7270 Aged Out Medical Program

This program provides medical coverage to young adults who are released from custody of DCF, Kansas Department of Corrections- Juvenile Services (KDOC-JS) or Tribal Authority at age 18 and meet specific eligibility guidelines. Refer to Section 7100 Eligibility for Aged Out Medical Program.

Child Welfare Case Management Providers, local KDOC- Juvenile Services agency staff, and DCF staff working with youth who will leave care at age 18, shall inform the

youth about the Managed Care Organizations (MCO) and Aged Out Medical Program. Youth shall be assisted in choosing an MCO if appropriate and preparing the KanCare application “For Families and Children” prior to their release from custody.

After release of custody DCF IL staff shall assist young adults with completing the application, serving as Facilitator if appointed by the young adult, obtaining the medical card, and choosing a Managed Care Organization that best meets their needs.

DCF IL Coordinators shall inform young adults who have been released from custody, but have not submitted an application or obtained a medical card, of the Aged Out Medical Program by sending them the PPS 7240 You May be Eligible Notice.

Documentation of the notification and assistance provided to should be made in the youth's case file. A youth's eligibility for the Aged Out Medical Program does not require the youth to participate in Independent Living services with DCF.

7280 Mentor

A. A youth may have a mentor who has agreed to complete the Mentor Application in Appendix 7H Mentor Application Packet, sign the PPS 7220 Independent Living Mentor Agreement, and carry out the responsibilities in PPM 7242, Responsibilities of Mentor. CWCMP staff, including DCF IL Coordinators, shall not serve as mentors.

B. If a youth receiving services from DCF is unable to identify an adult who will serve as the youth’s mentor, DCF will assist the youth in identifying a mentor as needed.

7281 Mentor Qualifications

The qualifications for Mentors include:

A. age 25 or older
B. ability to pass Child Abuse/Neglect Central Registry clearance;
C. ability to pass KBI security clearance;
D. ability and willingness to work with adolescents and young adults;

E. knowledge of budgeting and money management;
F. knowledge of skills necessary to succeed in daily life;
G. supports the goal of self-sufficiency;
H. models responsible behaviors;

CWCMP staff and IL Coordinators shall not serve as mentors

7282 Responsibilities of Mentor

A. The responsibilities for Mentors include the following:

1. Sign the PPS 7220 Independent Living Mentor Agreement
2. Participate in training/ educational activities regarding the roles and responsibilities of being a mentor as required or offered
3. Maintain regular contacts with the youth as agreed to on the PPS 7000
4. Document contact meetings with the youth on the PPS 7215

Act as a source of counsel, advice and support to the youth

B. Mentors who are providing counsel, advice and support to youth who are receiving subsidy must also:

1. Sign the PPS 7000
2. Advise the youth on budgeting and money management
3. Advise and consult with the youth on details specific to youth's education or employment plan
4. Receive and disperse the monthly subsidy check (if this is the arrangement agreed upon by mentor and youth)

7283 Mentor Fees

Mentors who are providing council and support to youth who are receiving IL subsidy from DCF may receive a $50.00 monthly fee. This fee is not included in the amount of subsidy provided to the youth. The intent to provide a mentor fee shall be documented on the case plan. See PPM 7913 Other Payments for IL Youth.

7290 Kansas Youth Advisory Council

Youth 15 to 21 years of age and Chafee eligible may participate in organized Youth Advisory Councils in Kansas. Each Child Welfare Case Management Provider (CWCMP) Region has a Regional Youth Advisory Council (RYAC) which is sponsored by an adult representative with the CWCMP. The Kansas Youth Advisory Council (KYAC) is the state youth advisory council, which is made up of youth representatives from each of the RYACs. The KYAC and RYACs are the "Voice of foster youth in Kansas" and provide an excellent opportunity for youth to learn and demonstrate leadership skills.

7300 Case Closure

A. The DCF Independent Living services Self-Sufficiency case shall be closed for the following reasons:

1. At the youth's request;
2. When the youth has financial resources sufficient to meet his or her basic needs and/or has attained self-sufficiency goals;
3. When the youth attains age 21, and is not participating in the Education & Training Voucher program;
4. When the youth is participating in the Education and Training Voucher program and attains age 23;
5. If a youth does not meet or progress towards identified goals and is uncooperative in services;
6. The youth has not responded for a period of 60 days and the Independent Living Coordinator has utilized reasonable efforts to contact the youth. Reasonable efforts are defined as more than one attempt, utilizing more than one strategy for monthly contact. Strategies may include in person, phone, e-mail, letter, approved social media networks, and texting. Attempts to contact the youth shall be documented in accordance with PPM 0420.

B. The DCF Independent Living Coordinator shall submit the PPS 7300 Independent Living Case Determination to the Independent Living Supervisor for approval prior to closure.

7800 Entering Independent Living Youth Not in Agency Custody in FACTS

To establish a new case for a youth receiving independent living, use the allegation/presenting situation code of New Case Needed (NCN) on the BEGN screen.

Enter a self-sufficiency plan (SS) on a youth who is not in DCF custody, but receives independent living services (See PPM section 3811H on entering a SS plan type). If receiving an independent living subsidy, the service requested is securing a member grant (SG). Enter a Service Action of IN04P for cash only subsidy or medical and cash subsidy with the appropriate service source code for the mentor, such as family member (FAM), friend (FRN), self (SLF), etc. If there is not an appropriate service source use other person (OTP). Initiate (IN) the responsibility status with the date the permanent independent living subsidy agreement is signed. Authorize max units of 1 and indicate a type of monthly (M). Enter the amount of subsidy in the charge unit field for what is initially paid on behalf of the child. Enter the name of the guardian on the PROM screen with a provider type of INL. For medical only, no FACTS case is opened.

For youth who have graduated from high school or completed their GED, enter the service action code of ED04N and date of GED completion or date of graduation.

For youth who are receiving independent living services, see PPM section 5840 D. For a complete list of independent living service action codes see the FACTS online user manual, the PPS 3057 form and the PPS 3057A form.

7900 Eligibility and Payment Procedures for the Independent Living Program

Eligibility and payment procedures for the Independent Living Program (IL) are found in section 7911 – 7913.

7911 Start Up Costs

Youth may be eligible for start-up costs up until 21 years of age, based on individual needs.

A. Start Up Costs- not including Rent/Room/Board

Youth who are leaving foster care to live on their own for the first time may need payment for start-up expenses, not including rent. These expenses may include utility deposits, necessary furniture, supplies, or other items as deemed appropriate by the youth and worker. A maximum payment of $500 is allowed for this purpose.

If the youth's budget indicates that he or she can manage without other financial support the case can be closed.

Payments shall be generated using the case and client numbers from a youth's open KAECSES case. Payments shall be made using the vendor payment process (see the Handbook for Client Purchases for details on purchasing procedures). Payments shall be made using Speedchart ISD27812 and INF45 Code 8122.

An INF45 code listing can be found in the instructions for the PPS 2833 Client Purchase Agreement form. Definitions for INF45 codes for Youth IL Chafee Program Code 27812 and Youth IL ETV Program Code 27821 can be found at http://dcfnet.dcf.ks.gov/Ops/FM/Pages/INF45.aspx. Click on PPS Definitions.

B. Start Up Costs- Rent/Room/Board

Youth who are leaving foster care to live on their own for the first time may need assistance with the initial rent/room and board costs, including deposits. A maximum payment of $500 is allowed for this purpose. If the youth's budget indicates that he or she can manage without other financial support, the case can be closed. (Note: Rent would be paid directly to the landlord. Room and Board costs would be paid directly to the youth for payment of services to the landlord on their own.)

Payments shall be generated using the case and client numbers from a youth's KAECSES case. Payments shall be made using the vendor payment process (see the Handbook for Client Purchases for details on purchasing). Payments shall be made using Speedchart ISD27812 and INF45 Code 8100 (Rent).

An INF45 code listing can be found in the instructions for the PPS 2833 Client Purchase Agreement form. Definitions for INF45 codes for Youth IL Chafee Program Code 27812 and Youth IL ETV Program Code 27821 can be found at http://srsnet/commissions/admin/VenPay_03/venpay_information.htm. Click on PPS Definitions.

7912 IL Subsidy Procedures for Room/Board

For program information see Section 7220.

Monthly payments are generated from an open Foster Care KAECSES case. Payments are made prospectively for a month at the beginning of the month. In order to open an independent living payment case the eligibility specialist shall receive a copy of the Independent Living Subsidy Payment Unit Notification PPS 7210.

The subsidy amount may increase or decrease monthly and is clearly defined on the PPS 7000 Self Sufficiency Plan. To verify the correct information is entered on FCPD for each month, see PPS 7000 Self Sufficiency Plan.

If the Foster Care case is currently open on KAECSES, the payment is made by updating the SEPA, FOCA and FCPD screens. If the Foster Care case is not currently open on KAECSES, refer to the steps in E&P Appendix B, Section III, A for opening a new case.

A. On SEPA the following program (PGM) codes shall be used:

1. FC (youth who receive IL subsidy but have their medical card funded from another program); or,
2. FC AO (youth who were in DCF Custody, now receive IL subsidy & a medical card through the Medical Card Extension Program); or
3. FC AJ (youth who were in KDOC-JS Custody, now receive IL subsidy & a medical card through the Medical Card Extension Program).

The program should be coded IN for FC, FC AO, or FC AJ as applicable. Medical shall be coded OU when program type is FC; coded IN when program type FC AO or FC AJ.

B. On FOCA the following codes shall be used:

1. Source of Funding: GA
2. Legal Status: keep the most recent prior legal status prior to aging out)
3. DISABLED AGE 18 AND OLDER: Y or N
4. TYPE OF CURRENT PLACEMENT: 8 or 19
5. GOAL: IL

C. On FCPD the following codes shall be used:

1. SOURCE OF FUNDING: GA
2. VENDOR ID: (obtain from SMART)
3. ADDRESS SELECTION: (obtain from SMART)
4. GRANT AMOUNT: Refer to DCF Independent Living Subsidy Payment Unit Notification PPS 7210. Not to exceed $350.00.

The subsidy amount may increase or decrease monthly and is clearly defined on the PPS 7000 Self Sufficiency Plan. To verify the correct information is entered on FCPD for each month, see PPS 7000 Self Sufficiency Plan.

D. Automating the Payment with the FCPD Screen

FC program types pay prospectively so payment screens are a month ahead. If updating or opening the case after the cash monthly issuance date, known as “roll over”, (occurs on the 4th working day before the end of the month), you will see DA in the Benefit Issuance area to generate the payment for the month showing. Continue to copy details into the next month, completing the FCPD screen for each new month, until you see MO in the Benefit Issuance area. This will ensure that the case is up to date.

Example 1: If opening case for subsidy eligibility starting in February on February 28, on the February FCPD screen, you would need to ensure Benefit Issuance of DA is present in order for the payment to generate for February as payments on the monthly cycle have already been processed. Do the same for the March FCPD screen. The April FCPD screen would be the first screen with a MO Benefit Issuance.

Example 2: If opening a case for subsidy eligibility starting in November on December 5, the benefit issuance indicator for the month of November is DA which is correct. When you copy the case to December, the benefit issuance indicator will be DA. This is also correct. The January FCPD screen would be the first screen with a MO Benefit Issuance.

Example 3: An independent living subsidy case is opened, but not caught up with rollover. The current month for the case is April and the last IL payment made was for April on April 1st. Today is May 27th and you copy details creating May. Since the monthly cycle to pay May's benefits is past, you will see the Benefit Issuance as DA. The case must be copied into June and July to catch the case up with rollover.

E. How to Copy Details to Manually Roll Over a Case

1. Go to the APEM screen and enter "4" and the month/year for the next month. Press ENTER.
2. Go to the next field and enter FCPD; fill in the information on this screen. Press ENTER.

7913 Other Payments for IL Youth

Payments may be made to support IL youth in their educational and training plan as determined by the Case Plan. Payments may also be made to support IL youth in their educational and employment plan, and mentors who receive a $50.00 per month mentor fee, as determined by the Case Plan. For program information about mentors see PPM 7280.

There are some instances where payments for these services and/or goods will be made directly to the youth. When payments are made directly to the youth for services and/or goods, the youth shall provide a receipt of purchase or payment with a copy of the receipt to be kept in the DCF file for documentation. Purchase of Foster Care Transition Support services shall be accompanied by a written lease between the youth and foster family, specifying the beginning and end date of the service and agreement of the family to give the youth 30 days' notice before terminating the lease. See PPM 7212.

These payments shall be generated using the case and client numbers from a youth's KAECSES case. Payments shall be made using the vendor payment process (see the

Handbook for Client Purchases for details on purchasing procedures). Payments shall be made using the following accounting codes:

1. IL Expenses and Mentor Fees: Speedchart ISD27812 and the appropriate INF45 code.

2. ETV Program: Speedchart ISD27821 and the appropriate INF45 codes.

An INF45 code listing can be found in the instructions for the PPS 2833 Client Purchase Agreement form. Definitions for INF45 codes for Youth IL Chafee Program Code 27812 and Youth IL ETV Program Code 27821 can be found athttp://dcfnet.dcf.ks.gov/Ops/FM/Pages/INF45.aspx. Click on PPS Definitions.

For ETV, there is a $3,500 all funds limitation per case planning year on expenses. Monthly tracking and reporting of individual youth expenses may be found on the Self Sufficiency Information System and at the PPS SharePoint web site in the PPS Finance and Allocations section. Eligible students may receive ETV funds until the semester they turn 23 years of age.

All youth applying for the Foster Care Tuition Waiver Program shall submit their application directly to the financial aid department of the educational institution. See PPM 7260 Foster Child Education Assistance Act for program details.

8000 Continuous Performance Improvement

8000 Continuous Performance Improvement

The Department for Children and Families Prevention and Protection Services has leadership and ownership of a Continuous Performance Improvement (CPI) process which is applied consistently across the State. The process shall be utilized by state and provider staff at all levels as a systemic problem solving process and cycle of learning and improvement. The CPI cycle includes identifying and understanding the root cause of problems, researching and developing theories of change, developing or adapting solutions, implementation of solutions and monitoring and assessing solutions.

The functional components of CPI include data collection, data analysis and interpretation, communication and collaboration and support for sustainable CPI.

PPS shall maintain a CPI Procedure Handbook providing a comprehensive picture of CPI in Kansas Child Welfare. The handbook shall address CPI functions, activities and steps, annual training activities as well as the outcomes and standards reviewed on a regular basis.

Prevention and Protection Services (PPS) Continuous Performance Improvement staff shall be responsible for providing support and accountability for the structure, methodologies and administration of quality assurance and continuous performance improvement activities for the DCF Regions and Providers. Outcomes are reviewed at least quarterly by state and provider staff.

DCF Regions shall participate in Quality Assurance and Continuous Performance Improvement activities.

DCF Regions shall coordinate Continuous Performance Improvement activities with their Child Welfare Case Management Providers.

Standard case reads are conducted by the DCF Regional Offices on an ongoing basis and focus on the timeliness and accuracy of service delivery. Additional targeted case reads are conducted as required for policy compliance or continuous performance improvement projects.

Stakeholder meetings are organized at the case specific, community and statewide levels to involve customers and stakeholders in discussions about the delivery of Child Welfare services.

Residential/Group Home monitoring is conducted initially by the DCF Regional Offices and then annually by the Child Welfare Case Management Providers. Administrative Reviews are conducted annually by DCF/PPS.

A. Information systems, data collection and reporting:

The primary systems used for continuous performance improvement include FACTS, KIDS, KIPS, SCRIPTS and the Case Read Application.

PPS has processes in place to identify and address data quality issues which include the use of Federal Validation Utility program, a PPS Error and Reporting Correction process, and case record reviews for AFCARS elements in addition to other tools used by field offices to correct potential data entry errors.

PPS monitors federal requirements and guidelines related to AFCARS, NCANDS, CFSR data profiles, and NYTD through a review of information and utilization of quality tools for AFCARS and NCANDS.

PPS utilizes (not limited to) statewide stakeholder interviews, case specific stakeholder interviews, surveys, provider reports, statewide Management

Information Systems (MIS) reports and standard and targeted case reviews to collect quantitative and qualitative data to assess performance and identify opportunities for improvement regarding systemic factors.

Outcomes data collection and reporting is standardized to provide consistency and enable comparison throughout the Agency on a statewide basis, by DCF Regions and Providers.

B. Method for establishing case read samples:

The case read sample for each program is derived from the respective case population that has been active during the last three months in a twelve month period under review. A “Stratified Random Sample” strategy is utilized to establish the sample size. The statewide population is broken out by DCF Region. The number of cases in the sample for each Region is proportionate to the number of cases in the total population for each Region. Cases are assigned a random ID number and randomly selected until the correct percentage for each Region is achieved.

The number of cases in the sample is set at a level sufficient to maintain statewide statistical validity. This level is established by consulting a table of recommended sample sizes from the DCF Office of Strategic Performance Management.

C. Analysis of outcomes:

Data are analyzed to determine the performance of processes, and to identify opportunities for improvement.

Opportunities for improvement will range from those that are systemic or statewide to those that are specific to DCF Regions, Child Welfare Case Management Providers or individual staff.

Standard CPI reports include (not limited to) national and state outcomes and indicators reported from the state MIS and case read system. In addition, providers

draw upon their internal QA and performance improvement activities and information to enhance the PPS CPI process.

D. Training:

Training shall be provided to state and provider staff on an annual basis and will include (not limited to) the understanding of: the PPS CPI Cycle and structure, utilization of MIS outcomes reports, case read reporting application basics, data analysis, performance improvement project tools and techniques, spread sheet basics and orientation to individual case read instruments.

Training shall be offered to community stakeholders on the PPS CPI Cycle and structure and the availability and utilization of CPI reports.

E. Monitoring Contractor Performance:

To assess performance of the Contractor, the state will review and monitor accountability for child welfare programs through direct oversight, case read processes and administrative site visits. Case read and oversight activities are used to assess and improve the delivery of services to families. Results of case read and oversight activities may be published by DCF on the internet or in other public information material.

1. Poor performance on case read questions, nonconformities identified during an audit, not meeting the requirements of an administrative site review, or other sources identifying a significant or repeated problem impairing performance or compliance may lead to the implementation of a corrective action plan (CAP). If a problem is identified by DCF, the contractor shall develop a Corrective Action Plan (CAP) approved by DCF, to address the root cause of the issue and action steps to be taken to obtain improvements and prevent recurrence of the problem. Failure to meet CAP provisions shall require the Contractor to reimburse DCF for costs incurred in resolving the problem. The concepts of a CAP are:

a. Using clearly identified sources of data which identify problems that will be investigated.

b. Completing a root cause analysis to identify the cause of a discrepancy or deviation and suggest corrective actions to potentially prevent recurrence of a similar problem, or preventive action to ensure that discrepancies do not occur.

c. Implementing corrections to rectify the problem which is identified.

2. Monitoring Contract Outcomes: Contractor performance is also measured, in part, through contract outcomes. Contract outcomes include the national data standards for safety, permanency, and well-being. Performance based outcomes shall not be rewarded with monetary or other bonuses/awards for staff.

The contract performance year is the state fiscal year (SFY) July 1- June 30. Reports published may reflect both federal and state fiscal year periods.

If contract outcomes are not met at the completion of the first SFY of the contract, the contractor shall develop a Program Improvement Plan (PIP) approved by DCF to address unmet outcomes. The PIP shall include action steps to be taken to create improvements and demonstrate continued improvement for each unmet outcome. Failure of the Contractor to meet PIP requirements may result in liquidated damages.

The PIP will be developed for a period of 2 years, and individual outcome(s) will be deemed completed as successful when the outcome performance meets the negotiated improvement goals by the end of the SFY.

Failure of the contractor to meet the negotiated improvement goal(s) by the end of the SFY using year- end performance data may result in the termination of the contract. If negotiated improvement goals are not met a liquidated damage may be assessed for each outcome not met. DCF may withhold any damage amount from the July base payment in the year following the completion of the PIP. DCF may also impose liquidated damages if Outcomes/Standards are not met during the following year(s) of the contract.

8010 Conflict of Interest

DCF, CPI Case Review Staff shall have no direct contact, supervision, oversight or consultation for the cases they review. Case Review Staff shall not review or conduct third-party quality assurance on any case in which they participated or consulted in any way.

8020 Safety Concerns

Safety concerns identified by case review staff during the case review process shall be immediately communicated to the appropriate PPS Regional Administrator.

8200 Child Welfare Case Management Provider's Responsibility for Continuous Performance Improvement

Child Welfare Case Management Providers are responsible for working with the Prevention and Protection Services (PPS) Continuous Performance Improvement staff on Performance Improvement activities. The Child Welfare Case Management Providers shall:

A. Participate in continuous performance improvement activities.

B. Assure quality enhancement programs are comprehensive and on-going.

C. Submit quarterly management reports.

D. Participate in the Prevention and Protection Services Case Review program and in case reads.

E. Provide access to case files as requested by the Regions for ongoing and targeted case reads.

F. Participate in discussions about the results of regional case reads at the time of their completion. Child Welfare Case Management Providers shall review each case identified in the sample and reconcile findings with the DCF Region.

G. Develop a Corrective Action Plan for approval by DCF if warranted by performance.

H. Develop and submit for approval by DCF, a Program Improvement Plan if warranted by performance.

8300 Case Read Decisions

During the case read process, if there is disagreement on the scoring of a specific case read question that cannot be resolved, the Prevention and Protection Services (PPS) Regional PI staff will send a brief description of the disagreement to PPS Administration program staff with a copy to the Child Welfare Case Management Provider. PPS Administration program staff will facilitate resolution.

8400 Residential/Group Home Monitoring

All Residential/Group Home placement providers shall be licensed through DCF Foster Care and Residential Facility Licensing Division and meet the DCF/PPS Placement Standards and requirements in the Child Welfare Handbook of Client Purchases in order to obtain a provider agreement with DCF.

Implementing a new facility or modifying a provider agreement for an existing facility requires an onsite review conducted by DCF regional staff. Providers may initiate the process by contacting their DCF regional office.

A. Implementing a New Facility or Renewing/Changing a Provider Agreement:

1. DCF regional staff shall assess the need for the type of service requested for a new facility and/or a change in services listed in an existing provider agreement.

2. DCF regional staff shall provide information to the provider including a copy of the DCF Placement Standards, Child Welfare Handbook of Client Purchases and contact information for DCF Foster Care and Residential Facility Licensing Division.

3. DCF regional staff shall provide technical assistance relative to the DCF Placement Standards and Child Welfare Handbook of Client Purchases.

