0100 About This Topic

The PPS Policy and Procedure Manual (PPM) contains courses of action approved by the Prevention and Protection Services Division of