4. DCF regional staff shall collaborate with KDOC-JS if the facility wants to serve juvenile offenders and child in need of care youth.

5. DCF regional staff shall conduct an on-site review of the facility to ensure compliance with the Placement Standards and the Child Welfare Handbook of Client Purchases. The on-site review shall include a tour of the facility, review of policy and procedures, human resource files and staffing patterns using the site review instrument listed below. Ninety days after a new facility opens, or a change in services listed in an existing provider agreement is implemented, DCF regional staff shall return on site to review case records.

6. Each type of facility has a unique site visit review instrument. The types of facilities covered in this section include:

a. Community Integration Program (CIP) (PPS 8400A)

b. Emergency Shelter (PPS 8400B)

c. Residential Maternity (PPS 8400C)

d. Secure Care (PPS 8400D)

e. Transitional Living Program (TLP) (PPS 8400E)

f. Youth Residential II (YRC II) (PPS 8400G)

7. DCF regional staff shall provide technical assistance for compliance issues related to the Placement Standards and the Child Welfare Handbook of Client Purchases and provide a written site visit report of findings to the Provider.

8. The placement provider and DCF regional staff shall address any concerns prior to establishing a provider agreement. Program improvement activities for securing compliance shall be completed within 30 days.

9. The site visit report shall be maintained by DCF Regional Office who maintains the provider agreement and forwarded to the Provider.

B. On-going Monitoring:

The Child Welfare contractors for Family Preservation and Foster Care shall complete reviews annually. The purpose of the reviews is to maintain compliance with the DCF Placement Standards and Child Welfare Handbook of Client Purchases. The contractors shall provide reports containing the results of their on-site reviews to DCF on an annual basis.

8500 Administrative Reviews of Child Placing Agencies

In collaboration with DCF Foster Care and Residential Facility Licensing Division, DCF/PPS program staff monitor Child Placing Agencies through annual Administrative Site Visits with the Family Preservation and Foster Care contractors.

A. Requirements and documents to be reviewed are detailed in the review instruments for each type of site visit:

1. Administrative Review RE, FC, ADPT (PPS 8500A)
2. Administrative Review FP (PPS 8500B)

B. Methodology of file samples: Two weeks prior to an annual site visit the Provider shall send PPS program staff a list of employees by category and a list of the foster/adoptive homes sponsored by the Provider. PPS will randomly select 15 employees and 15 resource homes for review. Five of the 15 resource homes will be homes approved for adoption. Specific information regarding each child placed with the foster family during the period under review shall be included in the file.

(See PPS 8500A & 8500B.) One week prior to the site visit the samples to be reviewed will be sent to the Provider.

C. The DCF review team is comprised of PPS program staff and DCF regional staff.

D. On the day of the site visit the Provider shall make the file samples and documents required and referenced above available to the DCF review team.

E. The Provider is encouraged to identify a private workspace that can accommodate the DCF review team and provide confidentiality for the files and documents being reviewed. As scheduling permits the provider is also encouraged to have staff on stand-by to assist in locating documentation and answer questions.

F. PPS program staff shall provide technical assistance for compliance issues related to the family preservation and/or foster care contracts and provide a written report. Program improvement activities for securing compliance shall be completed within 30 days.

The site visit report shall be maintained by program staff in PPS, forwarded to the Provider, DCF Foster Care and Residential Facility Licensing Division and the DCF Regional Office who maintains the provider agreement

9000 Interstate Compact

9000 Interstate Compact

A compact is a legal agreement among persons, nations, or states. An interstate compact creates a contract among states. Each state legislature has adopted, verbatim, the Interstate Compact on the Placement of Children (ICPC) language. This uniformity assures that the compact's provisions are the same in every state.

Additional information about the ICPC, including the Regulations and Articles, can be found at www.aphsa.org, click on affiliates, and then on AAICPC. They can also be found in Appendix 9D.

9120 Placements Subject to ICPC

The following placements require prior approval by the receiving state before a child can be placed:

A. Reunification with the birth parent(s) when the court has jurisdiction over the child to be placed. This will provide information to the court and will allow the receiving state to provide services upon placement.
B. Placement with relatives whenever the court has jurisdiction of the child to be placed.
C. Placement with a child with a non-related person (foster care). This provision is applicable whether or not there is a court jurisdiction. If there is no court involved, there's no foster care.
D. Placement in a residential treatment facility. All facilities shall be licensed by the state in which they are located.
E. Placement with an adoptive family.

9130 Placements Not Subject to ICPC

Under the following circumstances the ICPC is not required:

A. A child in the custody of the Secretary of DCF is being placed with a parent in another state.
B. Birth parent to birth parent when there is no court jurisdiction over the child to be placed.

C. Birth parent to relative when there is no court jurisdiction. The following relatives may place or receive a child across state lines without ICPC approval:

1. parents(s)
2. step-parent
3. grandparent
4. adult sibling
5. adult aunt or uncle
6. legal guardian

D. Relative to relative when there is no court jurisdiction over the child. The same relatives as noted above have such authority.

E. Placement of a child by parents or relatives into boarding schools.

F. Placement of a child in a public or private hospital, psychiatric hospital or medical facility; providing the hospital is not licensed as a residential treatment center. (If that is the situation, approval through ICPC is required.)

G. Divorce and/or custody investigations or family assessments related to divorce.

H. International Adoptions when the Office of Immigration and Naturalization Services (INS has issued an IR-E visa for the child.

I. The child is being adopted in his/her country of residence.

J. The consent to adopt has been issued by the child's country of residence or foreign agency having custody and guardianship and no state side agency has custody.

K. Services requested through International Social Services or any branch of its overseas offices.

L. Youth in Job Corps.

M. Youth in the military.

N. Placements by a Native American Nation or Tribe within a territory controlled by a Native American Nation or Tribe.

9200 ICPC referrals from Kansas to other states (Kansas as the sending state)

Referrals of children in DCF custody served by a Child Welfare Case Management Provider shall be completed by the child welfare case management agency and forwarded to the Kansas ICPC office.

9210 The ICPC Referral Packet

A comprehensive ICPC referral packet is required to avoid a delay in the ICPC process. Complete information allows the receiving state to assess the prospective placement family's ability to care for the child's (children's) specific needs. Likewise, this information will aid the family in making an informed decision regarding their ability to care for the child.

The Kansas compact administrator or designee may request additional information on the child. Any information sent to the Kansas ICPC office, shall be sent in triplicate. The Kansas ICPC office, retains one copy for their file, and sends two copies on to the receiving state.

The referral packet for parent, relative, foster care, and residential placements shall include the following:

1. The ICPC 100A (PPS 9130) Interstate Compact request form shall be completed for each child. The Child Welfare Case Management Provider retains a copy, and five are included in the referral packet. This form is used to request and approve all placements from Kansas.

   Three separate referral packets shall contain the following:

   a. A comprehensive cover letter explaining the child’s situation and the reasons for requesting placement with a family in another state. Special needs or specific issues that need to be addressed with the family shall be noted.

   b. Social history to include child's current functioning, special needs, the reason the child entered DCF custody and as much information on the birth parents and siblings as possible. (See Appendix 3A for suggested social history outline.)

   c. Journal Entry/Court Order signed by the judge granting custody to DCF. (If these documents are not signed, they will be returned to the Child Welfare Case Management Provider for the judge's signature.) Include a copy of the initial

custody order and a copy of the most recent court order (within the past year) showing continued custody. For a Regulation 7 sample court order, see Appendix 9-G.

d. Case plans: the initial and most current.

e. PPS 9140, Financial/Medical plan form, shall be completed by the DCF worker or the Child Welfare Case Management Provider with the assistance of the DCF worker.

f. Copy of birth certificate. If the birth certificate is not available, include copy of birth certificate application. Upon receipt of the original birth certificate; forward a copy of the document to the ICPC Office.

g. Copy of the social security card or written verification of social security number from Social Security Administration. If child does not have a social security card, attach a copy of the application verifying that a social security card has been requested. Upon receipt of original social security card forward a copy of it the ICPC Office.

h. If available, include child's medical history, including immunization records, psychological reports, and school records.

i. Statement of Case Manager/ICPC Potential Placement, form PPS 9100. This form shall contain the CWCMP case manager's signature.

j. Regulation 7 referrals shall include the documentation required in the above section 9210.1.a through 9210.1.i, and the following:

1. Signed Regulation 7 court order. See Appendix 9-G for a sample regulation 7 court order, and

2. Completed PPS 9145 (ICPC 101) form for each child.

k. Referrals for public adoptions shall include the documentation described in the above section 9210, and three separate sets of the following.

1. Medical and Genetic Information. PPS 5340, Part I, II, and III forms shall be completed by the birth parents. However, if the birth parents are unavailable, the Child Welfare Case Management Provider may complete and sign these forms and send an affidavit explaining that birth parents were unavailable to complete the forms.

2. Voluntary relinquishment signed by birth parents and accepted by DCF or a journal entry terminating parental rights signed by the judge.

3. Journal Entry documentation reflecting compliance with the Indian Child Welfare Act.

4. If applicable, adoptive resource home study completed prior to the ICPC adoption request. Requests will be forwarded to the receiving state requesting an updated case specific adoption home study.

If a pre-approved adoptive family is moving out-of-state, include the previous adoptive home study in the referral.

Should the child become free for adoption after ICPC has already been initiated, a new 100-A (PPS 9130) shall be completed requesting an adoptive home study. Attach three copies of the new case plan and legal documentation indicated above and forward to Kansas ICPC.

For adoptions finalizing in Kansas, please see Appendix 5R, Checklist for Request for Consent to Adopt.

9220 Visits Another State for Kansas Children

A child may be sent on a visit to another state prior to ICPC being involved, but consideration for the safety of the child is first and foremost, and risk is high if there has not been checks, a walk through, or home study completed by the receiving state prior to the visit.

If a child is sent on a visit with a resource presently being assessed for placement through ICPC, notify PPS Administration, ICPC Specialists, through the workers regional ICPC liaison two weeks in advance, if possible. PPS Administration ICPC specialist will notify the receiving state as a courtesy and ask for a response. Should the receiving state not approve a visit, PPS Administration will notify the regional liaison upon receipt.

Visits shall have a beginning and ending date and last no longer than 30 days.

9230 Child Welfare Case Management Provider ICPC Financial Responsibilities as the Sending State

The Child Welfare Case Management Provider (CWCMP)assumes all financial responsibility for children who are placed out of state, including the following:

A. Financial support of the placement resource:

1. The CWCMP shall inform the relative or foster family about the options for financial assistance for the child(ren) being placed with them. Options for financial support may include:
    a. Applying for Temporary Assistance for Families (TAF)
    b. Applying to be the payee for Social Security benefits, including SSI, SSA, etc. if the child is eligible for benefits. The Social Security Administration makes the final determination regarding approval of the payee.
2. If the child is not eligible for Social Security benefits or the family is not chosen to be the payee, and the relative chooses not to receive TAF or is not eligible for TAF, the CWCMP shall negotiate a financial support plan with the relative. Refer to PPM 5234 B.
3. Check with Kansas ICPC for specific state information.

B. Services not covered by the medical card in the receiving state

C. Travel arrangements and costs for children being placed out of state or being returned to Kansas if their placement has disrupted.

DCF is responsible for paying adoption assistance.

9231 Child Welfare Case Management Provider ICPC Non-Financial Responsibilities as the Sending State

The Child Welfare Case Management Provider (CWCMP) designated Interstate Compact on the Placement of Children (ICPC) liaison staff shall understand the ICPC articles and regulations and monitor all timelines regarding the ICPC process on cases assigned to their case manager staff, to assure that all required services are being provided timely and in compliance with ICPC.

A. Child Welfare Case Management Provider ICPC liaison staff shall:

1. Ensure that all placements made in other states are in compliance with the ICPC.
2. If a staff person learns of a placement of a child in another state, which was made in violation of ICPC, the Child Welfare Case Management Provider liaison staff shall notify the designated Kansas ICPC Specialist for resolution. If issues are not resolved, the Kansas Deputy Compact Administer (DCA) may be contacted.
3. Ensure that all case managers assist the court in adhering to ICPC requirements. The Guardian Ad Litem or Child Welfare Case Management Provider attorney or PPS regional attorney or prosecutor may be helpful if kept informed.
4. Ensure ICPC approval from the receiving state is received, prior to allowing the child to be placed in another state and prior to requesting consent to adopt. The approved PPS 9130 (ICPC 100A), Interstate Compact Placement request form shall be received by the CWCMP ICPC liaison prior to placement, in order to be in compliance. The ICPC 100A is a legal binding contract between both states while services are being provided.
5. Notify the designated Kansas ICPC Specialist and Child Welfare Case Management Provider attorney immediately, per local procedures, if the court orders placement of a child into another state without prior ICPC approval.
6. When the placement of a child in another state has been made, the ICPC liaison shall confirm the date of placement and forward the completed PPS 9135 (ICPC 100B) to the designated Kansas ICPC Specialist within 3 days of placement. The receiving state will not provide supervision or services until they have received a completed ICPC 100B form that confirms the placement has occurred.
7. Neither the Child Welfare Case Management Provider ICPC liaison, regional DCF staff, nor the Child Welfare Case Management Provider staff is to contact the Compact Administrator in the receiving state. If it is warranted, the responsible worker shall request the designated Kansas ICPC Specialist to negotiate and resolve issues with the receiving state. The Deputy Compact Administrator (DCA) will be contacted by the Kansas ICPC Specialist, should further assistance be required.
8. Provide ongoing ICPC case management to ensure timelines are adhered to, including but not limited to the following:
    a. Assuring a completed PPS 9135 (ICPC 100B) is sent to the designated Kansas ICPC Specialist immediately, when:
        1. A child is placed in another state
        2. The type of referral changes, example: from Foster Care to Adoption
        3. The child achieves permanency and case is closing
        4. A family moves after the child is placed
        5. Any child is returned to Kansas.

b. Immediately follow up with the designated Kansas ICPC Specialist regarding issues/concerns outlined in the progress report.
c. Ensuring that all court reports are prepared and submitted to the court by due dates, requesting any information needed from the designated Kansas ICPC Specialist at least 10 days in advance of the court report due date.
d. Forward all court decrees to the designated Kansas ICPC Specialist upon receipt.

B. Child Welfare Case Management Provider Case Manager or designee shall:

1. Contact the potential placement resource to discuss the requirements for ICPC placement approval and ascertain if the placement resource is a viable option, in advance of making an ICPC referral.
2. Complete the Statement of Case Manager Regarding ICPC Potential Placement form (PPS 9100), sign and submit to the court, if the potential placement was requested or ordered by the court, advising the court if the placement resource is a viable option or not and if an ICPC home study will be requested.
3. When it has been determined that the placement resource is a viable option for placement of the child(ren), prepare the ICPC referral packet,
4. Forward ICPC referral packet to regional Child Welfare Case Management Provider ICPC liaison for review and signature.
5. The Child Welfare Case Management Provider ICPC liaison will then forward the packet to the designated Kansas ICPC Specialist.
6. Provide ongoing case planning for the child and all services needed to meet the case plan goal.
7. Ensure that all court reports are prepared and submitted to the court by due dates.

8. Make travel arrangements to place the child and return the child, if necessary. (Refer to PPM 9230 for Financial Responsibilities as the Sending State.)
9. Complete the ICPC 100B form showing the date placement was made or change in placement status, and forward it to the Child Welfare Case Management Provider ICPC liaison. This is required for the receiving state to begin supervision.
10. Ensure timely receipt of progress reports, as requested on the PPS 9130 (ICPC 100A), by email to the designated CWCMP ICPC liaison, who will contact the designated Kansas ICPC Specialist to follow up.
11. Request status report of home study or progress report by email to the designated CWCMP ICPC liaison, at least one week prior to court report due date. The CWCMP ICPC liaison will forward the request for a status

report of the home study or progress report to the designated Kansas ICPC Specialist for follow up with the receiving state.

12. Complete the Financial Medical Plan (PPS 9140) needed for financial planning (Title IV-E and/or SSI eligibility) and referrals for the Interstate Compact on Adoption and Medical Assistance (ICAMA), when the child is placed for adoption and has a signed adoption assistance agreement.
13. When permanency is achieved, send completed ICPC 100B and the three (3) copies of the Decree of Adoption or appropriate court order to the ICPC liaison, who shall forward it to the designated Kansas ICPC Specialist.

9240 DCF Regional Responsibilities

A. If the child is placed out-of-state provide the Child Welfare Case Management Provider with documented verification of IV-E by completing the PPS 9140, Interstate Compact Financial/Medical Plan.

B. DCF PPS regional attorney and/or PPS Administration shall assist the Kansas ICPC office with legal issues pertaining to the ICPC and the court.

9250 Retention of Court Jurisdiction

A. The court may not discharge jurisdiction based solely on the fact that child has moved to another state. This jurisdiction shall remain in effect until the child is: legally adopted, reaches the age of majority in the receiving state or permanent guardianship/custodianship granted by the court, and the receiving state is in agreement.

B. The court also has the power to order the return of the child back to the sending state or transfers the child to another location or custody.

9300 ICPC Referrals From Other States to Kansas (Kansas as the Receiving State)

DCF or designee is responsible for providing services for children who are in the custody of another state, or jurisdiction of a court. All requests for services are routed by the sending states compact office to the Kansas compact office. A review of the packet will be completed to ascertain if the request is in compliance with the compact. The Kansas compact specialist approves or denies all placements coming into Kansas.

9310 Regional PPS Staff Responsibilities

Following are the regional PPS staff responsibilities:

A. Upon receipt of the ICPC referral, the PPS regional liaison shall assign a worker within one (1) calendar day.
B. Enroll child/children in the Kansas medical card program, if appropriate. See Appendix 9F for reference.
C. The PPS regional worker or designee shall complete the family assessment using the ICPC Home Study Guideline in Appendix 9 A. The assessment should include a clear recommendation for placement. The worker shall forward three (3) copies of the report to the Kansas ICPC office. Refer to Section 9400 for timeframes for processing and completing home studies.
D. Obtain KBI and Central Registry checks on all individuals age 10 and over.
E. Due to Adam Walsh legislation, FBI fingerprint checks are required of all prospective foster and adoptive parents when completing foster and adoptive home studies. Central Registry checks shall be completed for all states in which the prospective foster and adoptive parents have lived within the past five years.
F. Central Registry checks shall be complete for all states in which the other adult household members have lived within the past five years.
G. If the family is being approved for relative foster care or non-relative foster care, the worker shall assist the family in completing the licensing packet which would have been included in the referral packet.
H. If a request is received to complete a relative home study and the family assessed is an appropriate resource placement, but would require foster care payments due to their present income, make this very clear in the recommendation. The family will need to agree to be licensed before this recommendation can be made. Alert the Kansas ICPC office immediately so the sending state can complete a new PPS 9130 (100A). Upon receipt of the home study and recommendation for placement, the Kansas ICPC specialist shall make a placement decision and forward the signed PPS 9130 (100A) and home study to the sending state.
I. Upon receipt of the PPS 9135 (100B) or other written notification confirming placement, contact the family within 3 calendar days to arrange supervision and to provide services for the child and the family.
   Specialized services shall be purchased and paid for by the sending agency.
J. Meet with the child and family at least monthly to monitor the ongoing appropriateness of the placement. Whenever possible, the child shall be seen privately.
K. Provide written progress reports at least quarterly.
L. Provide three (3) copies of the progress reports as requested on the PPS 9130 (100A) form. All reports shall be sent to the Kansas ICPC office for forwarding to the sending state's ICPC office. The ICPC 30 Day Supervision Report, Appendix 9C, or the ICPC 90 Day Supervision Report, Appendix 9B, shall be utilized for progress reports.

9315 Monitoring Out of State Children in Kansas Residential Placements

ICPC Staff shall initiate a report to the KPRC when a child/youth in the custody of another state is placed in a residential placement through the ICPC process.

The assigned CPS specialist shall meet the child/youth privately in the facility where the child resides, at a minimum, on a monthly basis.

The purpose of the visit is to assess the child's adjustment, progress in treatment and overall well-being. Quarterly reports shall be submitted to the ICPC office. Appendix 9E shall be used for this purpose.

9400 Safe and Timely Interstate Placement of Foster Children Act of 2006 (P.L. 109-239)

Time Frames for Processing and Completing Home Studies:

A. All home study requests (parent, relative, foster care or adoption) shall be completed and reported to the ICPC office via email within 60 calendar days from the date the request is received by the Kansas ICPC office. The due date is indicated on the notification sent with the packet.
B. If the family cannot pass the requirements FBI, KBI and CANIS background checks or the family is not interested in placement, complete a report and send it to the Kansas ICPC office by the due date.
C. Foster care or adoption home studies under the federal law are not the same as the full home study requirements of Kansas. In order to meet the established time frames and to be in compliance with the federal law, the home study is a report of the home environment (using the home study outline) including FBI/KBI/CANIS checks. Full approval and recommendation for placement will occur once the family completes all requirements.
D. Upon completion of all requirements including PS-MAPP, the home study, supporting documents, and a placement recommendation, shall be submitted to the Kansas ICPC Specialist for approval.
E. The Kansas ICPC Specialist will notify the sending state of pending home study approvals and/or delays.

F. Conditional approvals will not recommend placement unless all the requirements have been met. Full approval and recommendation for placement will be submitted upon completion of all home study requirements.
G. Placements shall be made within six (6) months from the date the ICPC 100A, Interstate Compact Placement Request is approved and signed by the compact administrator in the receiving state.
H. The DCF worker shall notify the Kansas ICPC office when placement has not been made within six (6) months. Upon notification, Kansas ICPC shall close the case.
I. Assessments completed for a foster family may be accepted within the time frame reflected on the foster home license, if the family remains in the same home.
J. If the family moves to another location in the same state, the home needs to be reassessed to assure it meets licensing standards.
K. At anytime the family's composition changes or a significant event occurs, for example: new individuals are added to the family or family member leaves the household, the loss of a job or illness, the family assessment must be updated.

Either the Kansas compact administrator or the compact administrator in the sending state may request additional information before approving or denying the placement.

9450 Runaways/Interstate Compact on Juveniles

The Interstate Compact on Juveniles (ICJ) is under the jurisdiction of the Kansas Department of Corrections – Juvenile Services.

ICJ shall be the contact for the following:

a. A Kansas child in the custody of the Secretary or under court jurisdiction and reported as a runaway, fled out of state and apprehended by law enforcement. If the case involves ICPC, the ICPC Office shall be notified for information purposes.
b. A child from another state apprehended in Kansas by law enforcement and reported to be a runaway. If the case involves ICPC, the ICPC Office shall be notified for informational purposes.
c. Other states regarding any Kansas child reported as a runaway found in another state, regardless of custody status or DCF involvement.

To contact the Kansas ICJ, call 785-296-4213, or email: KansasICJ@doc.ks.gov

9600 Interstate Compact on Adoption and Medical Assistance (ICAMA)

The Interstate Compact on Adoption and Medical Assistance allows for the uniform provision of the medical card for children with federally funded adoption assistance subsidy agreements, and guardianship subsidy agreements from states with an approved Guardianship Assistance Program, who move from one state to another. The majority of states are willing to also provide medical card coverage to children approved for state-only adoption assistance subsidy. See the website below for participating states.

New states continue to be added to the compact. Contact the ICAMA Compact Administrator at Department for Children and Families to ascertain if a specific state is a member of the compact or the website at www.aphsa.org/AAICAMA.

9610 The Interstate Compact on Adoption and Medical Assistance (ICAMA) Eligibility

ICAMA is an agreement between states that allows for the transfer of medical card coverage for children receiving federal or state funded adoption assistance, or federal funded guardianship subsidy. The ICAMA compact is located in Appendix 9I. In order to be eligible for the medical card through ICAMA, a child must meet the following criteria:

A. With Regard to Title IV-E Eligibility

1. Have an Title IV-E Adoption Subsidy Agreement, or a IV-E State Plan Kinship Guardianship Assistance Program agreement (KIN-GAP), and

2. Live in Kansas with their parent/s or guardian/s, or,
3. Be currently residing in a Psychiatric Residential Treatment Facility in Kansas.

B. With Regard to State Funded Adoption Assistance Eligibility

1. Have a state funded Adoption Assistance Agreement, and
2. Live in Kansas with their parent/s or guardian/s.

9620 Procedures for Kansas Children Moving to Another State (Kansas as the Agreement State)

Upon notification that a Kansas Child with a Kansas Adoption Assistance Agreement is moving to another state, the DCF Regional ICAMA Specialist shall:

A. Compile an ICAMA referral packet consisting of the following forms:

1. PPS 9110 (ICAMA 7.01) Notice of Medical Eligibility/Case Activation form.
2. PPS 9115 (ICAMA 7.02a) Letter to Family, and attach PPS 9116 (ICAMA 7.02b) Important Information for Families.
3. PPS 6130, Adoption Assistance Agreement
4. The Decree of Adoption, if the adoption has been finalized.
5. PPS 9120 (ICAMA 7.03) Report of Change in Child or Family Status
6. PPS 9121 (ICAMA 7.5) Information Exchange
7. PPS 9122 (ICAMA 7.5) Additional Information

B. Procedures to be completed:

1. New ICAMA Referral, not a current open ICPC case: Regional Office ICAMA Specialist prepares the PPS 9110 (ICAMA 7.01) and attaches a copy of the PPS 6130, Adoption Assistance Agreement, and the Decree, and sends to DCF ICAMA Compact Administrator. Kansas requires written confirmation of enrollment. The Residence State is to complete the ICAMA 7.05 when

enrollment is complete, and send it back to the Kansas ICAMA Compact Administrator. When the all information is on the 7.05, the Kansas ICAMA Compact Administrator shall send it to the Regional Office ICAMA Specilist. The Regional Office ICAMA Specialist shall notify the Kansas ICAMA Administrator if not received within 3 weeks.

2. New Referral which is also a current open ICPC case: Regional Office ICAMA Specialist shall prepare the PPS 9110 (ICAMA 7.01), attached the PPS Adoption Assistance Agreement and send to the Kansas ICAMA Compact Administrator. The same tracking for confirmation of enrollment shall be followed as described in B, 1, above. This is the Initial ICAMA Referral.

When finalization occurs, the Regional ICAMA Specialist shall prepare the PPS 9121 (ICAMA 7.5) and attach a copy of the Decree of Adoption, and send to the DCF ICAMA Compact Administrator. This documents the finalization for ICAMA purposes, and also is required to have the child's name updated per the Decree. There is no form required back from the Receiving State.

3. Yearly Review. The Regional Office ICAMA Specialist shall send the PPS 6135 Adoption Assistance Review annually to the family. When it is completed, then it shall be sent to the DCF ICAMA Compact Administrator.
The DCF ICAMA Compact Administrator shall process this and forward to the Residence State. When complete, it shall be then sent to the Residence State.

4. Changes. A variety of changes can happen during an ICAMA case, examples are family moves within the Residence State, parents' divorce, child stays in High School past age 18, and etc. When notified of these changes, the Regional Office ICAMA Specialist shall prepare the PPS 9121, and PPS 9122 if needed (ICAMA 7.5), attach relevant information, and forward to the DCF ICAMA Compact Administrator. After documentation is complete, it is then sent to the Residence State.

5. Closures. When the Regional ICAMA Specialist becomes aware of changes which necessitate the case being closed, that shall be reported on the PPS 9120 (ICAMA 7.03) Report of Change in Child or Family Status, and forwarded to the DCF ICAMA Compact Administrator. After processing, the form and documentation, the DCF ICAMA Compact Administrator shall forward this to the Residence State.

6. For any specific payment information, see section 9970.

9630 Procedures for Out-of-State Children Moving to Kansas (Kansas as the Residence State)

When a child moves from another state into Kansas and is covered under ICAMA, the following procedures shall be followed:

A. The Kansas ICAMA Compact Administrator shall upon receiving an ICAMA referral from another state indicating that a child is moving to Kansas, process and forward the ICAMA referral to the DCF Regional ICAMA Specialist where the family resides.
B. The DCF Regional ICAMA Specialist shall facilitate the medical card approval and the issuance of a medical card for the child. The subsidy agreement signed in the other state is the basis for eligibility and no other determination is required.
C. When the Kansas medical card has been opened, the DCF Regional ICAMA Specialist shall forward the PPS 9120 (ICAMA 7.03) Report of Change in Child or Family Status form to the PPS ICAMA Compact Administrator to confirm that the Kansas medical card has been issued.
D. The PPS ICAMA Compact Administrator shall forward a copy of the Kansas PPS 9120 (ICAMA 7.03) Report of Change in Child or Family Status form to the originating state's ICAMA Compact office to confirm that the Kansas medical card has been issued and the originating state can close their medical card case.

E. If later the adoption is finalized, the sending state shall send a copy of the Decree along with the PPS 9121 (ICAMA 7.5) Information Exchange for a name change to the PPS ICAMA Compact Administrator for processing and referral to the Regional ICAMA Specialist. This will help assure the child's medical card in the receiving state is updated with the adoptive name.

9800 Recording Intake Action for ICPC Requests

ICPC requests from other states are recorded on BEGN, ROLE, and SORT with codes for requesting services (Y) and "ICP" as the report type. All individuals are coded on ROLE as family (FAM). Individuals to include on ROLE and EVRL are:

A. Adults listed on the ICPC 100A, Compact Placement Request Form, (this is the PPS 9130 form) for which the home study is being completed, and;
B. Child(ren) involved in the request, even if they are not yet living with the relative.

9810 Case Opening

After the ICPC event is screened in, a FACTS case establishing household members and children involved in the request is opened. Relationships for all family members shall be established on RELS.

9820 Recording Assessment Tools

Record on MAAS that a home study (HMS) was a tool engaged with this case. The presenting situation is ICP. The Work Start Date and Time is when the worker first attempted to contact family; per letter or log note. The Initial End Date is the date the home study was sent to the Kansas ICPC Administrator with PPS Administration.

9830 Recording Case Findings

No maltreatment findings are recorded on FIND in FACTS for ICPC referrals. Decisions regarding whether or not to provide services to the family are recorded on the top half of the FIND screen.

Placement of Child(ren) in Kansas

Upon receipt of ICPC 100A from Kansas Compact Administrator to approve or deny the permission to place the child, FIND is entered in the following manner:

1. Case Conference Date: Date ICPC 100A is received from ICPC with PPS Administration.
2. Presenting Situation: ICPC
3. Service Decision Type: DS (denied services) if outcome is not to place, or PS (provide services) if decision is permission to place the child.

9840 Entering Kansas ICPC Referrals to Other States in FACTS

ICPC referrals to other states are documented in FACTS as tasks on the RESP screen. Enter the service request as custody of a member (CM); service action code of case management (FUO1N); and service source of ICP. Service status is referred (RE) when the request is sent to the Kansas ICPC administrator. Once the receiving state has initiated their home study and concurs with placement of that child in their state, update the status to "IN". If the other state does not approve the placement, the status is updated with a source decision (SD).

9850 Recording Intake Action

ICPC courtesy supervision requests from other states are first recorded in KIPS and then the information is transferred to FACTS on the BEGN, ROLE, and SORT screens with codes for requesting services (Y) and "ICP" as the report type. Report Date and Time is the date the letter is received in Kansas indicating placement, and 12:00 am. Occurrence Date and Time is the date on ICPC 100B or letter received advising of the placement, and 12:00 am or time on the facsimile transmittal. The Presenting Problem is ICP. All individuals are coded in KIPS as family (FAM). Individuals to include in KIPS and on the EVRL screen in FACTS are:

A. Adults listed on the ICPC 100A (PPS 9130) for which the home study is being completed, and;

B. Child(ren) involved in the placement

9860 Case Opening

If necessary, reopen the case with the date of first contact with family subsequent to placement. If any child on CASE screen from the previous home study is not placed, remove them from the case by entering an "X" on ROLE type on the CASE screen for the child(ren). On MACL, enter the Reason Left as "LAF" (living with other family). Update any relationships (RELS) as needed.

9870 Recording Plans

Establish a family plan (FP) type for each child(ren) placed from the other state. The Plan and Goal Start Date is the date the agency first made contact with the family after the children were placed in Kansas. The goal type for each member is maintain within family (MFM).

9880 Recording Services

At least one service responsibility shall be initiated (IN) for each child. The plan type is FP. The service requested is voluntary placement (VP) with an achievement date 180 days from the effective date. The service action is Courtesy Supervision (OT06N), with a Service Source of Primary Social Worker (PSW). Initiate (IN) the status with an Effective Date of the date of first contact after placement.

9885 Other Involvement

Court involvement for children under Kansas ICPC courtesy supervision is not recorded. The case is closed upon receipt of notice form Compact Administrator.

9890 Requests for Courtesy Supervision of ICPC by Sending State

A new event is entered in KIPS to document the request for courtesy supervision if the case was closed between the request for home study and the request for placement. The data from KIPS then transfers to FACTS. If the case was closed waiting for ICPC approval, the status is changed to open. Case plans and corresponding responsibilities and client specific information are maintained in FACTS.

9900 Eligibility and Payment Procedures for Interstate Compact Cases

Resource parents are not required to live in the state through which their foster or adopted child came to live with them. Foster and adopted children from Kansas may move with their families to another state. Children from other states may come to live in Kansas. This section explains how to manage services for Kansas children who have moved out of state and children who have been placed in Kansas by another state.

Kansas, as the sending state, remains financially and ultimately responsible for children our department places out-of-state. Any state placing a child in Kansas remains responsible for a child in their legal custody.

9910 The Interstate Compact on the Placement of Children (ICPC)

The ICPC is a contractual agreement among all 50 states, the District of Columbia and the Virgin Islands. It is a legal and binding contract. The intent of ICPC is to provide an interstate placement and supervision mechanism for children placed across state lines. ICPC is based on the belief that each child requiring placement out of state will receive the maximum opportunity to be in a safe, suitable environment with persons or institutions having appropriate qualifications, facilities, and commitment to care.

ICPC applies to any child being referred out-of-state under court jurisdiction. These placements must receive prior approval of the receiving state. Details regarding ICPC are contained in section 9000.

The Interstate Compact does not apply when a child is visiting in another state. If an ICPC request has been initiated on that resource, then overnight visits may not occur. A visit has a beginning date and an ending date. The child knows where he or she is returning to upon completion of the visit. A visit is intended to be for no longer than thirty days. A longer stay may be considered if it begins within the period of a child's vacation from school.

9920 The Interstate Compact on Adoption and Medical Assistance (ICAMA)

ICAMA is an agreement between states that allows for the transfer of medical card coverage for children receiving federal or state funded adoption assistance, or federal funded guardianship subsidy. In order to be eligible for the medical card through ICAMA, a child must meet the following criteria:

A. With Regard to Title IV-E Eligibility

1. Have an Title IV-E Adoption Subsidy Agreement, or a IV-E State Plan Kinship Guardianship Assistance Program agreement (KIN-GAP), and

2. Live in Kansas with their parent/s or guardian/s.

B. With Regard to State Funded Adoption Assistance Eligibility

1. Have a state funded Adoption Assistance Agreement, and

2. Live in Kansas with their parent/s or guardian/s.

9930 Transferring Benefits for Eligible Children Who Are Leaving Kansas

DCF maintains a policy of retaining benefits received on behalf of foster children to recover the DCF foster care expenditures. Children who are placed out-of-state with a relative, the relative is encouraged to become the payee for the child's benefits.

A. SSI and SSA are interstate programs transferrable from one state to another. SSI and SSA recipients, who move with either their foster or adoptive parent to another state, continue to be eligible for these benefits. PPS staff shall notify the local Social Security office of the planned move. The family needs to contact the Social Security office in their new location to become the payee.
B. Veterans, Railroad or other benefits received on behalf of the child are also transferrable to the out of state placements with a relative.

9940 Adoption Subsidy Payments

Kansas as the sending state, is financially responsible for youth in DCF custody and placed out of state the PPS Child Welfare Case Management Provider. The monthly adoption subsidy payments to adoptive parents continue to be generated in accordance with the Adoption Subsidy Agreement for the case.

9950 CW/CBS Provider Responsibilities

Children placed out of state by DCF and a PPS Child Welfare Case Management Provider are still the Child Welfare Case Management Provider's responsibility. Foster care maintenance payments shall be directed by the Child Welfare Case Management Provider to the Foster Parent's home, Group Home, or other residential provider in the receiving state.

For children placed with a relative out-of-state, the PPS Child Welfare Case Management Provider shall ensure that maintenance is provided for the child through Child Welfare Case Management Provider payments, social security benefits, TAF from the receiving state, or an appropriate support option.

9970 Eligibility for Medical Card Services Through ICAMA

Services funded by the medical card and delivered by providers in the receiving state through ICAMA, are dictated by the prevailing medical card regulations in that state, with one important exception. When a child has a valid adoption subsidy agreement in the sending state specifying services not covered under the medical card in the receiving state, the sending state remains responsible for payment of these services.

When Kansas is the Adoption Assistance Agreement state and a bill is received for services not covered by the receiving state's medical card program and these services are indicated on the adoption assistance agreement, PPS is responsible for the bill. In order for the bills to be paid complete the PPS 2833 Client Purchase Agreement, attaching a copy of the Adoption Assistance Agreement and also the invoice. Use the applicable adoption accounting codes. See the Handbook for Client Purchases for details on purchasing procedures.

9990 Closing an Interstate Compact Case

DCF maintains custody of the child until both states agree to close the case because permanency has been established or the child ages out of the foster care system. Post-placement supervision, by an appropriate agency or person in the receiving state, is provided until both states agree to close the case.

PPS eligibility staff shall wait for the CPS specialist to provide documentation authorizing closure of an interstate case.

10000 Adult Protective Services

10000 Adult Protective Services Glossary

A

Abuse: Any act or failure to act performed intentionally or recklessly that causes or is likely to cause harm to an adult including:

1. infliction of physical or mental injury;
2. any sexual act with an adult when the adult does not consent or when the other person knows or should know that the adult is incapable of resisting or declining consent to the sexual act due to mental deficiency or disease or due to fear of retribution or hardship;
3. unreasonable use of a physical restraint, isolation or medication that harms or is likely to harm an adult;
4. unreasonable use of physical or chemical restraint, medication or isolation as punishment, for convenience, in conflict with a physician's orders or as a substitute for treatment, except where such conduct or physical restraint is in furtherance of the health and safety of the adult;
5. a threat or menacing conduct directed toward an adult that results or might reasonably be expected to result in fear or emotional or mental distress to an adult;
6. fiduciary abuse; or
7. omission or deprivation by a caretaker or another person of goods or services which are necessary to avoid physical or mental harm or illness K.S.A. 39-1430(a).

Administrative Hearing: A due process hearing which is held to appeal a decision made by a state agency.

Adult with an Impairment in need of a Guardian or Conservator or both: A person 18 years of age or older whose ability to receive and evaluate relevant information, or to effectively communicate decisions, or both, even with the use of assistive technologies or other supports, is impaired such that the person lacks the capacity to manage such persons' estate, or to meet essential needs for physical health, safety or welfare and is in need of a guardian or a conservator.

Allegation:A claim of abuse, neglect, exploitation, or fiduciary abuse.

Alleged Perpetrator: A person who has been accused of adult abuse, neglect, exploitation or fiduciary abuse.

Alleged Victim:A vulnerable adult who is suspected of being abused, neglected, exploited, or experienced fiduciary abuse.

Appropriate Alternative: Any program, service or use of a legal device or representative enabling a person with an impairment to adequately meet essential needs for physical health, safety welfare or to reasonably manage such person's estate. Appropriate alternatives may include but are not limited to; a power of attorney, a power of attorney for health care decisions, a living will, a trust, a joint tenancy or a representative payee K.S.A 59 – 3051(b).

C

Caretaker: A person who has assumed responsibility whether legally or not, for an adult's care or financial management or both.

Central Registry: Name-based list of persons who have been substantiated for adult abuse, neglect, fiduciary abuse, and/or exploitation. The name of the perpetrator is not entered in the central registry until they have been afforded an opportunity for an interview and have exercised their right of appeal or the time limit for appeal has expired without action.

Clear and Convincing: Clear and convincing evidence is defined as the evidence which shows the truth of the facts asserted is highly probable.

Coercion: Compulsion, constraint, compelling by force or arms or threat. It may be actual, direct, or positive, as physical force is used to compel act against ones will, or

implied, legal or constructive, as in one party is constrained by subjugation to other to do what this free will would refuse.

Conservator: An individual or corporation appointed under law to act and make decisions regarding the financial resources or estate of an adult with an impairment, known as a "conservatee" K.S.A. 59-3051(d).

There are three (3) types of conservator:

1. **Ancillary Conservator** – Person appointed by the court for an individual who: 1) does not reside in Kansas; 2) a court in another state has determined the person is unable to manage their own estate and appointed a conservator in the state where the conservatee resides; 3) has property in Kansas for whom a conservator is required K.S.A. 59-3051(n).
2. **Temporary Conservator (Emergency Conservator under former statute)** – Person or approved corporation appointed by the court when there is imminent danger that the estate will be significantly depleted. The court can appoint a temporary conservator pending the hearing on the petition for appointment of a permanent conservator K.S.A. 59-3073.
3. **Voluntary Conservator** – Created when an adult petitions the court to have a person or corporation appointed to make financial decisions. There is no judgment of impairment of the individual or lack of appropriate alternatives for managing the person's estate K.S.A 59-3056.

Corrective Action Plan (CAP): A written plan established and agreed upon between the APS Specialist and the alleged perpetrator(s) following the completion of the investigation and making of a substantiated finding of fiduciary abuse or exploitation.

D

Developmental Disability: K.S.A. 39-1803 – Developmental Disability means a severe, chronic disability which:

1. is attributable to a mental or physical impairment, a combination of mental and physical impairments or a condition which has received a dual diagnosis of mental retardation and mental illness;

2. is manifested before 22 years of age;

3. is likely to continue indefinitely;

4. results, in the case of a person five years of age or older, in a substantial limitation in three or more of the following areas of major life functioning: self-care, receptive and expressive language development and use, learning and adapting, mobility, self-direction, capacity for independent living and economic self-sufficiency;

5. reflects a need for a combination and sequence of special interdisciplinary or generic care, treatment or other services which are lifelong, or extended in duration and are individual planned and coordinated;

6. does not include individuals who are solely and severely emotionally disturbed or seriously or persistently mentally ill or have disabilities solely as a result of the infirmities of aging.

Disability Rights Center of Kansas (DRC): (formerly Kansas Advocacy and Protective Services) is a public interest legal advocacy agency empowered by federal law to advocate for the civil and legal right of Kansans with disabilities. DRC is the official Protection and Advocacy System for Kansas and is part of the national network of federally mandated and funded protection and advocacy systems. As such, DRC advocates for the right of Kansas with disabilities under state or federal laws (ADA, the Rehabilitation Act, Federal Medicaid Act, Kansas Act Against Discrimination, etc.). DRC is a private nonprofit corporation, independent of both state government and disability service providers, allowing DRC to focus on the disability rights needs of Kansans with disabilities.

Due Process for Guardianship/Conservatorship Hearings: The right of a proposed ward and/or conservatee to receive notice and opportunity to be heard, to have legal counsel and a court hearing.

Duress: An illegal imprisonment, or legal imprisonment used for an illegal purpose, or threat of bodily harm, or other means amounting to or tending to cause the will of another, and actually inducing him to do an act contrary to his free will.

E

Elder Justice: Efforts to prevent, detect, treat, intervene in, and prosecute elder abuse, neglect, and exploitation and protect elders with diminished capacity while maximizing their autonomy; the recognition of an elder's rights, including the right to be free from abuse, neglect, and exploitation. (H.R. 3590- Elder Justice Act).

Ex parte: A judicial proceeding in which the court or tribunal hears only one side of the controversy (such as in temporary guardian or temporary conservator hearings).

Exploitation: Misappropriation of an adult's property or intentionally taking unfair advantage of an adult's physical or financial resources for another individual's personal or financial advantage by the use of undue influence, coercion, harassment, duress, deception, false representation of false pretense by a caretaker or another person K.S.A. 39-1430(d).

F

Fiduciary Abuse: A situation in which any person who is the caretaker of, or who stands in a position of trust to, an adult, takes, secretes, or appropriates his/her money or property, to any use of purpose not in the due and lawful execution of such person's trust or benefit.

Financial Institution: Any bank, trust company, escrow company, finance company, savings institution or credit union chartered and supervised under state or federal law.

Findings: The agency's conclusion regarding whether abuse, neglect, exploitation or fiduciary abuse occurred based on facts gathered during the investigation as follows:

1. **Unsubstantiated** – The facts or circumstances do not provide clear and convincing evidence to meet the KSA definition of abuse, neglect, exploitation, or fiduciary abuse.

2. **Substantiated** – The facts and circumstances provide clear and convincing evidence to conclude the alleged perpetrator's actions or inactions meet the KSA definition of abuse, neglect, exploitation, or fiduciary abuse.

G

Guardian: An individual, or approved corporation or nonprofit corporation appointed under law to act and make decisions of “physical health or safety on behalf of an adult with an impairment known as a “ward” K.S.A. 59-3051(e).

Governmental Assistance Provider: An agency or employee of such agency, which is funded solely or in part to provide assistance within the Kansas Senior Care Act, K.S.A. 75-5926 et seq. and amendments thereto, including Medicaid and Medicare K.S.A. 39-1401(n)

H

Harassment: Words, gestures, and/or actions which tend to annoy, alarm, and verbally abuse another person.

Harm: Physical or psychological injury or damage.

I

In Need of a Conservator: A person who because of both impairment and the lack of appropriate alternative for managing such person’s estate requires the appointment of a conservator K.S.A 59-3051(g).

In Need of a Guardian: A person who because of both an impairment and the lack of appropriate alternative for meeting essential needs, requires the appointment of a guardian K.S.A 59-3051(f).

In Need of Protective Services: An adult who is unable to provide for or obtain services which are necessary to maintain physical or mental health. K.S.A. 39-1430(f)).

Involved Adult: An adult who is the subject of a report of abuse, neglect, exploitation, or fiduciary abuse under this act K.S.A. 39-1430(m)

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K

Kansas Protection Report Center (KRPC): The 24/7 centralized call center within Department for Children and Families where reports of abuse, neglect, exploitation, and fiduciary abuse are received, initialassessments are completed, and if assigned response time is determined.

K.A.R. : Kansas Administrative Regulation

K.G.P. : Kansas Guardianship Program. KGP recruits volunteers to be guardians and conservators for certain eligible individuals.

K.S.A. : Kansas Statutes Annotated

L

Lacks Capacity to Consent: An impairment by reason of mental illness, developmental disability, organic brain disorder, physical illness or disability, to the extent that an adult lacks sufficient understanding of the nature or consequences of decisions concerning their person or property.

Law Enforcement: Public office which is vested by law with the duty to maintain public order, make arrests for crimes investigate criminal acts and file criminal charges, whether that duty extends to all crimes or is limited to specific crimes K.S.A. 39-1430 (l).

Least Restrictive Action: The provision of protective services and accommodations in a manner no more restrictive of an individual's personal liberty and no more intrusive than necessary to achieve acceptable and treatment objectives K.S.A 39 – 1442.

Legal Representative: An agent designated in a durable power of attorney, power of attorney or durable power of attorney for health care decisions or a court appointed guardian, conservator or trustee K.S.A. 39- 1401(p).

Life Estate: An estate whose duration is limited in duration to the life of the party holding it, or to the life of some other person (Black's Law Dictionary, Fifth Edition).

Likelihood: Implies more than speculation and less than certainty. An event is likely if a reasonable person using common sense, training or experience concludes that, given the circumstances, an event is probable without a change in those circumstances.

M

Mandated Reporter: Any person who is licensed to practice any branch of the healing arts, a licensed psychologist, a licensed masters level psychologist, a licensed clinical psychotherapist, the chief administrative officer of a medical care facility, a teacher, a licensed social worker, a licensed professional nurse, a licensed practical nurse, a licensed dentist, a licensed marriage and family therapist, a licensed clinical marriage and family therapist, licensed professional counselor, licensed clinical professional counselor, registered alcohol and drug abuse counselor, a law enforcement officer, a case manager, a guardian or conservator, a bank trust officer or any other officers of financial institutions, a legal representative, a governmental assistance provider, a rehabilitation counselor, a holder of a power of attorney, an owner or operator of a residential care facility, an independent living counselor and the chief administrative officer of a licensed home health agency, the chief administrative officer of an adult family home and the chief administrative officer of provider of community services and

affiliated thereof operated or funded by the department of Social and Rehabilitation Services or licensed under K.S.A 75-3307(b) and amendments thereto K.S.A 39-1431(a).

Meet Essential Needs for Physical Health, Safety or Welfare: Making determinations and taking actions which are reasonably necessary in order for a person to obtain or be provided with shelter, sustenance, personal hygiene or health care, and without which serious illness or injury is likely to occur K.S.A. 59-3051(i).

Mental Illness: A mental disorder which is manifested by clinically significant behavioral or psychological syndrome or pattern and associated with either a painful symptom or an impairment in one or more important areas of functioning, and involving substantial behavioral psychological or biological dysfunction, to the extent that the person is in need of treatment K.S.A. 59-2946.

Mental Retardation: Substantial limitations in present functioning that is manifested during the period from birth to age 18 years and is characterized by significantly sub average intellectual functioning existing concurrently with deficits in adaptive behavior including related limitations in two or more of the following applicable adaptive skill areas: communication, self-care, home living, social skills, community use, self-direction, health and safety, functional academics, leisure and work K.S.A 39-1803 (n).

N

Neglect: The failure or omission by one's self, caretaker or another person with a duty to supply or to provide goods or services which are reasonably necessary to ensure safety and well-being and to avoid physical or mental harm or illness K.S.A. 39-1430 (c).

P

Power of Attorney: A written instrument authorizing another to act as one's agent or attorney in fact:

1. **Durable Power of Attorney** – A power of attorney by which a principal designates another as the principal's attorney in fact in writing and the writing contains the words "this power of attorney shall not be affected by subsequent disability or incapacity of the principal", or similar words showing the intent of the principal that the authority conferred shall be exercisable notwithstanding the principal's subsequent disability or capacity K.S.A. 58-610. All acts done by an attorney in fact pursuant to a durable power of attorney during any period of disability or incapacity of the principal has the same effect an inure to the benefit of and bind the principal and principal's successors in interest as if the principal were competent or not disabled K.S.A. 58-611. All power of attorney documents may be filed at the Register of Deeds K.S.A. 58-602.

2. **Durable Power of Attorney for Health Care Decisions** – A durable power of attorney for Health Care Decisions is a power of attorney by which a principal designates another as the principal's agent in writing and the writing contains the words "this power of attorney for health care decision shall not be affected by subsequent disability or incapacity of the principal" or "this power of attorney for health care decision shall become effective upon the disability or incapacity of the principal", or similar words showing the intent of the principal the authority conferred shall be exercisable notwithstanding the principal's subsequent disability or incapacity K.S.A. 58-625.

Prehearing Conference: A procedure that is used in an administrative hearing to determine questions of discovery, witnesses, issues, procedures and to set a hearing date. Usually, this is done with the hearing officer and the attorneys for the Appellant and Respondent.

Protective Services: Services provided by the state, other governmental agencies, private organizations or individuals which are necessary to prevent abuse, neglect, or exploitation. Such protective services shall include, but not be limited to, evaluation of the need for services, assistance in obtaining appropriate services, and assistance in securing medical and legal services K.S.A. 39-1430(h).

R

Report: Description or accounting of an incident or incidents of abuse, neglect, exploitation or fiduciary abuse under this act and for the purposes of this act shall not include any written assessment or findings K.S.A. 39-1430(k).

Resident: Any individual kept cared for, treated, boarded or otherwise accommodated in facilities licensed by Kansas Department of Health and Environment or Kansas Department for Aging and Disability Services K.S.A. 39-923(a) (13).

Risk Assessment: The process by which the involved adult is evaluated for risk of harm and for the physical and cognitive abilities to protect his or her interests and personal safety. Other factors such as the living situation and, support systems are also evaluated to determine the impact on the individual's ability to become or remain safe.

S

Service Plan: A written plan (PPS 10500) which assists the APS Specialist and the involved adult identify services and goals to be achieved through APS intervention.

Services Necessary to Maintain Physical and/or Mental Health: Services that include, but are not limited to, the provision of medical care for physical and mental health needs, the relocation of an adult to a facility or institution able to offer such care, assistance in personal hygiene, food, clothing, adequately heated and ventilated shelter, protection from health and safety hazards, protection from maltreatment, the result of which includes, but is not limited to, malnutrition, deprivation of necessities or physical punishment and transportation necessary to secure any of the above stated needs, except that shall not include taking such persons into custody without consent, except as provided in this act K.S.A. 39-1430(g).

Social Security Representative Payee: A person appointed by the Social Security Administration (SSA) to take control and responsibility of another person’s Social

Security funds. A person or agency interested in becoming a payee must apply to the SSA. The SSA is not required to appoint the conservator as payee. The SSA can appoint anyone they deem appropriate based on their standards.

State Agency: Any officer, department, bureau, division, board, authority, agency, commission or institution of this state, except the judicial and legislative branches, which is authorized by law to promulgate rules and regulations concerning the administration, enforcement or interpretation of any law of this state as defined in K.S.A 46-224.

T

Temporary Guardian (Emergency Guardian under former statute): Person or approved corporation appointed by the court when there is an imminent danger to the health, or safety of the proposed ward.

Trust: A right of property, real or personal, held by one party for the benefit of another. An irrevocable trust cannot be revoked or recalled after its creation.

U

Undue Influence: Misuse of position of confidence or taking advantage of a person's weakness, infirmity or distress to change improperly that person's action or decisions.

V

Vulnerable Adult: An individual 18 years of age and older adult who is at risk of self-harm or harm from another individual due to physical, emotional or mental impairments that severely limit his/her ability to manage his/her home, or personal or financial affairs.

10010 Program Description

Adult Protective Services (APS) are interventions directed towards safeguarding the well-being and general welfare of vulnerable adults who are in need of protection. A vulnerable adult is defined as a person who has been harmed, or is at risk of harm due to impairments that severely limit his/her ability to manage themselves, home or personal or financial affairs. Intervention is available to adults in need of assistance dealing with abusive, neglectful or exploitative situations, are unable to protect themselves. Every action taken by Adult Protective Services must balance the duty to protect the safety of the involved adult with the adult's right to self-determination.

Interventions provided by adult protective services include receiving reports of abuse, neglect or exploitation (ANE), investigating these reports, and making findings regarding reports. In addition, APS may assist in arranging for or making referrals for medical, social, legal, housing, law enforcement or other protective emergency supportive services. Findings made are for administrative purposes for tracking and maintenance of the Adult Abuse Central Registry.

Social workers investigate reports and provide protective services to adults residing in the community, adults residing in facilities and adult care homes licensed/certified by the Kansas Department for Aging and Disability Services when the perpetrator is not a resident or employee.

Emergency support services and guardian / conservatorship services may also be provided.

10020 Confidentiality

Federal Regulations related to Confidentiality – Health Insurance Portability and Accountability Act (HIPAA) – Effective April 14, 2003 HIPAA privacy regulations established that personal information must be kept confidential and, safeguard the privacy and confidentiality of consumer health information. The regulations specific to APS are 45 CFR 164.508 and 45 CFR 164.512. Further information may be found at http://www.gpoaccess.gov/cfr/retrieve.html. Additional Department for Children and Families (DCF) policy material is found in the HIPAA Policy as published at: http://dcf.ks.gov/Agency/Pages/HIPPA%20Overview.aspx.

General Principle – All case records are presumed confidential and should not be revealed to other parties without a specific release from the involved adult naming who can receive information and what may be revealed in a specific time frame. This would

include information requested by attorneys and other agencies. However, there are situations in which a social worker is not able to obtain a signed release form, and may need to share certain information with providers or other community helpers in order to benefit the involved adult. In this situation, the social worker is to share only the information necessary to help the involved adult. Prior to sharing this information, the social worker shall consult with the Regional attorney and follow instructions regarding the method of sharing the information.

Information Gathering – Kansas Statutes give DCF the authority to contact other agencies, individuals, and professionals to gather the information necessary to complete an investigation. Whenever possible, the social worker should attempt to have the client or, his or her guardian sign a consent form. When interviewing collaterals, the social worker is to ask only that which is necessary to obtain the required information. The social worker shall at all times take steps to protect client confidentiality. Information is shared with collaterals only on a need to know basis.

10030 Investigations in KDADS Institutions and APS Adult Abuse Registry

Department for Aging and Disability Services (KDADS) institutions are: Kansas Neurological Institute (KNI), Larned State Hospital, Osawatomie State Hospital, Parsons State Hospital and Training Center. Designated staff in these institutions will conduct the investigation regarding staff to patient abuse/ neglect/exploitation allegations according to their Risk Management procedures. If the finding of the institution investigation is substantiated, the designated staff shall e-mail a copy of their investigative records and finding recommendation to the APS Program Manager.

Upon receipt of the investigation records, the APS Program Manager shall review and determine if the information meets the criteria for an APS investigation. If the criterion is met, the Program Manager shall make a report to (Kansas Protection Reporting Center) KPRC and have the investigation assigned to the region in which the institution is located. The report shall be assigned to the APS Program Manager. The APS Program Manager shall afford the alleged perpetrator the opportunity to be interviewed. If the APS Program Manager determines there is sufficient information to substantiate the alleged perpetrator (ALP) for abuse/neglect/exploitation, the APS Program Manager shall follow procedures in PPS 10320 for notifying the ALP and other required parties of the agency decision. Adult Protective Services statutes, time frames and Due Process for the alleged perpetrator shall be followed.

For substantiated findings, when due process has passed, if the name of the individual is going to be placed on the Adult Abuse/Neglect Registry, the APS Program Manager shall:

A. Complete the PPS 10310 Notification to Regional Adult Abuse/Neglect Registry Contact and enter information into the Adult Abuse Registry.

B. Notify the Institutional Risk Manager/Designee via e-mail of the individual's name being added to the Adult Abuse/Neglect Registry.

10100 Intake

The Department for Children and Families (DCF) receives reports of Adult Abuse/Neglect 7 days/week, 24 hours/day. Reports are made to the Kansas Protection Report Center (KPRC) via the toll free number, email, fax, mail, or web intake.

For reports received after hours, on weekends and holidays, the KPRC intake worker shall request a welfare check when an adult may be in imminent danger. This request shall be entered in the intake via a Kansas Intake/Investigation Protection System (KIPS) note.

If the PPS 10120 is being completed during the intake/screening process, it shall be attached to the intake and forwarded to the social worker.

All reports and allegations received by the department shall be recorded on form PPS 10100 via KIPS. The Kansas Automated Eligibility and Child Support Enforcement System (KAECSES) is utilized to complete identifying information and information regarding DCF involvement.

A KAECSES search shall be completed on all reports. If the KAECSES search identifies dates of birth or social security numbers for participants, these shall be added whether the case is open or closed. If the KAECSES case is open and the address conflicts with information provided by the reporter, the KAECSES address shall be documented on the "Prior DCF Involvement document" in KIPS.

All Waiver information in KAECSES found on the CAP2 screen, by KPRC staff shall be documented on the prior history document in KIPS.

For reports received via letter or fax, the report date and time shall be the same time the information is added to KIPS.

A. Necessary Information

Information must be obtained on the PPS 10100 which is sufficient to:

1. Determine whether the adult meets the definition in K.S.A. 39 – 1430(a);
2. Determine whether the concern meets the definition of abuse, neglect, exploitation or fiduciary abuse, as defined in K.S.A. 39 – 1430(b), (c), (d), or (e);
3. Locate the involved adult;
4. Determine how immediate the needs of the adult may be.

B. Questions Related to Safety

If the report alleges abuse, neglect, exploitation or fiduciary abuse pertaining to a vulnerable adult the reporter shall be asked questions to elicit the information needed to make decisions related to safety. Questions asked shall cover the following areas.

1. Reason for referral-what happened;
2. The adult's ability to care and protect self;
3. Imminent danger;
4. Other people or agencies that have information;
5. Involved adult's exposure to ongoing risks and;
6. Guardian or conservator information.

10110 Initial Assessments

The initial assessment process is complete when a licensed Kansas Protection and Reporting Center Specialist (KPRC) determines whether or not the report is assigned for further assessment. The KPRC Specialist shall complete the PPS 10110.

A. Completion of initial assessment

The initial assessment shall be completed by the end of the next half work day from when the report was received.

Examples of when initial assessments shall be completed:

1. Reports received between 8:00 am and 12 noon will need an initial assessment decision made by 5:00 pm of the same day.

2. Reports received between 12:01 pm and 5:00 pm will need an initial assessment decision by 12 noon the following work day.

3. Reports received by KPRC after 5:00 pm, including reports received during weekends will need an initial assessment decision by 12 noon the following work day.

If additional information is needed to make an initial assessment decision and the report is within the allowed time frame KPRC may contact the reporter for additional information

If information in the report indicates the adult is in imminent danger law enforcementshall be contacted.

If information indicates a criminal act may have occurred, and the report is not assigned for further assessment, law enforcement shall be notified via e-mail by KPRC, using the PPS 10100 and 10110.

If KPRC receives a report the alleged vulnerable adult has died and the report is not assigned for further assessment, KPRC shall forward this intake in an e-mail to the APS Program Administrator.

B. Reports Assigned for Further Assessment

1. Reports are to be assigned for further assessment when information in the intake indicates the adult meets the definition of adult in K.S.A. 39 – 1430(a) and one or more of the following:

   a. The allegation(s) meet the definition(s) for abuse, neglect, and exploitation ANE in K.S.A. 39 – 1430(b), (c), (d), (e);

   b. The allegation(s) occurred in a community based facility or agency licensed by Kansas Department for Aging and Disability Services (KDADS), which are:

      1. Residential Care Facilities (RCF), Community Service Providers (CSP), Community Developmental DisabilityOrganizations (CDDO) Affiliates;

      2. In-Home services provided to the involved adult by a KDADS licensed community based facility and the alleged perpetrator is an employee of that facility;

      3. Community Mental Health Centers (CMHC), Affiliated Community Mental Health Service Providers, and Private Psychiatric Hospital which does not include psychiatric units ina local community hospital which are licensed by KDHE.

   c. The allegation is a consumer to consumer incident and information in the report alleges neglect by agency/facility staff;

   d. The allegation involves the death of a consumer receiving services from a KDADS licensed community based facility or agency and there is reason to believe the death occurred as a result of abuse and/or neglect by the KDADS licensed provider and an Adult Protective Services (APS) investigation is warranted for the protection of other consumers;

   e. When a reporter indicates the allegation occurred in an Adult Care Facility licensed by KDADS or medical facility or agency licensed by KDHE and the alleged perpetrator is not a resident or staff person;

   f. Reports indicate a need for a guardianship and/or Conservatorship and there are concerns of abuse, neglect, and/or exploitation that meet the criteria based on K.S.A. 39 – 1430(a) references in numbers 1 and 2.

C. Reports Not Assigned for Further Assessment

1. The adult does not meet the definition in K.S.A. 39 – 1430(a);

2. The allegations do not meet the definitions for ANE in K.S.A. 39 – 1430(b), (c), (d), (e);

3. The report is a consumer- to- consumer incident in a CDDO or affiliate and there is no indication of neglect by staff. Forward a copy of the PPS 10110 to the appropriate KDADS Quality Management Specialist staff per PPS/APS PPM Section 10130;

4. The incident has been previously investigated;

5. DCF does not have the statutory authority to investigate;

6. Insufficient identifying information to locate the adult;

7. Reports indicating a need for a guardianship and/or conservatorship and there are no concerns of abuse, neglect, and/or exploitation that meet the criteria based on K.S.A. 39 – 1430(a) reference in number 1;

8. Report is responsibility of another agency;

9. Reports that indicate a need for a guardianship and/or conservatorship for youth in DCF custody that are 18 years of age or are within twelve months of turning 18 years of age. Send the PPS 10100 and PPS 10110 to the APS APA in the region where the youth is residing. See PPS 10630 for guidance on these reports.

D. Employee Reports

When a Department for Children and Family (DCF) employee is identified as thealleged perpetrator and the allegation meets the criteria for assignment for further assessment, the report shall be forwarded to the appropriate Region and the APS APA. DCF employees include any employee of any division or branch of DCF.

E. Reports Occurring in the Past

The KPRC social worker/designee shall consider the following factors:

1. Current need of the adult;
2. Whether or not law enforcement has been notified and/or;
3. How long ago the incident occurred.

F. Reports Which DCF Does Not Have Authority to Investigate

1. Kansas Department of Health and Environment (KDHE) investigates consumer-to- consumer and staff-to- consumer allegations in the following settings:

   a. Medical care facilities which includes hospitals, critical access hospitals and ambulatory surgery centers.

   b. Non – long term care entities licensed as certified home health agencies, rural health clinics, outpatient physical therapy (OPPT), renal dialysis center (ESRD), hospice providers and mobile x-ray.

   c. Psychiatric units in a local community hospital which are licensed by KDHE.

2. Kansas Department of Aging and Disability Services (KDADS) licenses and investigates resident-to-resident and staff-to-resident allegations in the following settings:

   a. Adult Care Homes (nursing facilities, nursing facilities for mental health, Intermediate Care Facilities for Mental Retardation (ICF/IDD, Assisted Living, Residential Health Care, Homes Plus and Board and Care facilities).

   b. Long term care units within hospitals

3. Native American Tribes investigate reports of alleged abuse/neglect/exploitation when the involved adult is a registered member of

a tribe and resides on a tribal reservation. When reporter informs KPRC intake staff the involved adult resides on a tribal reservation, KPRC staff shall forward these reports to the appropriate tribal office. Tribal social service and/or law enforcement staff may request DCF assistance with the investigation. DCF staff is not authorized to make contact with a person residing on a tribal reservation unless such a request for assistance has been made by the tribal staff.

The following tribes have reservations in Kansas:

a. The Iowa Tribe of Kansas and Nebraska,

b. Sac and Fox Tribe of Missouri in Kansas,

c. Prairie Band of Pottawatomi and

d. Kickapoo.

G. Referring other Abuse, Neglect, and Exploitation Reports

1. Reports occurring in KDADS institutions (Osawatomie, Larned, Rainbow, Kansas Neurological Institute (KNI), and Parsons) shall be forwarded to the risk manager at the institution.

2. For reports occurring in state correctional facilities contact the Director of Corrections Facility Management at 785.296.0460. If a report is taken, fax it to 785.296.2309 or 785.296.0759.

3. For reports involving juveniles over 18 in custody of the Kansas Department of Corrections in a juvenile facility, refer to the Attorney General's office at 1.888.428.8436.

4. Allegations of death shall be referred to law enforcement.

5. Fax reports on adults residing in another state to the appropriate out-of-state APS contact/hotline number.

6. When a reporter indicates the allegation occurred in a facility licensed by KDADS and the alleged perpetrator is a resident or staff person; reporter should be referred to the KDADS complaint line at 1.800.842.0078. This complaint line is staffed Monday-Friday, 8:00 am-5:00 pm. If the reporter

wishes to make the report to DCF, KPRC will receive the report and will forward it to KDADS for investigation/assessment.

7. When a reporter indicates the allegation occurred in a facility licensed by KDHE and the alleged perpetrator is a consumer or staff person; reporter shall be directed to KDHE Bureau of Health Facilities 1.800.842.0078.

10112 Subsequent Reports Not Assigned for Further Assessment

All subsequent reports received on an open investigation and/or service plan shall receive an Initial Assessment by the Kansas Protection Report Center. If the initial assessment decision is to not assign the report for further assessment, the report shall be forwarded to the APS Specialist with the open investigation and/or service plan, via a note in KIPS.

The APS Specialist with the open investigation and or service plan shall consider the information contained in the report. If after consulting with an APS supervisor, and a determination is made to request the report be assigned for further assessment, the APS supervisor shall request assignment via the PRCsups mailbox. If the information contained in the report meets definitions of a critical or significant incident per PPM 10212, the APS Specialist shall notify his/her immediate supervisor.

10113 Requests for Adult Protective Service Courtesy Interviews From Other States

Requests for a courtesy interview from another state shall be forwarded to the KPRC. The intake shall have an initial assessment decision of not assigned due to DCF not having statutory authority to investigate. KPRC shall send an email to the regional mailbox listed below in the region responsible and provide the KIPS intake number. The intake documents are available in KIPS for the APS Specialist completing the courtesy interview.

Kansas City Region: KCPRC@dcf.ks.gov

East Region: EastIntake@dcf.ks.gov

Wichita Region: WIC_Scheduler@dcf.ks.gov

West Region: WPRC@dcf.ks.gov

If the state requesting a courtesy interview contacts KPRC for follow up on their request, KPRC shall forward the request to the APA in the region responsible for the interview. The APA shall forward the request to the assigned social worker.

10115 Assigning Reports When Involved Adult Resides in Another State

A report alleging abuse, neglect, or exploitation of an involved adult who now resides in another state may be assigned in the following circumstances:

A. The incident occurred in Kansas, and
B. The allegation is not self-neglect.

The alleged perpetrator may be living in Kansas or another state at the time the report is made.

If the report meets the criteria for being assigned for further assessment, the investigation shall be forwarded to the region where the alleged incident occurred.

10120 Initial Contact Timeframe

Initial contact refers to the timeframe the APS Specialist has to make a face-to-face visit with the involved adult.

Twenty four (24) clock hours: When a report indicates the adult is in imminent danger face-to-face contact shall be completed in 24 clock hours. The 24 hour timeframe for contact begins when the report is assigned for further assessment.

"Imminent danger" means a substantial probability that a vulnerable adult is in immediate risk of death or serious physical harm.

A. Three (3) working days: When a report of suspected abuse indicates the adult is not in imminent danger, contact shall be made in three working days.

B. Five (5) working days: When a report of neglect or exploitation indicates the adult is not in imminent danger, contact shall be made within five working days.

When a report does not indicate imminent danger, count the day after the report is assigned for further assessment as day one for initial contact with the adult.

10130 Notification to Quality Management Specialist

Department for Aging and Disability Services (KDADS) Quality Management Specialist shall be notified of the following:

1. Reports indicating the involved adult is residing in or receiving services from: Residential Facilities (RF), Community Developmental Disability Organizations or an affiliate (CDDO), or an Independent Living Resource Center (ILRC).

2. Reports indicating the involved adult is receiving services on waivers: Intellectual and Development Disabilities (I/DD), Physical Disability (PD), Frail Elderly (FE), Technology Assisted (TA), Money Follows the Person (MFP), and Traumatic Brain Injury (TBI).

3. Reports indicating the involved adult is receiving mental health services from a Community Mental Health Center.

Notification of reports not assigned shall be sent by the Kansas Protection Report Center (KPRC) social worker by sending the PPS 10100 and 10110 to the appropriate mailbox below.

Notification of assigned reports shall be sent by the assigned APS social worker by sending the PPS 10100 and 10110 to the appropriate mailbox below.

A. If the report alleges the adult is on an I/DD waiver, TBI Waiver, PD Waiver, FE Waiver, TA Waiver, or MFP Waiver, the report shall be sent to the CSSPRC@dcf.ks.gov mailbox.

   The subject line of the e-mail shall contain specific information necessary to identify the type of report for KDADS:

   1. Type of communication: Intake or Investigation

2. Type of Facility or Service: Residential Facility (RF),a Community Development Disability Organization or an affiliate (CDDO), or an Independent Living Resource Center (ILRC)

3. County where the facility is located: Two letter code

4. Name of facility or involved adult if name of facility is unknown: The name of RF, CDDO, ILRC, or involved adult name.

For example, the subject line of the e-mail shall read:

Intake-CDDO-SN-Sheltered Living (for intake not assigned)
Investigation-CDDO-SN-Sheltered Living (for assigned intake)

B. If the report indicates the involved adult is receiving mental health services from a Community Mental Health Center the report shall be sent to the MHPRC Reports@dcf.ks.gov mailbox.

1. Type of communication: Intake or Investigation
2. Type of Service: Community Mental Health Center (CMHC),
3. County where the Community Mental Health Center is located: Two letter code
4. Name of Community Mental Health Center

For example: The subject line of the e-mail shall read:

Intake-CMHC-DG-Bert Nash (for intake not assigned)
Investigation-CMHC-DG-Bert Nash (for assigned intake)

10150 Notifications to the Reporter

Department for Children and Families shall disclose the initial assessment decision to the reporter, if requested.

KPRC staff shall mail the PPS 10130, Notice of Action to Reporter of Suspected Adult Abuse/Neglect/Exploitation, to the reporter, if the reporter's identity and address has been provided.

If the reporter is requesting information specific to an investigation beyond the initial assessment decision refer the caller to the Regional APS Assistant Program Administrator.

10200 Conducting an Investigation

Conducting a thorough investigation is critical to ensuring the safety and well-being of the involved adult. The APS Specialist shall use his/her professional judgment throughout the investigation.

A. Statute pertaining to the investigation

KSA 39-1433(a), the department of social and rehabilitation services upon receiving report that an adult is being, or has been abused, neglected, or exploited or is in need of protective services, shall:

1. When a criminal act has occurred or has appeared to have occurred, immediately notify, in writing, the appropriate law enforcement agency;

2. Make a personal visit with the involved adult:

    a. Within 24 hours when the information from the reporter indicates imminent danger to the health or welfare of the involved adult;

    b. Within three working days for all reports of suspected abuse, when the information from the reporter indicates no imminent danger;

    c. Within five working days for all reports of neglect or exploitation when the information from the reporter indicates no imminent danger.

3. Complete, within 30 working days of receiving a report, a thorough investigation and evaluation to determine the situation relative to the condition of the involved adult and what action and services, if any, are required. The evaluation shall include, but not be limited to, consultation with those individuals having knowledge of the facts of the particular case. If conducting the investigation within 30 working days would interfere with an ongoing criminal investigation, the time period for the investigation shall be extended, but the investigation and evaluation shall be completed within 90 working days.

B. Documentation in KIPS

Throughout the investigation, documentation shall be accurately and timely recorded in the appropriate chapters in KIPS. Timely documentation shall be considered no more than five working days after the activity, event, or incident occurred.

C. Reports on DCF Employees and/or Their Relatives Identified as Alleged Perpetrators

If a report has been assigned for investigation and a DCF employee is identified as the alleged perpetrator, the following shall occur:

1. The report shall be forwarded to the APS supervisor by the assigned APS Specialist.

2. The APS supervisor shall set the investigation to confidential in KIPS once it has been assigned.

3. Using the KPRC supervisors e-mail mailbox (PRCsups), the APS supervisor shall request, the intake be set to confidential.

4. The report shall be referred to the local law enforcement agency by the APS supervisor.

5. The referral to law enforcement shall contain a request for a copy of the completed law enforcement investigation.
   a. If law enforcement agrees to conduct an investigation, the APS supervisor shall obtain a copy of the investigation report for the purposes of APS making a case finding.
   b. If law enforcement is not going to pursue an investigation, the APS supervisor shall consult with the APA to determine if the investigation should be conducted by another DCF region.

The exception is when the report alleges self-neglect by an employee of DCF. In that situation, APS staff in the region in which the employee resides shall conduct the investigation or request a courtesy interview from another DCF region.

When the alleged perpetrator of abuse/neglect/exploitation (ANE) is a relative of a DCF employee, the investigation shall be conducted by APS staff in another portion of the region in which the involved adult resides, or a request for a courtesy investigation from staff in another region shall be made by the supervisor. If the decision has been made to request a courtesy investigation, the APS APA shall send an e-mail requesting the courtesy investigation to the APS APA for the region to which the request is being made.

D. Conflict of Interest

When an employee is given an assignment that is or could be construed as a conflict of interest, the employee shall notify the supervisor who shall, in consultation and concurrence with the Regional APS Assistant Program Administrator, determine whether it is appropriate to continue the assignment in question or to reassign the work to another staff person.

E. Joint Investigations with Law Enforcement

A joint investigation between the APS Specialist and law enforcement may occur in the following situations:

1. Per K.S.A. 39 – 1433(1), when a report includes information regarding an alleged criminal act the appropriate law enforcement agency shall be contacted immediately in writing.

   The PPS 10120, 10100 and 10110, shall be used to notify law enforcement, and includes a request for assistance from law enforcement in contacting the adult, if necessary. The supervisor/designee shall:

   a. Notify law enforcement DCF will not conduct an investigation relating to the alleged criminal offense, but will complete an APS investigation, and offer protective services as needed and appropriate.

   b. Check with law enforcement to ensure APS involvement does not interfere with the criminal investigation or case.

   c. Document in KIPS record all contacts with law enforcement.

2. If the report/assessment indicates the involved adult is in a life endangering situation, including self-harm or neglect, the APS Specialist shall determine if law enforcement assistance is needed.

3. If determined there is a safety risk to the APS Specialist.

There shall be a free exchange of information between the APS Specialist and law enforcement. Upon completion of the criminal investigation by the law enforcement agency, a full report shall be provided to the Department for Children and Families K.S.A. 39-1443(b).

If a dispute develops between agencies investigating a reported case of abuse, neglect, exploitation or fiduciary abuse, the appropriate county or district attorney shall take charge of, direct, and coordinate the investigation.

F. Notification to KDADS licensed community based facility Chief Administrative Officer (CAO)

If the report is assigned for further assessment, and the allegation occurred in a KDADS licensed community based facility or agency or the involved adult is receiving in-home services provided by a KDADS licensed community based facility and the alleged perpetrator is an employee of that facility, the assigned APS Specialist shall forward to the CAO of the involved KDADS licensed community based facility the following:

1. Completed PPS 10125
2. A copy of the PPS 10110 with the following information redacted (if provided in PPS 10110):

    a. Name and any identifying information about the reporter
    b. Name, address, and relationship of alleged perpetrator to the involved adult

A community based facility or agency licensed by Kansas Department for Aging and Disability Services include:

1. Residential Care Facilities (RCF),

2. Community Service Providers (CSP),

3. Community Developmental Disability Organizations (CDDO) Affiliates,

4. Community Mental Health Centers (CMHC),

5. Affiliated Community Mental Health Service Providers, and

6. Private Psychiatric Hospitals which does not include psychiatric units in a local community hospital which are licensed by KDHE. I

10201 Responsible Region for Conducting Investigation

The DCF region in which the involved adult is a resident is responsible for conducting the investigation. This includes situations in which the involved adult is a resident of one DCF Region but the ANE occurred in another DCF Region. .

10202 Request for Courtesy Interview

If an in person interview is required with the alleged perpetrator, involved adult, and/or a collateral witness (s) who lives in, or temporarily resides in a DCF Region different than where the involved adult resides, a request for a courtesy interview shall be made by the APS supervisor or designee in the region in which the involved adult resides to the APS supervisor in the region in which the person to be interviewed is located.

10203 Transferring an APS Assigned Case to Another Region

A. In the event an assigned case needs to be transferred to another region due to one of the following reasons:

   1. assignment error by PRC staff;
   2. the involved adult has moved to another region since the date of the report or
   3. the alleged perpetrator is a DCF employee in the region in which involved adult resides and the decision has been made by the APS Assistant Program Administrator in that region to transfer to a neighboring region, the following process shall occur:

B. The sending Supervisor or APS HSA (Human Service Assistant) shall send an e-mail to the appropriate receiving Supervisor, APA, and/or HSA. The e-mail shall contain the following:

1. CASE TRANSFER in the subject line, and high priority designation in Outlook for the e-mail.

2. The KIPS investigation number and a brief explanation of the situation, which would include any response time, or priority need information.

C. The receiving Supervisor or APA shall:

1. Clarify any questions;

2. Make any needed changes in KIPS to accept the case to their region;

3. Contact KPRC to make the corrections on the intake side of KIPS;

4. Notify the sending supervisor of acceptance of the transfer.

D. If a response is not received from the receiving supervisor within 4 hours from the initial e-mail, or contact is due within the working day, the sending Supervisor or HSA will make phone calls to the other region to determine who is available to review and process the Transfer Request.

10205 Additional Perpetrators or Abuse/Neglect/Exploitation Allegations Identified after Initial Assignment

If during the course of an investigation/assessment of a report, there is reason to believe there is another perpetrator for the same allegation and incident reported, the additional perpetrator shall be added to the current investigation and does not require a new report to the Kansas Protection Report Center (KPRC).

If the assigned APS Specialist becomes aware of abuse or neglect issues, other than those contained in the assigned report, a new report to the KPRC is required.

10210 Contacts During the Investigation

A. Reasonable Efforts to Determine Safety

K.S.A. 39 – 1433(2) requires a personal visit with the involved adult. Telephone or letter contact is not sufficient. This personal visit shall be made within the assigned response time to assess the adult's safety.

Reasonable effort is made if the APS Specialist attempted to contact the involved adult in a location where it is reasonable to expect the adult to be found. If the APS Specialist is able to locate the adult, a personal visit shall be made within the assigned response time. The social worker shall attempt at least two (2) times to locate the adult. The two (2) attempts must be made within the assigned response time.

B. Allowable Reasons to Not Determine Safety within Required Response Time

There may be instances when it is not possible to determine safety of the involved adult within the assigned response time. If contact is not made in the assigned response time, notify APS supervisor. Allowable reasons include:

1. Unable to locate adult;
2. Adult has left the state;
3. Referred to Law Enforcement and social worker has been directed by law enforcement or the county/district attorney not to proceed;
4. After two attempts, the adult refuses contact;
5. Adult fails to keep scheduled appointments;
6. Natural or man-made disasters which create conditions that make it unsafe to get to the adult. Attempt to contact as soon as conditions permits. If the immediate safety of the adult needs to be assessed, contact law enforcement to request assistance.

C. Initial Contact/Safety Determination of the Involved Adult

Initial contact with the involved adult shall be made within the timeframe assigned on the intake and in accordance with KSA 39-1433(a). During the interview with the involved adult the APS Specialist shall:

1. Gather information in regard to the allegations contained in the report;

2. Assess the safety/risk of the involved adult;
3. Obtain information regarding any current services the adult is receiving from community agencies or more informal providers, such as family or friends;
4. Advise the involved adult the APS Specialist is required to contact law enforcement if the APS Specialist suspects a crime has occurred. If contacting law enforcement may increase the risk to the involved adult, discuss options with the supervisor prior to notifying law enforcement.
5. Provide the involved adult the Client Rights brochure, PPS 10205, if the allegation is self-neglect or the PPS 10208 for all other allegations and document in KIPS. If APS Specialist did not provide the appropriate brochure during the initial in-person contact, the brochure can be mailed, using the reported address or last known address of the involved adult or provided to them on a subsequent visit.

   If the APS Specialist is not able to make in person contact with the involved adult and the address of the involved adult was provided in the report, the appropriate Client Rights brochure shall be mailed to the involved adult at that address.

   If the reporter did not provide the address for the involved adult and the APS Specialist has not been able to obtain an address, this information shall be documented in KIPS as the reason the Client Rights brochure was not provided to the involved adult

D. Use of Authorized Collaterals for Safety Determination

On rare occasions, with supervisory approval, authorized collaterals may be used to ascertain safety by making an in- person visit with the involved adult within the required time frame. The date of the in person visit by the authorized collateral shall be entered into KIPS as the initial face to face date. Authorized collateral may be any one of the following:

1. Another licensed DCF Specialist
2. A law enforcement officer
3. A facility administrator or Director of Nursing for reports of fiduciary abuse/financial exploitation occurring when an adult is residing in a facility with no other abuse or neglect allegations.

Once safety has been ascertained by one of the above collaterals, the assigned APS Specialist shall follow up with the involved adult as soon as possible.

E. Contacting the Guardian/Conservator

If the APS report indicates the involved adult has a guardian/conservator, the APS Specialist shall make diligent efforts to contact the guardian/conservator to coordinate contact with the involved adult.

1. If the APS Specialist is unable to make contact with the guardian/conservator after making diligent efforts, and further efforts to do so would cause the initial contact with the involved adult to not be made within the required time frame, the APS Specialist may proceed with personal contact with the involved adult. If the guardian/conservator was not able to be contacted prior to the initial contact with the involved adult, the social worker shall continue to make diligent efforts during the course of the investigation to contact the guardian/conservator.
2. If the APS Specialist does not find out until after contact is made with the involved adult there is a guardian/conservator, the guardian/conservator shall be notified after initial contact.
3. If the guardian/conservator is named as the alleged perpetrator, refer to PPM 10213

F. Death of Involved Adult During Investigation

When a report has been assigned and the involved adult dies~~,~~ following assignment of the report, the investigation shall be continued in the following instances:

1. The death may be related to the allegation, and the allegation was not self-neglect;
2. Collaterals or alleged perpetrator were interviewed by APS or law enforcement (or both) and a finding can be made;
3. Documentation (e.g. law enforcement, medical, banks) was obtained and a finding can be made or;
4. The alleged perpetrator was in a position of trust to the involved adult (e.g. Power of Attorney, Durable Power of Attorney, and Guardian/Conservator) or is employed as a caregiver.

The APS Specialist shall also follow procedures for reporting critical incident (PPS 10212) upon learning of the death of the involved adult for reason which could be related to abuse/neglect at any time following case assignment.

If the death does not appear to be related to abuse/neglect or exploitation, the APS Specialist shall forward the investigation number to the APS Supervisor and APS Assistant Program Administrator. The APS APA shall forward it to APS Program Administrator for purposes of data collection.

10211 APS Investigator

The role of the Adult Protective Service Investigator (APSI) is to assist the assigned APS Specialist with specific tasks of the investigation. When the APS Specialist has been assigned an investigation, the social worker shall consult with the APS Supervisor to determine if the (APSI) will be assisting in the investigation.

A. Time frame for Initiating Assistance:

The (APSI) can begin assistance with an open investigation only after the APS Specialist has completed the initial face to face safety determination. This includes instances when the APS Specialist has made two unsuccessful attempts to locate the involved adult during the assigned response time frame. If the APS Specialist continues to attempt contact with the involved adult after the assigned response time frame, the initial face to face safety determination must still be completed and documented in KIPS before the (APSI) can begin assisting with other investigative tasks.

B. Tasks Assigned to APS Investigator:

1. The (APSI) may conduct the following tasks, working in coordination with the assigned APS Specialist:

   a. Accompany the social worker to conduct the initial face to face safety determination the (APSI) shall not conduct this safety determination on their own;

   b. Interview the alleged perpetrator(s);

   c. Interview reporter and any collateral witness(es);

   d. Obtain relevant records from law enforcement, banks and other financial

institutions, medical providers or other relevant entities;

e. Provide input to APS Specialist and make referrals to appropriate resources to meet the needs of the involved adult;

f. Provide input to APS Specialist regarding development of a service plan or corrective action plan. The APS Specialist develops and monitors these plans.

2. The (APSI) shall perform the following tasks for cases on which they are assisting the assigned APS Specialist:

a. Participate with the APS Specialist in staffings with supervisor during the course of the investigation;

b. Document in the KIPS record all activities performed, including updates with APS Specialist and participation in case staffing to determine agency decision;

c. Participate with assigned APS Specialist in the case staffing with supervisor to determine agency decision;

d. Work closely with the APS Specialist or supervisor when responding to an appeal of agency decision or an appeal hearing.

10212 Critical or Significant Incident Notification Procedures

A. Definitions

1. Critical Incident: Includes any incident such as an adult death as defined below which may draw public, legislative, or media concern.

2. Significant Incident: Unanticipated event which does not rise to the level of a critical incident, but has the potential risk of a serious adverse outcome. This includes work related injury or death of a Department for Children and Families (DCF) staff or an incident in which staff safety was seriously compromised such as incidents involving threats with a gun or other weapons.

3. Adult Death: An adult who is the subject of an Adult Protective Services (APS) investigation whose death is related or potentially related to an allegation of abuse, neglect and/or exploitation or an adult who received adult protective

services and dies under suspicious circumstances.

4. Near Death: An adult who is the subject of an APS investigation who is near death or dying related to an allegation of abuse, neglect or and/or exploitation.

5. DCF Critical Incident Team: Individuals and positions designated by the Secretary of DCF to receive information regarding critical incidents. DCF_Critical_Incident@dcf.ks.gov is the e-mail address.

B. Reporting an Adult Critical Incident

Information regarding critical Incidents and significant incidents may be received by the Kansas Protection Report Center (KPRC) or by DCF staff. When KPRC or DCF staff become aware of an incident, they shall complete the initial notification verbally or by e-mail immediately and no later than 12 hours of knowledge of the critical or significant incident.

1. Critical or Significant Incident Information Received by the KPRC

   a. Critical Incidents

   If a critical incident is reported to the KPRC during DCF business hours, the KPRC social worker shall send the report to the PPS Director, Assistant Regional Director, KPRC Supervisors via PRCSups@dcf.ks.gov (PRCSups mailbox), APS Program Administrator, and the Regional APS Assistant Program Administrator (APA). The Initial Assessment shall be completed on the report per section 10110.

   Outside of DCF business hours, the KPRC intake worker may receive reports involving a critical incident. The report shall be documented per normal procedures. The report shall be immediately emailed to the PPS Director, Assistant Regional Director, KPRC Supervisors (via PRCSups mailbox), APS Program Administrator, and the Regional APS APA.

   b. Significant Incident

   Reports involving a Significant Incident which are not assigned for further assessment are forwarded to the APS Program Administrator.

2. Critical or Significant Incident Information Received by DCF staff

   Upon receiving a critical or significant incident, the following shall occur:

a. DCF staff shall notify their immediate supervisor within 12 hours of receiving a critical or significant incident.
b. The supervisor shall notify the APS APA by e-mail no later than 12 hours after receiving the notification from DCF staff.
c. The APS APA shall complete a written report using form PPS 10212 on the incident by the close of business on the next working day of their knowledge of the incident.
d. A copy of the completed PPS 10212 shall be forwarded to the Assistant Regional Director, Regional Attorney, APS APA, APS supervisor, other Regional staff as appropriate, and APS Program Administrator.
e. For critical incidents, the PPS 10212 shall be sent to the DCF Critical Incident Team using the DCF critical incident e-mail address.

C. Review of Critical Incident by DCF Critical Incident Team:

If the critical incident involves a death as the result of abuse, neglect or exploitation, the APS Program Administrator shall schedule and coordinate a review of the facts within 2 working days, or as soon as practical, from the receipt of the Critical Incident Response. The review may occur via teleconference or in person. Participants invited include: Critical Incident Team, the PPS Director or designee, PPS legal, the Regional Director or designee, APS Program Administrator, APS APA, and if needed the APS Supervisor and/or APS Specialist.

If the critical incident does not involve a death, the PPS Director or Regional Director may request a Critical Incident Review if it is believed the incident warrants review by the DCF Critical Incident Team.

D. Providing Additional Information and Updates

The DCF critical Incident Team may request additional information or updates to case status. This information shall be provided as requested through the DCF Critical Incident e-mail address within 2 business days of the request, or within a timeframe designated by the Regional Director or designee. The subject line of the e-mail shall state, Case Name-“Attorney/Client Privileged Information”.

E. Review of a Significant Incident

Upon request of the PPS Director or designee, a review of the significant incident is scheduled and coordinated by the APS Program Administrator within two working days of receiving the request for a review. The review may be in person or teleconference. The Regional Director, or their designee, APS APA, PPS Director and Deputy Directors, PPS Legal, and APS Program Administrator shall be invited to participate. e

10213 Contacting the Alleged Perpetrator

Contact with the alleged perpetrator shall be made unless doing so puts the involved adult at further risk. If the adult does not want the APS Specialist to contact the alleged perpetrator, the APS Specialist shall consult the supervisor to discuss how to proceed. An inability to contact the alleged perpetrator may result in a report being made to law enforcement.

A. Notifying the Alleged Perpetrator of Their Rights

The alleged perpetrator shall be informed of the allegation(s) and notified of their rights and provided a copy of the PPS 10240 brochure “What Happens if You Are Accused of Abuse, Neglect, Exploitation or Fiduciary Abuse”. The APS Specialist shall document in KIPS the PPS 10240 was provided to the alleged perpetrator.

B. Contact with the Alleged Perpetrator

Two documented attempts to contact will be considered due diligence.

Contact with the alleged perpetrator may be made through letter, telephone, or in person:

1. If contact is by letter, a copy of the PPS 10240 shall be sent with the Interview Notice to Alleged Perpetrator (PPS 10230).

2. If contact is by telephone, the APS Specialist shall review with the alleged perpetrator the rights listed in the PPS 10240 prior to conducting the interview. A copy of the PPS 10240 shall be sent to the alleged perpetrator after the interview. If the two attempts to contact the alleged perpetrator are by telephone,

and the attempts have not been successful, the APS Specialist shall send a PPS 10230 and PPS 10240 to the last known address for the alleged perpetrator.

3. If contact is in person, the alleged perpetrator shall be advised of their rights and given a copy of the PPS 10240 prior to beginning the interview. If the alleged perpetrator refuses to accept a copy of the PPS 10240, this shall be documented in KIPS.

4. If the decision is made to not contact the alleged perpetrator, the PPS 10240 brochure and PPS 10300 shall not be sent to the alleged perpetrator. This shall be documented in KIPS.

C. Contacting Alleged Perpetrator Who Is a Minor

If the alleged perpetrator is a minor, the APS Specialist shall obtain permission from the minor's parent(s) or guardian prior to attempting to interview the minor and shall provide a copy of the PPS 10240 to the parent(s).

If contact is by letter, the PPS 10230 and PPS 10240 shall be mailed to the parent(s) or guardian of the minor.

The process for contacting the alleged perpetrators who are minors is the same as those in 10213 A (1) and (2). The exception is contact shall occur with the parent(s) or guardian of the minor prior to any contact with the minor.

The PPS 10300 and all forms shall be sent to the alleged perpetrator in care of the parent or guardian.

If the minor is in the custodianship of the Secretary, the assigned DCF Specialist, in consultation with the PPS supervisor (or designee, see PPM 0140), and the APS Assistant Program Administrator, shall consider retaining legal counsel to represent the minor as an alleged perpetrator.

10216 Closure After Assignment

A. Factors to consider when requesting approval for closure after assignment include, but are not limited to:

1. The adult does not meet the definition in K.S.A. 39 – 1430(a);

2. The allegations do not meet the definitions for ANE in K.S.A. 39 – 1430(b), (c), (d), (e);

3. The report is a consumer to consumer incident in a CDDO or affiliate and there is no indication of neglect by staff. Forward a copy of the PPS 10110 to the appropriate KDADS Quality Management Specialist staff per section PPS 10130;

4. The incident is currently being investigated. The KIPS ID number shall be included in the basis;

5. The incident has been previously investigated; The KIPS ID number shall be included in the basis;

6. DCF does not have the statutory authority to investigate. The agency responsible for the investigation shall be documented along with the reason for closure after assignment request/approval;

7. Insufficient identifying information to locate the adult;

8. Reports indicating a need for a Guardianship and there are no concerns of abuse and neglect that meet the criteria based on K.S.A. 39 – 1430(a) reference in number 1;

9. Unable to locate adult. Reasonable attempts to determine safety as defined in PPM 10210 were made to locate the involved adult. Attempts to locate the involved adult could include but are not limited to: Contacting the reporter, if known, attempting to contact via mail, landlord, employees, known friends or relatives. Any additional information received from these contacts shall be utilized to locate the adult. Documentation of all attempts shall be attached to the report as a note in KIPS;

10. Report is the responsibility of another agency.

B. Process for Requesting Closure After Assignment

Closure after assignment may be requested prior to or following the initial face to face contact with the involved adult.

If the intake and/or initial face to face contact information indicates the investigation could be closed after assignment the following process shall occur:

1. If the request for closure after assignment is made prior to the initial face to face contact, the request shall be made in time to allow timely face to face contact if the request is denied by APS supervisor, APS APA, or KPRC Supervisor.
   If KPRC Supervisor approves closure after assignment within the required initial face to face contact time frame for the allegation(s), a face to face contact is not required.
   If the KPRC Supervisor approval/denial comes after the required time frame for initial face to face contact, the APS Specialist shall have made a face to face visit or have made at least 2 attempts within the required time frame.

2. If the initial face to face visit has been made or the adult is unable to be located, the request for closure after assignment shall be made within five working days from date of initial face to face contact or date of second unsuccessful attempt.

3. The Specialist shall consult with the APS supervisor to determine if further assessment is needed. The investigation shall continue when there is an indication contacts are needed with caregivers, family members, or other collateral witnesses to obtain additional information regarding the allegations of abuse/neglect/exploitation or to sufficiently assess the risk and/or safety concerns of the involved adult.

4. Upon review of the information by the Specialist and APS supervisor, if it is recommended the investigation need not proceed, the APS supervisor shall consult with the APS APA. The APS Specialist shall document in KIPS the information which was obtained and reviewed to make the determination to request closure after assignment.

5. The APS APA shall make a determination to continue on with the investigation or refer back to KPRC Supervisor to make a final determination to either continue on with the investigation or close after assignment.

6. If the APS APA concurs the investigation should be closed after assignment, the APA shall submit the request to the Kansas Protection Report Center supervisor's email address: PRCsups@dcf.ks.gov. The subject line of the email shall indicate an APS Closure After Assignment request. Request to close after assignment shall include a reason from PPM 10216, Section A, and an

explanation as to the rationale. APA shall also enter a Case Management Activity note in KIPS, with the description of: Closure After Assignment Request, providing this information.

7. If the closure after assignment request is denied by either the APS APA or KPRC, the reason shall be documented in the Kansas Intake/Investigation Protection System (KIPS) and the investigation shall proceed.

C. KPRC Tasks to Approve/Deny Closure after Assignment Request

1. A KPRC supervisor shall determine whether the documentation submitted meets the criteria to override the Initial Assessment Decision.

2. Upon review of the information, the KPRC supervisor may request additional information from the APA.

3. Upon determining the submitted information is sufficient, the KPRC supervisor shall make a decision by the end of the next working day. The KPRC supervisor shall attempt to make a decision in time to allow the worker to meet this contact requirement.

4. The KPRC supervisor shall add documentation in the PPS 10110 supporting the decision to either close after assignment or continue with the investigation. The original basis statement indicating acceptance of the report shall not be deleted.

5. Upon final review by the KPRC Supervisor and the final determination is to close after assignment, the KPRC Supervisor sets the intake to “complete” in the Kansas Intake/Investigation Protection System (KIPS).

6. KPRC Supervisor shall make a note of their decision in KIPS Notes in the Intake and Investigation Chapters for the APS APA and APS Supervisor.

7. KPRC Supervisor shall change the status of the case in the Investigation and Allegation Chapters to Close After Assignment and set to complete.

D. Procedure When Investigation is the Responsibility of Another Agency or DCF Does Not Have Authority to Investigate

1. Request Made Prior to the Initial Face to Face Contact:
When the information provided by the reporter clearly identifies this report being one which is the responsibility of another agency or one which DCF does not have authority to investigate, regional staff shall follow the process in PPS 10216B to request closure after assignment. KPRC staff shall follow the process in PPS 10216C to approve closure after assignment. KPRC staff shall

forward the intake to the appropriate agency and to the appropriate CSS or MH mailbox, if applicable.

2. Request Made Following Initial Face to Face Contact:
When the request for closure after assignment is made following the initial face to face contact, the regional APS APA shall request closure after assignment following the process in PPS 10216 B. The KPRC staff shall follow the process in PPS 10216 C to approve closure after assignment. The APS Specialist shall forward the intake to the appropriate agency and to the appropriate CSS or MH mailbox, if applicable, regardless of whether the information from the reporter clearly identified this report being one which is the responsibility of another agency or one which DCF does not have authority to investigate.

Regional APS staff shall document these activities in the notes section of the investigation chapter of the KIPS record and check to ensure closure after assignment has been entered by KPRC staff as the closure reason on theinvestigation page and in the allegation chapter.

10220 Investigations Involving Other Agencies

Joint investigations may be conducted with Kansas Department for Aging and Disabilities (KDADS) licensed facilities or agencies. If it is determined joint investigations will be done, there shall be a Memorandum of Agreement (MOA) between the Region and the agency or facility. The MOA must be approved by the Regional attorney.

There may be instances when joint investigations are not in the best interest of the adult. Therefore, the decision to conduct a joint investigation is solely the decision of the social worker and supervisor.

A. Memorandum of Agreement

The Memorandum of Agreement shall contain the following information:

1. Applicable APS Statutes (K.S.A. 39 -1430 et seq.).
2. Roles and responsibilities of social worker.
3. Roles and responsibilities of agency/facility staff and a designated contact to carry out responsibilities.
4. Interviewing protocols to be used with the involved adult, alleged perpetrator and collaterals.

5. Statement on confidentiality and limits of information sharing pursuant to K.S.A. 39 – 1434.
6. Statement that rights of the involved adult and the perpetrator will be protected.
7. Statement indicating APS makes the final decision(s) regarding the allegation(s)
8. Statement the facility will independently determine what action needs to be taken and the facility cannot use the finding made by APS as the sole basis for any adverse personnel action.
9. The effective date of the Agreement.
10. Date for review (at least annually) and
11. Conditions under which termination of the Agreement may occur.

B. Contacting Abuse Neglect Exploitation Unit of Attorney General's Office When Unable to Complete an Investigation

When the APS Specialist and supervisor have determined the investigation cannot be completed and determine further action may be needed to protect the involved adult, the social worker shall e-mail a copy of the intake documents, log notes, and other case documents to APS Program Administrator and Prevention and Protection (PPS) Legal Division/designee. This would include cases where the APS Specialist has been unable to gain necessary cooperation and/or documentation to determine if abuse/neglect/exploitation has occurred. This does not include cases where there is an ongoing criminal investigation by law enforcement which has not resulted in a finding.

APS Program Administrator and PPS Legal Division/designee shall review the information and forward to the Abuse, Neglect, and Exploitation (ANE) Unit. This shall occur within ten (10) working days of reaching the decision the investigation cannot be completed upon review of information, ANE Unit may direct investigation of allegations by the appropriate law enforcement agency.

C. Request for Information from the ANE Unit in the Attorney General's Offi**ce**

When a request regarding a specific case is initiated from the ANE unit, the APS Assistant Regional Program Administrator will forward the requested information to ANE unit staff making the request within 10 working days. The information shall also be e-mailed to the APS Program Administrator and the PPS Legal Division/designee.

If the request is for a copy of the case record, a copy of the full record including intake documents, log notes in KIPS, photos, reports received from other sources, etc. shall be scanned to the APS Assistant Regional Program Administrator. The Program Administrator shall forward the case information to the PPS Legal Division/designee who is responsible for coordinating all requests for information/records and serves as

liaison to the ANE unit. The PPS Legal Division/designee shall review the documents and forward to ANE Unit staff.

The ANE unit may request additional information regarding a case. After identifying the additional information being requested, the APS social worker will provide copies to the APS Assistant Program Administrator to be forwarded to the DCF Administration Legal Division/designee. The APS Program Administrator will forward it to the Attorney General's office.

10222 Investigations Involving Other States

A. If a report has been assigned for further assessment, per PPM 10115, and the involved adult is residing in or temporarily staying in another state, the assigned APS Specialist shall:

   1. Contact the Adult Protective Services agency and/or the appropriate law enforcement agency in the other state to request courtesy interviews with the involved adult who is residing or temporarily staying in that state.

   2. Consult with supervisor to determine if the APS Specialist shall conduct interview with the alleged perpetrator by phone or request other state to conduct the interview in person.

   3. Request a written summary of the information obtained by the other state, and this shall be scanned into the KIPS record.

   If the involved adult is receiving inpatient medical/psychiatric services in the other state, a nurse or social worker assigned to the adult can determine safety. The day the nurse or social worker determines safety shall be the date of initial face to face contact. The assigned APS Specialist will follow up with the involved adult upon their return to Kansas and will complete the other tasks associated with the investigation.

B. Completing the Investigation

   1. The assigned shall:
      a. Complete all other tasks associated with investigation of the allegations within 30 working days.

      b. Document in KIPS the date of initial face to face contact with the involved adult. If the involved adult resides in or is temporarily staying in another state, the date the assigned APS Specialist contacted the other state to request a courtesy interview shall be the date of initial face to face contact.

C. Other state unwilling to conduct the interview

If Adult Protective Services and/or law enforcement in the other state are not willing to conduct the interview with the involved adult, and the involved adult is now residing in the other state or the length of stay for that adult may exceed 30 working days, regional APS staff shall request closure after assignment and make an APS report to that state. The reason for the CAA request shall be the "Adult has left the state". If the plan is for the involved adult to return to Kansas within 20 working days, the investigation shall remain open and continue when the involved adult returns to Kansas.

10224 Assessment of Involved Adult

Within 30 working days of receiving a report, the APS Specialist shall complete a thorough investigation and assessment. The goal of the investigation and assessment is to determine the safety of the involved adult and to recommend services required to address any needs identified through the assessment.

If conducting the investigation within 30 working days would interfere with an ongoing criminal investigation, the time period for the investigation shall be extended, but the investigation and assessment shall be completed within 90 working days.

Assessment is an ongoing process. The assessment is based on the APS Specialist's observations, interviews with the alleged victim and the alleged perpetrator, and information obtained from collateral contacts.

A. Components of the assessment:

The following areas may be considered in the assessment for each alleged victim as part of the APS investigation. Examples include:

1. Environment**:**

   Assess the daily living environment to make a judgment whether this contributes to the adult's endangerment. This should include consideration as to whether:

   a. The dwelling is structurally sound
   b. The adult is mobile to the extent that he or she can exit the building

c. The living quarters are adequately heated or cooled
d. Toilet facilities are available and in working condition.
e. There is refrigeration and other adequate storage for food.
f. There is ready availability of a telephone to contact help.
g. There is no animal, rodent, or insect infestation.
h. Utilities are working.
i. There are no other endangering housing deficiencies.

The assessment of the physical environment should include identification of type and feasibility of needed improvements or changes to the adult's environment, and whether the adult is isolated in his or her environment.

2. Functional Ability

There is a direct relationship between an adult's risk of being abused, neglected, or exploited and his or her dependence on others for performance of activities of daily living (ADLs). An assessment of the adult's ability to manage these daily living activities is one consideration in assessing his or her need for protective services. Examples include:

a. Bathing
b. Dressing
c. Toileting
d. Transferring
e. Eating
f. Using the telephone
g. Shopping for essential supplies
h. Preparing food
i. Performing housekeeping and laundry tasks
j. Travelling independently
k. Assuming responsibility for medication
l. Managing his/her own finances.

3. Physical/Health

The assessment of the adult's physical health may be based on reports of illness, disabilities, and symptoms by the individual or by friends, relatives, or other contacts, or by the APS Specialist's observation of apparent medical problems. Additional areas to consider when assessing physical health include:

a. Current medical condition, including any diagnosis or prognosis available, and any services being used.

b. Symptoms observed by the social worker or reported by the adult or other observers that may not have been diagnosed or treated.
c. The number and types of medication(s) the adult is currently taking (prescription and non-prescription) and whether medication is being prescribed by multiple physicians.
d. Eating habits (nutrition and hydration).
e. Need for assistive devices (eyeglasses, hearing aids, dentures, and mobility aids to compensate for physical impairments, etc.)

4. Mental/psychosocial health

While a APS Specialist's assessment of an adult's psychological functioning cannot take the place of a formal clinical evaluation, it can suggest a psychiatric condition is present and is contributing to the adult's endangerment. This assessment can provide the social worker with reason for recommending a more complete assessment by mental health professionals. Areas to consider when assessing psychosocial status include:

a. General appearance is appropriate and consistent with age, social, and economic status. This includes, but is not limited to, an evaluation of appropriateness of dress and personal hygiene
b. Perceived emotional or behavioral problem(s)
c. Orientation to person, place and time as well as memory and judgment capacity
d. Manifestations of emotional or behavioral problems (i.e., insomnia, nightmares, crying spells, depression, agitation, unusual fears, thoughts, perceptions, delusions, hallucinations, etc.)
e. Major life changes/crises in the past year (i.e., death of a significant person, loss of income, a move, an illness, divorce, institutional placement, etc.)
f. Ability to follow simple instructions
g. Ability to manage financial affairs
h. Appropriate responses to questions
i. Self-endangering behavior of the adult (i.e., suicidal behavior, refusal of medical treatment, gross self-neglect, wandering, aggressive acts that are likely to precipitate retaliation, etc.)
j. The APS Specialist's evaluation regarding the adult's ability to make responsible, rational, and informed decisions as well as the ability to understand the probable consequences of his or her decisions.

B. Guidelines for determining capacity to consent

Mental illness, intellectual disability, physical illness, dementia, disability, alcoholism, substance abuse, and other conditions may be reasons why an adult is unable to make, communicate, or carry out responsible decisions concerning his or her well-being.

A review of the following abilities will help the APS Specialist differentiate between those who are and those who are not able to make, communicate, or carry out responsible decisions concerning his or her well-being.

1. Ability to communicate a choice

   Assess the adult's ability to make and communicate a choice from the realistic choices available. Assess the adult's ability to maintain the choice made until it can be implemented.

2. Ability to understand relevant information

   Assess the adult's ability to understand information that is relevant to the choice that is to be made (i.e., without treatment gangrene will likely cause death).

3. Ability to compare risks and benefits of available options

   Assess the adult's ability to compare risks and benefits of available options. This requires weighing risks and benefits of a single option and weighing more than one option at the same time. Can the adult give a logical explanation for the decision he or she reached in terms of risks and benefits?

4. Ability to comprehend and appreciate the situation

   Assess the adult's ability to comprehend and appreciate the situation. An adult may be able to understand relevant information (i.e., without treatment gangrene will likely cause death) and yet be unable to appreciate his or her own situation (i.e., believes his or her own gangrenous foot will not cause his or her death or disregards medical opinion and denies the foot is gangrenous). An adult who comprehends and appreciates the situation will acknowledge illness when it is shown to be present and acknowledge the risks and benefits of available treatment options for him or herself.

C. Support System

To assess the adult's support system, the APS Specialist's shall first identify those family, friends, neighbors, religious and other voluntary groups, and any formal supports that comprise the adult's social network. To assess the support of these persons or groups, it may be helpful to answer the following questions:

1. Does the adult have family, friends, neighbors, and organizations available to assist him or her?
2. Are these persons and organizations able to provide effective and reliable assistance?
3. What is the frequency and quality of assistance available to the adult from informal and formal support systems?

D. Income and resources

Assess the adult's knowledge of his income and resources and his ability to manage his financial affairs. Dementia, disorientation, and short-term memory loss leaves an individual vulnerable to financial exploitation by others or can lead to self-neglecting circumstances such as utility cut-offs or the inability to purchase needed medication. If the adult is unable to discuss his income and financial management ability, the social worker should contact family members, supportive friends, substitute decision makers or financial institutions who have knowledge of an individual's income and resources. Obtaining this information will not only address the issue of exploitation but also be useful for service planning and assistance with benefit program eligibility determinations.

10300 Case Findings

All case findings shall be staffed with the Supervisor/designee and a finding made within thirty (30) working days of the case assigned for further assessment.

A. Types of Findings

The standard of evidence applied to all case findings is clear and convincing. Clear and convincing evidence is defined as the evidence which shows the truth of the facts asserted is highly probable.

1. Unsubstantiated – The facts or circumstances do not provide clear and convincing evidence to meet the K.S.A. definition of abuse, neglect, exploitation, or fiduciary abuse.

2. Substantiated – The facts and circumstances provide clear and convincing evidence to conclude the alleged perpetrator's actions or inactions meet the K.S.A. definition of abuse, neglect, exploitation, or fiduciary abuse.

In the rare event where there is clear and convincing evidence that the abuse/neglect/exploitation did occur but the evidence to substantiate on the perpetrator is not clear and convincing, a substantiated finding can be made without an identified perpetrator.

B. Law Enforcement Involvement

The report of a law enforcement investigation may be used to make a finding if the APS Specialist was directed by law enforcement to not interview the alleged perpetrator.

C. Allowable late finding reason

If completing the case finding within thirty (30) working days interferes with an ongoing criminal investigation, the time period for the investigation shall be extended, but the investigation and evaluation shall be completed within ninety (90) working days from the date of assignment.

If a finding is made prior to the conclusion of the criminal investigation, the investigation and evaluation may be reopened and a new finding made based on any additional evidence provided as a the result of the criminal investigation.

10315 Corrective Action Plans

A Corrective Action Plan (CAP) may be offered when the allegation is exploitation or fiduciary abuse, the finding is substantiated, and the name of the perpetrator would be added to the Adult Abuse Central Registry if a CAP were not implemented and

completed. A CAP may be offered on a case by case basis, after consulting with the Adult Protective Services (APS) supervisor and other Regional staff as appropriate.

The incentive for an alleged perpetrator to complete the CAP is his/her name will not be placed on the APS Central Registry and the finding will be amended from substantiated to unsubstantiated.

Corrective Actions Plans are individualized plans which shall be written with input from the involved adult and the alleged perpetrator.

A CAP may only be used for the purpose of restoring money or property.

A. A Corrective Action Plan is not available to an alleged perpetrator who is:

1. Employed by a Community Developmental Disability Organizations (CDDO) or an affiliate; or

2. A paid Medicaid provider. This includes Home and Community BasedServices waiver attendants, employees of community service providers (CSPs), and Residential Care Facility or Adult Family Home staff.

B. When determining whether to offer a CAP the APS Specialist may consider the following information:

1. If the alleged perpetrator is able to pay the money back;

2. If the exploitation or fiduciary abuse deprived the involved adult of needed goods and/or services;

3. If the alleged perpetrator acknowledges why his/her action was exploitative or abusive;

4. If there have been no prior instances on the part of the alleged perpetrator.

C. To initiate a CAP, the APS Specialist shall:

1. Determine what the needs are (for example, money or property to be restored).

2. Designate a timeframe for completion of the CAP. If the timeframe will exceed six (6) months, prior approval will be needed from the APS Program Administrator. Document approval in KIPS notes.

3. Complete the PPS 10250 (CAP) with the perpetrator.

4. Establish a schedule for the alleged perpetrator to provide documentation to the social worker. It is the alleged perpetrator's responsibility to provide documentation. Failure by the perpetrator to provide documentation may result in termination of the plan.

5. Scan a copy of the PPS 10250 into the notes section of the KIPS record and document all contacts, letters, and other documentation provided by the alleged perpetrator.

6. Have a parent or guardian sign the PPS 10250 if the perpetrator is under age18 or if the involved adult has a guardian.

7. Provide a copy of the PPS 10250 to the Abuse Neglect and Exploitation Unit in the Attorney General's Office and to law enforcement within 10 working days of the completing the PPS 10250.

8. Review the CAP every 30 days for compliance and document in KIPS notes.

D. Once the alleged perpetrator successfully completes the CAP, the APS Specialist shall:

1. Within 5 working days, complete the PPS 10315, Notice of Termination of Corrective Action advising the alleged perpetrator of the outcome of the CAP.
2. The finding will be amended to unsubstantiated and his/her name will not be placed on the registry.

3. Provide a copy of the PPS 10315 to the Abuse Neglect and Exploitation Unit in the Attorney General's office and law enforcement.

4. Scan a copy of the PPS 10315 into the notes section of the KIPS record.

E. If the Alleged Perpetrator fails to complete the CAP, the APS Specialist shall:

1. Within five (5) working days of the decision to terminate the CAP, complete and send the PPS 10315, Notice of Termination of Corrective Action, to the perpetrator.

2. Within 5 working days of the decision to terminate the CAP, send the PPS 10315 to the ANE Unit in the Attorney General's office and the appropriate law enforcement agency.

3. Scan a copy of the PPS 10315 into the KIPS record and document in KIPS.

F. If the perpetrator does not complete the CAP within the agreed upon time frame, they may still pay the remaining balance of the funds and/or property. This payment shall be made prior to the deadline to request a fair hearing to appeal the substantiated finding and placement of the name on the Adult Registry.

10320 Required Documentation for Case Findings

The social worker shall review all abuse, neglect, exploitation, and fiduciary abuse findings with the supervisor or designee. Once a finding is reviewed, the social worker shall complete all necessary documentation in the Kansas Intake/Investigation Protection System (KIPS) notes section within 5 working days.

A. Notes Section Documentation

The necessary documentation shall include the following information:

1. Finding reviewed with supervisor and documented as a Meeting/Case Conference note type.

2. Notice of Agency Decision note type including documentation of recipients of the notices.

B. Notice of Agency Decision

The Notice of Agency Decision shall be sent to the alleged perpetrator on all findings, excluding self-neglect, within five (5) working days of making the finding. The Notice shall include a brief explanation of the allegation, basis for the finding, and the Prevention and Protection Services Policy and Procedure Manual (PPM) reference for the definition of substantiated or unsubstantiated. The PPS 10300 shall not be sent to the involved adult.

The involved adult or if applicable, his/her guardian shall also be notified, including closure of a self-neglect investigation. The social worker shall use professional judgment based on interaction with the involved adult and his/her understanding as to whether notification is made by personal visit, telephone, or letter. If notification is in written form, the PPS 10320 form letter shall be used.

The social worker shall consult with the supervisor, and if necessary the Regional attorney, if there are concerns notification to the involved adult and/or alleged perpetrator might jeopardize the safety of the adult. If the involved adult lives with the alleged perpetrator and notifying the alleged perpetrator of the unsubstantiated finding may result in safety concerns an exception to sending the Notice of Agency Decision may be made. The decision not to send a Notice of Agency Decision shall be documented in KIPS. In all substantiated cases, the alleged perpetrator shall be notified.

C. Notification to Law Enforcement, County/District Attorney

If the finding is substantiated, a copy of the PPS 10350 shall be forwarded to law enforcement within five (5) working days of the finding date and if appropriate, the county/district attorney’s office.

D. Notification to Economic and Employment Services (EES) Regarding APS Finding

If the finding is the result of an EES referral for misappropriation of funds, provide the PPS 10300 to the EES worker who made the referral.

E. Memo Notifications to Community Based Facility Regarding APS Finding (PPS 10340)

The Memo Notification to the community based facility regarding the APS finding shall be sent to the Chief Administrative Officer of the KDADS licensed community based facility in the following situations:

1. The abuse, neglect or exploitation (ANE) occurred in the facility (residential, day services, etc) or
2. The alleged perpetrator of abuse, neglect, or exploitation is an employee of the KDADS licensed community based facility and the facility is providing in-home services to the involved adult.

The PPS 10340 shall be sent within five (5) working days of the finding decision. The memo shall not include the name of the perpetrator.

See PPM 10110 (B)(1)(b) for examples of community based facilities licensed by KDADS.

F. Notification to Quality Management Specialists (QMS) Regarding APS Finding

The QMS shall be notified of the finding by sending the PPS 10300 to the CSSPRC@dcf.ks.gov mailbox for adults on a waiver or to the MHPRCReports@dcf.ks.gov mailbox for adults receiving services from a Community Mental Health Center. The PPS 10300 shall be sent to the appropriate mailbox within five (5) working days of the finding date.

The QMS shall also be sent the Memo Notification to Community Based Facility Regarding APS Finding (PPS 10340) for all cases in which the PPS 10340 is sent to the Chief Administrative Officer of the KDADS licensed community based facility, per PPM 10320(E).

For findings of self-neglect, an email indicating a substantiated or unsubstantiated finding shall be sent.

The subject line of the email shall contain specific information necessary to identify the type of report for KDADS:

1. Type of communication: Investigation

2. Type of Facility or Service: Residential Care Facility (RCF), Community Mental Health Center (CMHC), Independent Living Resource Center (ILRC), or Community Development Disability Organization or an affiliate (CDDO)

3 County where the facility is located: Two letter code

4. Name of facility: Community Mental Health Center,

Examples for the subject line of the email shall read:

Investigation-CDDO-SN-Sheltered Living

Investigation-ILRC-SN-TILRC

If additional information is obtained during the investigation which was not fully described on the PPS 10100, PPS 10110 or PPS 10340 the social worker may provide a summary in the email notification

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G. Notification to the Abuse, Neglect, and Exploitation (ANE) Unit

The following shall be faxed or e-mailed to the ANE Unit of the Attorney General's office within (10) working days of the date of finding:

1. A copy of the PPS 10300, Notice of Agency Decision, for substantiated findings, except self- neglect;

2. Notification to Law Enforcement PPS 10120 and PPS 10350;

3. A summary of finding printed from KIPS Notes Section;

4. PPS 10100 and PPS 10110;

5. PPS 10370 Coversheet located in the forms section of the Manual. If there is a delay in making a finding, the reason for the delay shall be included on the cover sheet.

6. The ANE Unit prefers the documents be faxed, but if e-mailing, include in the subject line the wording "New Finding". E-mail documents to the following address: ane@ag.ks.gov

H. Reports to State Regulatory Authority from Adult Protective Services Regarding Finding of Abuse, Neglect, or Exploitation (PPS 10360)

The social worker or designated staff shall, within five (5) working days of the conclusion of the appeal period, forward the substantiated finding involving providers of services licensed, registered, or otherwise authorized to provide services in this state to the appropriate state authority, using the PPS 10360. K.S.A. 1433(4)(b).

10330 Request for a Fair Hearing

K.S.A. 75-3306 mandates Department for Children and Families (DCF) provide a fair hearing “to any person who is an applicant, client, inmate, other interested person or taxpayer who appeals from the decision or final action of any agent or employee”. The fair hearing will be conducted in accordance with the Administrative Procedure Act, K.S.A. 77-501, et seq.

DCF fair hearings are conducted by the Office of Administrative Hearings (OAH). The Director of OAH assigns an appeal case number and a Presiding Officer to each request for fair hearing received.

If an appeal has been filed, the name of the alleged perpetrator for whom a substantiated finding has been made shall not be placed onto the Adult Abuse/Neglect/Exploitation Registry until the final decision upholding the substantiated finding has been made.

The alleged perpetrator has 30 days from the date of the Notice of Agency Decision (PPS 10300) to request a fair hearing. By statute, an additional three (3) days is added to the time allowed to file the request if the Notice of Agency Decision was mailed to the alleged perpetrator.

A. Request for Fair Hearing

A request for fair hearing shall be in writing and shall be submitted to either DCF or the Office of Administrative Hearings (Per K.A.R. 30-7-68 Appeals, Fair Hearings, et al.).

Submitted to DCF means the request is received by any DCF employee at any DCF office.

If the request for a fair hearing is initiated on a perpetrator under the age 18, it must be signed by the parent or guardian.

B. When the written request for fair hearing is submitted to DCF:

1. Within one working day of receipt, the APS Specialist shall forward the request to:

   Office of Administrative Hearings
   1020 S. Kansas Avenue
   Topeka, KS 66612.

2. The APS Specialist shall review the KIPS record to determine if the request has been received within 30 days after the date the Notice of Agency Decision was provided to the alleged perpetrator in-person or 33 days if the Notice of Agency Decision was mailed.

3. APS Specialist shall promptly provide notice of a request for a fair hearing to DCF regional attorney and indicate if the request was or was not received within the time frames in B.2.

4. The request for a fair hearing shall be documented in KIPS and a copy of the request placed in KIPS.

10331 Agency Response to a Request for Fair Hearing

A. Department for Children and Families (DCF) Process for reviewing decision

Upon notification of a request for fair hearing, the agency shall review and reconsider its decision. The agency may amend or change its action or decision before or during the hearing.

1. Each Region shall designate a reviewer. The designated reviewer shall be a Regional Attorney or designee. The Regional Attorney or their designee shall provide a recommendation to the APS Specialist as to whether to uphold, modify, or reverse the action in question.

2. If the request for a fair hearing has been filed timely, the APS Specialist shall provide a copy of the request to the Regional Attorney or designee.

3. The Regional Attorney or their designee shall promptly notify the APS Specialist in writing of their recommendation.

4. The APS Specialist and supervisor, taking into consideration the recommendation of the Regional Attorney or their designee, shall review the investigation record, including the finding, to determine if facts warrant upholding, modifying or reversing the original finding.

B. If the agency decision is modified or reversed, the APS Specialist shall:

1. Send an amended Notice of Agency Decision, the PPS 10300, to

   a. the alleged perpetrator,
   b. law enforcement,
   c. ANE Unit of the Attorney General Office and
   d. Quality Management Specialist mailbox: CSSPRC@dcf.ks.gov or MHPRC@dcf.ks.gov.

   b. Notify the involved adult and/or guardian /conservator (if applicable) of the amended finding. Refer to PPM 10320 for methods of notification.

   c. If applicable, send an amended PPS 10340 to KDADS licensed agency/facility at which the abuse/neglect occurred and to the Quality Management Specialist mailbox: CSSPRC@dcf.ks.gov.

   d. Notify Regional Attorney or designee of the decision to modify or reverse original agency finding

   e. Scan a copy of the amended PPS10300 and, if applicable, the PPS 10340 into the KIPS record.

2. Regional Attorney staff shall submit a written report to the hearing officer.

The appeal shall remain pending until the appellant submits a signed, written statement withdrawing the appellant's request for fair hearing. If the appellant fails to timely submit

a signed, written statement withdrawing the request for fair hearing, the hearing officer may dismiss the request for fair hearing.

C. If the agency decision is upheld, and the request for fair hearing was filed timely, the APS social worker shall:

1. Prepare the appeal summary which has been ordered by the Administrative Hearing officer.

2. Mail or fax one copy of the appeal summary and attachments to the Presiding Officer and one copy of these documents to the appellant or their representative within fifteen (15) days of receipt of the fair hearing request. If the documents are more than 20 pages, they shall be mailed to the Presiding Officer.

3. Provide a copy of the appeal summary and attachments to the Regional Attorney.

4. Scan a copy of the appeal summary, into the notes section of the KIPS record.

10335 Pre Hearing and Fair Hearing

DCF fair hearings are governed by the Kansas Administrative Procedure Act, K.S.A. 77-501et seq. APS Specialists shall consult with their regional staff attorney concerning the specifics of hearing strategy and witness presentation.

The APS Specialist requests subpoenas from the Presiding Officer before the deadline established in the Prehearing Order. Normally subpoenas are not necessary for employees of DCF. DCF is responsible for serving subpoenas upon the witnesses and completing the Return of Service form.

The burden of proof is on DCF to support its finding and will present its case first. The appellant has the opportunity to present witnesses and evidence in support of his/her position. DCF may present witnesses in rebuttal to those called by the appellant.

A. Questionnaire

1. Once Office of Administrative Hearings (OAH) has received the appeal summary prepared by the APS Specialist, the assigned hearing officer will set the matter for pre-hearing and send a pre-hearing questionnaire to the APS Specialist.

2. The prehearing questionnaire form will be sent to DCF and the appellant with the notice to send the original to the Presiding Officer with a copy to the opposing party at least one (1) week prior to the date of the prehearing conference. The APS Specialist shall scan a copy of the completed questionnaire into the notes section of the KIPS record.

a. If the perpetrator is not represented by an attorney:

i. The APS Specialist may consult with a regional staff attorney to determine if the case will be handled by a regional staff attorney.

ii. If a regional staff attorney will not handle the appeal, the APS Specialist will prepare the pre-hearing questionnaire. Social worker may consult with agency attorneys regarding wording, etc. on the pre-hearing questionnaire.

iii. The APS Specialist shall contact the key witnesses to determine their availability to be present at the hearing.

b. If the perpetrator is represented by an attorney:

i. The APS Specialist notifies a regional staff attorney immediately and an agency attorney will represent the APS Specialist during the hearing process.

ii. The APS Specialist will send the case file to the regional staff attorney handling the case who will prepare the pre-hearing questionnaire. The assigned attorney may schedule a meeting with the

APS Specialist to discuss the case prior to filing the pre-hearing questionnaire.

iii. The assigned regional staff attorney shall contact the key witnesses to determine their availability to be present at the hearing.

B. Pre-Hearing

The primary purpose of the pre-hearing is to schedule the matter for hearing. If the perpetrator does not appear or contact the Administrative Hearing Officer, the matter can be dismissed at the pre-hearing. The prehearing conference may be conducted by phone.

The APS Specialist should have spoken with all potential witnesses ahead of time to determine possible scheduling conflicts.

At the pre-hearing, the hearing officer will set deadlines for exhibits to be exchanged, additional witnesses to be identified and the date, time and place of the hearing.

C. The Hearing

The Administrative Hearing Officer convenes the hearing on the date, time and place specified in the pre-hearing order. Both parties are given an opportunity to make opening and closing arguments. DCF has the burden of proof and presents the agency evidence through witnesses and exhibits. The perpetrator may cross-examine the agency witnesses. The perpetrator then presents their witnesses and the agency representative is permitted to cross examine. The agency may call rebuttal witnesses.

The hearing officer is required to issue a written decision within thirty (30) days from the date of the hearing. The hearing officer's decision is called an initial order.

10340 Post Fair Hearing Appeals

A. Appeal of Initial Order to State Appeal Committee

The perpetrator or Department for Children and Families, may appeal the decision of the Administrative Hearing Officer to the State Appeals Committee (SAC).

K.A.R 30 – 7– 78 empowers the Secretary to appoint a State Appeals Committee comprised of three (3) impartial persons to review the initial orders entered by the Presiding Officers.

Either DCF or the appellant may petition the State Appeals Committee.The petition for review by the SAC shall be filed within 15 days plus the additional 3 days, if the decision of the hearing officer was mailed. If the filing deadline falls on a weekend, the time to file is extended to the first working day following the weekend. The party appealing bears the cost of having a transcript prepared of the hearing. If an alleged perpetrator appeals to State Appeals Committee and the hearing was handled by the social worker at the original hearing, a regional staff attorney shall be notified immediately to represent the agency.

The decision of the State Appeals Committee constitutes a final order of the agency and may not be appealed by DCF. See PPM 10345 for actions after final order.

B. Appeal of State Appeals Committee Decision to District Court

The alleged perpetrator has 30 days from the date the SAC decision is mailed to them to request a review of the decision by the District Court. By statute, an additional three (3) days for mail delivery time shall be added to the time allowed to file the request.

Only the alleged perpetrator may appeal to District Court. The appeal is docketed in the District Court and the assigned judge will handle the scheduling and briefing of the case.

A decision of the District Court is final after 33 days have passed from the date the decision was mailed to the alleged perpetrator and neither DCF nor the alleged

perpetrator has filed an appeal of the decision to the Kansas Court Appeals. See PPM 10345 for actions after final order.

C. Appeal of District Court of Kansas Decision to Kansas Court of Appeals

Either party, DCF or alleged perpetrator, can appeal the District Court decision to the Kansas Court of Appeals. The appeal must be filed within 33 days from the date the District Court decision was mailed to alleged perpetrator and DCF.

The appeal is docketed in the Clerk of the Appellate Court and the assigned Court of Appeals panel will handle the scheduling and briefing of the case.

A decision of the Kansas Court of Appeals is final after 33 days have passed from the date the decision was mailed to alleged perpetrator and DCF and neither party has filed an appeal of the decision to the Kansas Supreme Court. See PPM 10345 for actions after final order.

D. Appeal from Kansas Court of Appeals to Kansas Supreme Court

Either party can appeal the Kansas Court of Appeals decision to the Kansas Supreme Court. The appeal shall be filed within 33 days from the date the decision of the Kansas Court of Appeals was mailed to alleged perpetrator and other parties. The Kansas Supreme Court will issue a written decision. See PPM 10345 for actions after final order.

10345 Actions Following Final Decision

A decision is final when the time for further appeal has expired or the ruling at the highest level of appeal has been rendered.

1. When the final decision is to reverse the substantiated finding, the APS Specialist shall follow procedure outlined in PPM 10331 (B):

2. When substantiated finding decision is affirmed, the APS Specialist shall:

    a. If applicable, send the PPS 10360 to state regulatory agency through which perpetrator is licensed/registered, if the perpetrator is a licensed, registered, or otherwise authorized service provider in this state.

    b. Document and scan a copy of the final ruling in KIPS.

10400 Accessing Information from the Central Registry

The Secretary of Department for Children and Families (DCF) maintains a registry of substantiated perpetrators of abuse, neglect, exploitation or fiduciary abuse. Substantiated perpetrators on the registry may be prohibited from working or volunteering with children and/or vulnerable adults. Names of substantiated perpetrators cannot be placed on the Adult Protective Services (APS) Central Registry until due process is exhausted.

A. Accessing Information for the Central Registry of Substantiated Perpetrators

The names of individuals listed in the registry are those with a substantiated finding since July 1, 1997.

1. An agency identified in K.S.A. 65-6205 (Community Developmental Disability Organizations, Community Mental Health Center, and Independent Living Centers) which provides services to adults age 18 or above may submit a request for information using PPS 10400. For these agencies the request does not require a signature from the individual for which the inquiry is made.

2. Agencies not identified in K.S.A. 65-6205 may conduct background checks on potential employees using form PPS 10400. This form shall be signed by the person on whom the check is being completed.

3. The Registry is available to any individual who wishes to know if his/her name is on the registry. Individuals may submit a signed PPS 10400 form to learn if their name is on the Adult Abuse Central Registry.

APS Specialist may verify a record for business reasons. The designated staff in the region responsible for placing names on the registry may verify a name per APS Specialist request.

10410 Requests for Expungement

A substantiated perpetrator may apply in writing to the Secretary of the Department for Children and Families (DCF) to have his/her name expunged from the registry when the following conditions are met:

1. Three years have elapsed since the perpetrator's name was entered on the registry, and
2. There has been a change of circumstances or identification of new information, and
3. Twelve months have passed since the last request for expungement has been submitted

The initial request for an expungement hearing shall be made by the perpetrator and sent to the Adult Protective Services (APS) Program Administrator. The APS Program Administrator shall send a questionnaire to the perpetrator to be completed and returned to the APS Program Administrator. When a request is received and three (3) years has not passed, a letter will be sent to the perpetrator indicating they are not yet eligible to request expungement.

If 1-3 above conditions are met, a regional recommendation form will be sent to the APS Regional Assistant Program Administrator to provide input regarding the applicant's request for expungement. All documentation provided will be reviewed by a panel and a hearing held that includes the perpetrator, Regional Office, and PPS Administration Office representatives. A recommendation shall be given to the Secretary regarding the request.

The final decision whether to approve or deny the expungement request is at the discretion of the Secretary. Written notification of the decision shall be sent to the individual requesting expungement.

There is a right to appeal the Secretary's or Director of Institution's decision pursuant to K.S.A. 77-601 et seq.

10411 Retention of Records

To ensure HIPPA compliance, all cases accepted for investigation will be retained six (6) years.

Records are retained or destroyed using the following criteria:

A. Hardcopy files prior to KIPS

1. Retain reports not assigned for further assessment for two (2) years.

2. Retain, indefinitely, all substantiated/confirmed cases with an identified perpetrator. On cases involving self-neglect allegations only, substantiated/confirmed cases may be destroyed after six years if the adult is deceased.

3. Retain cases with an unsubstantiated/unconfirmed finding including guardian/conservator cases, for six (6) years after closure.

4. In situations where there is a question as to whether or not a case should be retained beyond the required timeframe, the supervisor may consult theRegional attorney.

B. KIPS Records
All records in the Kansas Intake/Investigation Protection System (KIPS) shall remain indefinitely.

10500 Providing Services

Assessments for protection needs are ongoing throughout the life of the case. The social worker shall discuss with the involved adult and others, as appropriate, what services, if any, should be offered. The APS Specialist will make referrals for services and document in KIPS notes section.

The APS Specialist shall obtain a release of information (PPS 10210) from the involved adult or the legally responsible party for referral to community services.

When an involved adult is in need of protective services and the APS Specialist has reason to believe the involved adult lacks the capacity to consent, the APS Specialist shall assess whether a petition for appointment of a guardian/conservator shall be filed on behalf of the involved adult. If appropriate, the social worker shall begin the process to secure a guardian/conservator (See PPM Section10600 Guardian/Conservator).

A. Continuum of Interventions

Assessment shall determine appropriate service delivery**.** The APS Specialist shall consider least restrictive options first. If it is unclear what level of assistance the involved adult may need, the APS Specialist may complete the PPS 10610, Decision Making and Functional Assessment: Criteria for Legal Impairment: A Multi-Disciplinary Tool.

The following is a continuum of interventions in order of least restrictive, informal support to most restrictive, full guardianship:

1. Informal community intervention including family, friends, financial assistance such as bill paying, etc. from banks or other;
2. Formal community intervention including but not limited to Home and Community Based Services, Home Health Care or power of attorney if the adult has capacity and there is an appropriate option for health care decisions;
3. Social Security Payee;
4. Voluntary conservatorship;
5. Temporary Guardianship and/or Temporary Conservatorship;
6. Full Guardianship and/or Conservatorship with a plan;
7. Full Guardianship and/or Conservatorship;
8. Full Guardianship and Conservatorship with placement in a treatment facility or nursing facility.

B. Provision of Necessary Protective Services

When needs are identified, services are accepted by the involved adult, and the services cannot be completed prior to the end of the 30 working day investigation period, the APS Specialist shall:

1. Staff with supervisor and document in KIPS notes section, the initiation of service planning;

2. Develop a service plan with the involved adult by the end of the thirty (30) working day investigation period using the APS Service Plan, PPS 10500. If services can be completed during the 30 working day investigation period, a PPS 10500 is not required.

   a. The involved adult may identify family members to assist with tasks.

   b. The APS Specialist may identify appropriate individuals to work with the involved adult, with the consent of the involved adult.

   The service plan shall be signed by the involved adult. If the adult is unable or unwilling to sign due to apparent lack of capacity, the APS Specialist shall document reason in the PPS 10500. If the adult has a guardian, the guardian must consent and sign the service plan on behalf of the incapacitated adult.

   Adult Protective Service Plan (PPS 10500) shall be completed in the Documentation section of KIPS. The signed service plan shall be scanned and attached in KIPS.

   The Service Plan shall be written for no more than 180 calendar days and reviewed with the supervisor every sixty (60) days or sooner if there is a change in the involved adult's situation, to determine if continued services are needed. Documentation of the review shall be in the KIPS record note section. The decision to continue provision of services shall comply with the consent provision of K.S.A. 39-1440.

3. Assist in coordination of service delivery with other DCF staff and/or community agencies including Area Agencies on Aging, Independent Living Centers, Kansas Guardianship program etc.

When a referral is made for Guardian/Conservator, the service case shall remain open while G/C is pursued.

Once the involved adult is no longer in need of protective services, the outcomes identified on the service plan are accomplished, or the adult withdraws consent for

services the service plan shall be closed. Document the reason for closure in the KIPS record note section.

10511 Emergency Admissions to Nursing Facilities

Nursing facilities (NF) are not obligated to admit an adult. If the adult does not have a Guardian/ Conservator in place, s/he must be willing to go to a nursing facility. The purpose of the Emergency Adult Protective Services (APS) Admission to Nursing Facility (PPS 10510) is to assist the nursing facility when admission is occurring without a current Client Assessment, Referral and Evaluation (CARE) assessment in place.

When an adult is in need of emergency admission to a nursing facility and no CARE assessment has been completed by staff of the appropriate Area Agency on Aging (AAA), the APS Specialist may do an emergency admission using the following procedure:

A. Obtain medical consultation, if appropriate.

B. Contact AAA to request and schedule emergency CARE assessment. Provide information regarding the involved adult's condition, if known. Assist with NF admission as needed.

C. Contact the NF to inquire if they will admit the involved adult. If no CARE Assessor is available, inform the NF there is no AAA CARE assessor available. Provide information to the NF regarding the condition of the adult and the reason for the emergency admission request.

D. If the NF agrees to the admission, make arrangements for the admission. If there are others (guardian, family, caretaker, etc.) appropriate and willing to assist with the admission arrangements, involve them.

E. Complete the PPS 10510, and scan a copy into the Notes section of the KIPS record.

F. It is the responsibility of the Nursing Facility to distribute the remainder of the copies, to notify the local AAA of the admission, and to obtain a CARE Assessment for the adult on the next working day.

10512 Adult Emergency Services and Support Funds

The Department for Children and Families (DCF) may provide emergency services to adults who are the subject of an Adult Protective Services (APS) investigation at any point during an investigation.

Medically necessary expenses paid by APS Emergency Support Funds may be allowable against spend down for Medicaid.

A. Emergency Services may be provided when the following conditions are met:

1. Individual must be 18 years of age or older and not in the custody of DCF.
2. Individual resides in the community.
3. There is an open Adult Protective Service investigation.
4. There are no other existing resources to provide the services on an emergency basis.
5. The individual does not have resources, including family and friends readily available.

B. Uniform Expenditure Categories and examples within:

1. Rent: For one-time deposits, rent payment, and emergency temporary lodging (i.e., motel room).
2. Furniture
3. House Repairs
4. Household Items
5. House Cleaning
6. Moving Expenses
7. Bank Records: Fees related to retrieving bank records; costs for copies.
8. Utilities
9. Clothing
10. Food: Includes liquid nutritional supplemental such as Ensure.
11. Transportation (Excluding Car Repairs & Fuel)
12. Car Repairs
13. Fuel for Transportation
14. Medical Care: Includes mental health services.
15. Medications/Prescriptions: Includes over the counter medications.
16. Medical Supplies/Equipment: Includes walkers, canes, wheelchairs, hearing aids, adult diapers.
17. Dental: Includes exams, dentures, repairs.
18. Eye/Vision Care: Includes exams, glasses.

10600 Guardian, Conservatorship, and the Kansas Guardianship Program

During the course of an APS investigation, if the involved adult is in need of protective services and lacks capacity to consent, statute K.S.A. 39-1437 allows for the Secretary of Department for Children and Families (DCF) to make determination to pursue a petition with the district court to appoint the involved adult with a guardian and/or conservator. Depending on the needs of the involved adult, several options for guardian and/or conservatorship are available.

A. Types of Guardianships and Conservatorships

1. Voluntary Conservator – An adult may petition the court to have a voluntary conservator appointed to make financial decisions for him or her.

    a. To sign a petition the proposed conservatee must have the capacity of knowing what s/he is signing.

    b. The proposed conservatee must sign a petition which is filed with the Probate Court.

    c. The conservatee may request the court revoke the conservatorship at any time.

B. Temporary Guardian and/or Conservator – A temporary guardian/conservator may be filed at the same time or after the petition for guardian/conservator. An ex parte hearing is held and at that time a temporary guardian/conservator may be appointed pending the regular hearing. A temporary placement order can be made at the temporary guardianship hearing.

1. Temporary Guardian – A temporary guardian can be appointed when there is an imminent threat to the health or safety of an alleged impaired adult. A petition for temporary guardianship may be necessary if during the pendency of a proceeding, it appears there is imminent danger, that the physical health or safety of the proposed ward will be seriously impaired unless immediate action is taken. The proposed ward, or any adult interested in the welfare of the proposed ward, may petition the court in which the proceeding is pending for the emergency appointment of a guardian.

2. Temporary Conservator – A temporary conservator can be appointed when there is an imminent threat to the financial resources of a person may be depleted unless immediate action is taken.

C. Involuntary Guardian and/or Conservator – Any person may file in the district court in the county of the residence or presence of the proposed ward/conservatee, a verified petition for appointment of a guardian and/or conservator. The following may occur:

1. After the petition is filed, the court will then issue mandatory preliminary orders which will order the time and place of hearing on the petition, no earlier than seven (7) days or later than fourteen (14) days after the filing of the petition.

2. This order appoints an attorney for the proposed ward and/or conservatee and demands a mental evaluation of the proposed ward and/or conservatee be conducted by a psychiatrist, psychologist (PhD), or physician.

3. The law also allows the court to make whatever discretionary orders it deems appropriate. This could include an order for an investigation or home visit by DCF.

4. The court will also require notice be sent to all persons having involvement with the petition.

The Kansas Guardianship Program (KGP) is a partnership of the state of Kansas and trained citizen volunteers charged with assisting adults who have been legally determined to be unable to manage for themselves.

10610 Eligibility for the Kansas Guardianship Program

Adult Protective Services may be involved in the process for filing of a guardianship and/or conservatorship. Eligibility is based on Prevention and Protection Services involvement.

A. APS may be involved with a guardianship/conservator case if one of the following criteria below is met:

   1. An open investigation of abuse, neglect, exploitation or fiduciary abuse; or

   2. An open APS service plan; or,

   3. A youth in DCF custody in need of a guardian/conservator. Refer to PPM Section 10630.

B. To be eligible for the Kansas Guardianship Program (KGP) the potential ward or conservatee shall:

   1. Be an adult; and

   2. Have no appropriate, willing or able family or other individual available to assist the adult; and

3. Be Medicaid eligible or have income of no more than 150% of poverty guidelines or have resources which do not exceed $30,000.00.

10620 Referral to Kansas Guardianship Program (KGP)

Once eligibility has been established for KGP services and the case has been reviewed with the APS supervisor and Regional attorney, the APS Specialist shall complete the APS portion of the PPS 10600 Guardianship Referral/Notification and send to KGP.

When the KGP returns the PPS 10600 to the APS Specialist, a copy shall be forwarded to the Regional attorney for the petition to be filed.

The APS Specialist may assist KGP recruiters in locating volunteers for its program. Information regarding the prospective volunteer shall be sent to KGP, prior to completing the petition. Information shall include the name, address, and telephone number of the prospective volunteer.

The APS Specialist shall continue to assess and provide necessary services during the time in which the adult is waiting for a guardian/conservator to be appointed. The APS Specialist shall complete the PPS 10500 to provide services.

When KGP has made a formal match they send the completed PPS 10600 with the information about the proposed guardian/conservator to the APS Specialist. The APS Specialist forwards a copy to the Regional attorney for filing the petition

If the need is urgent and the volunteer is available before KGP can make a formal match, the APS Specialist shall consult with the supervisor and Regional attorney about referring for petition. If the referral is made using the proposed volunteer, the APS Specialist shall follow up with KGP after the petition to make sure the match is completed and provide necessary services during the time in which the adult is waiting for a guardian to be appointed. The APS Specialist shall complete the PPS 10500 to provide services.

10622 Bonding of Conservators

The Secretary of Department for Children and Families (DCF) is appointed by the court to act as surety on the bond of any conservator providing advocacy services to a conservatee under contract with the Kansas Guardianship Program (KGP). This means:

A. KGP volunteers do not have to provide a surety bond, either paid by themselves or the conservatee.

B. The DCF bond should be large enough to deal adequately with the estate (the law says125% of the liquid assets of the estate) but not over the amount required by law K.S.A. 59-3014(d).

C. Total resources must be included.

D. It may be necessary to write two bonds; one at the time of the hearing when resources may not be known, and one after the inventory has been filed thirty (30) days following the hearing. In some cases, there may be substantial funds in the estate.

E. The DCF surety bond cannot be used unless DCF is the petitioner.

F. The court may waive a bond if there is no property in the estate. However, it is important that there be at least a minimum bond in KGP cases.

In situations where the conservator is a non-KGP volunteer, the court will sometimes allow bonds solely upon the signature of the conservator. This happens when family members are appointed to serve as conservator for a very small estate. In that instance, the individual may sign a signature bond of certain amount.

10630 Guardianship and/or Conservatorship Services for Youth in DCF Custody

The Child Welfare Case Management Provider (CWCMP) shall attempt to identify an appropriate resource for the older youth in DCF custody who will be aging out of custody and require a guardian and/or conservator in adulthood. If an appropriate resource is identified, the CWCMP staff shall pursue the adult guardian and/or conservatorship.

If the CWCMP has not been able to identify a resource, the CWCMP shall consult with DCF Adult Protective Service (APS) staff in the Region where the child was referred to the Child Welfare Case Management Provider, to determine the appropriateness of DCF making a referral to the Kansas Guardianship Program for the appointment of a guardian and/or conservator.

See Section PPM 3240 for additional information.

A. Initial process for referral to APS for guardian and/or conservatorship

1. Prior to the youth turning 18 years of age, the Child Welfare Case Management Provider (CWCMP) shall complete and forward the PPS 10610, Decision-Making and Functional Assessment: Criteria for Legal Impairment to the appropriate DCF Regional APS Assistant Program Administrator (APA).

   The referral shall also include:

   a. A copy of the Child in Need of Care (CINC) Journal entry & CINC case number.
   b. The county in which the youth is in DCF custody.
   c. The current living arrangement and address of the youth, including Foster Parent names.
   d. If known, where the youth will reside after release of DCF custody, and the rationale (or the proposed plan and rationale).
   e. A copy of the youth's transition plan, PPS 3059.
   f. If applicable, any psychological evaluations that have been completed.
   g. The status of Social Security disability determination. Including, any referral information to Kansas Legal Services.
   h. Background information regarding any adults who have been considered as potential Guardians.
   i. Names and contact information for parents, adult siblings, and other relatives who are required to be notified of the guardian and/or conservatorship hearing. This information is required for cases in which parental rights of the youth have not been voluntarily relinquished or terminated by a court.
   j. A copy of the youth's current driver's license or KS ID card.

   In consultation with the regional staff attorney APS shall determine the county in which the guardian/conservatorship appointment will occur. If the county of residence is in another Region and it is determined that the guardian/conservatorship appointment will occur in that county, the APS APA shall forward the referral to the APS APA in the appropriate Region.

2. The APS APA shall forward the referral to the APS Supervisor.

3. The APS Supervisor shall review the PPS 10610 and if appropriate assign a social worker to continue the process for obtaining a guardian and/or

conservator. The APS supervisor shall notify the CWCMP regarding the approval for a referral.

4. If the APS Supervisor is not in agreement with the CWCMP recommendation to pursue guardianship, the APS Supervisor shall assist the CWCMP in locating resources and the CWCMP shall continue with transition planning for the youth.

B. Referral process for Kansas Guardianship Program (KGP)

1. The CWCMP shall complete the PPS 10600 Guardianship/Conservator Referral/Notification when an eligible youth turns 17 years old and forward to the assigned social worker for the APS case. A G/C may not be petitioned for prior to the youth turning 18.

2. The assigned social worker for the APS case shall review the PPS 10600 to ensure necessary information has been included and review with their supervisor.

3. The assigned social worker for the APS case shall forward the PPS 10600 to KGP.

4. If the CWCMP identifies an individual in the youth's life willing and appropriate to serve as the guardian that information may be provided to the supervisor/designee for KGP to follow up with them. If an individual has not been previously identified, the KGP recruiter will begin looking for a volunteer to serve as G/C.

5. The CWCMP shall schedule an appointment for an examination and evaluation to be completed through a general hospital, psychiatric hospital, community mental health center (CMHC), community developmental disability organization (CDDO), or by a private physician, psychiatrist, psychologist or other professional appointed by the court who is qualified to evaluate the proposed ward's or proposed conservatee's alleged impairment (K.S.A. 59-3064).

6. Once a volunteer match has been made, the assigned social worker for the APS case shall forward the PPS 10600 along with any supporting documentation including the Report of Examination and Evaluation to the DCF regional staff attorney.

7. The social worker assigned to the APS case shall attend case planning conferences to plan for the youth's transition from foster care. If the youth will be residing in a different DCF region upon release from the Secretary's custody the receiving region shall participate in the transition planning.

8. After the transition case planning conference is held within 90 days prior to the youth turning 18, the assigned social worker for the APS case shall forward the PPS 10600 along with any supporting documentation including the Report of Examination and Evaluation to the DCF Regional staff attorney to initiate and complete the probate G/C process.

C. Process after a guardian has been appointed

1. When services and funding are in place, the CWCMP shall ask for release of DCF custody.

2. The Child Welfare case shall be closed and a Guardian/Conservator case shall be opened by the Regional attorney.

10640 Procedures Following Appointment of Guardian and/or Conservator

A. Process after Court Appointment

When the court appoints a guardian and/or conservator on behalf of a Kansas Guardianship Program (KGP) eligible recipient, the APS Specialist shall:

1. Obtain two (2) copies of Letters of Guardianship/Conservatorship from the court where the appointment was made.
2. Provide a copy of the Letters of Guardianship/Conservatorship to regional attorney/legal staff who shall scan one (1) copy of the Letters of Guardianship/Conservatorship to KGP.
3. Scan one (1) copy of the Letters of Guardianship/Conservatorship into the notes section of the KIPS record.
4. Review the PPS 10500 Service Plan for any unmet needs. If there are no unmet needs, the APS Specialist may close the service plan.
5. Close the APS guardianship case.

B. Ward Moves to another DCF region

If the APS Specialist receives notification an existing KGP ward/conservatee moves to another DCF region, notify the regional attorney to discuss appropriateness of the need for change in venue.

C. Process if Court Rejects Request for Guardian

If the court does not grant the petition for guardianship, the APS Specialist shall:

1. Notify KGP of the court's decision.
2. Re-assess the social service plan (PPS 10500) to determine any unmet needs still exist for the adult. See PPM 10500.
3. Provide referrals for other services, and assistance as needed and appropriate, or close the service case.

10650 Request for Successor and Termination of Guardian and/or Conservator

A. Request for Successor

A request for a successor guardian and/or conservator may be received on an established guardian/conservator (G/C) case. If a request for a successor is received for a guardianship case with a Kansas Guardianship Program (KGP) volunteer, the social worker shall complete the APS portion of the PPS 10600, indicating a successor is being requested, and send the PPS 10600 to KGP.

B. Restoration to Capacity

The ward/conservatee may petition the court at six (6) months following the appointment of their guardianship and every six (6) months thereafter for restoration of capacity. A petition of the court shall be completed by the ward/conservatee or his or her representative. Such hearings should be encouraged if information from a physician or other knowledgeable individual indicates an improvement in the ward/conservatee's condition or it is determined she/he was not legally disabled at adjudication.

If the court restores capacity to the ward/conservatee, the social worker shall document the change in the Guardianship note type in KIPS and notify a DCF regional attorney.

C. Termination of Guardian and/or Conservator

The guardian/conservator may petition to resign at any time. The resignation shall not take effect until a final accounting has been filed with and approved by the court. If the accounting is approved the court will issue an Order of Discharge.

The guardian/conservator cannot be discharged until:

1. A successor is appointed; or
2. The ward/conservatee is restored to capacity.

If the APS Specialist receives notice of the death of the ward/conservatee, notify the DCF Regional attorney and document the change in the Guardianship note type in KIPS.

10700 Medicaid Fraud and Abuse Division of the Kansas Attorney General's Office

DCF works in cooperation with the Medicaid Fraud and Abuse Division of the Kansas Attorney General's Office, Kansas Department of Health and Environment (KDHE), and Kansas Department for Aging and Disability Services(KDADS) staff to investigate and prosecute complaints of abuse, neglect and financial exploitation of persons in programs and residential care facilities receiving Medicaid and other federal healthcare funds.

A. The APS Specialist shall determine if the allegation of abuse, neglect, exploitation or fiduciary abuse involves:

1. Persons in programs or residential care facilities receiving federal healthcare funds; or
2. The alleged perpetrator is either a provider or an employee of a provider receiving federal healthcare funds; or
3. The setting where the abuse occurred was that of a federally funded healthcare provider.

B. If the allegation involves any one of the three listed above, the APS Specialist shall, in consultation with the Regional attorney:

1. Contact the Medicaid Fraud and Abuse Division of the Kansas Attorney General's Office at 120 SW 10th, Second Fl., Topeka, KS 66612 or call 785.368.6220. The Medicaid Fraud and Abuse Division of the Kansas Attorney General's Office may contact local law enforcement and coordinate assistance with the investigation.

2. Provide a copy of the Kansas Attorney General's Fraud/Abuse Referral Form (Form MFCU – 102) to the Medicaid Fraud and Abuse Division of the Kansas Attorney General's Office. Complete as much of the form as is possible.

3. Provide the Medicaid Fraud and Abuse Division of the Kansas Attorney General's Office with copies of all reports required to be filed with the Department of Health and Human Services with respect to its activities under the Department's regulations, and referrals to the Department of Health and Human Services.

4. Make available to the Medicaid Fraud and Abuse Division of the Kansas Attorney General's Office, upon request, all substantiated findings of adult abuse, neglect, exploitation and fiduciary abuse made to DCF. The substantiated findings include, but are not limited to those made pursuant to K.S.A. 39 – 1401 et seq. DCF shall also provide to the Medicaid Fraud and Abuse Division of the Kansas Attorney General's Office upon request, all assessments prepared by DCF pursuant to K.S.A 39 – 1433(a) (4).

5. Provide a copy to the Medicaid Fraud and Abuse Division of the Kansas Attorney General's Office of all reports submitted to law enforcement from APS regarding alleged criminal activity.

10900 Payment Process for Emergency Services and Support Funds

A. Payment Process

When it is determined the involved adult is in need of emergency services and support funds, the APS Specialist shall:

1. Document in the Kansas Intake/Investigation Protection System (KIPS) record notes section the involved adult does not have funds available for

needed services and no other existing resources are available to the adult.

2. Consult with APS supervisor for approval to utilize emergency services and support funds.
3. Complete the PPS 2833

All approvals shall be documented in the KIPS notes section.

B. Accounting Codes

Complete necessary paperwork. See the Handbook for Client Purchases for guidance. The Program code for APS service requests is 27351 (Speedchart ISD27351). The appropriate expenditure classification~~s~~ (INF45 code) can be found on the instructions for the PPS 2833 Client Purchase Agreement form.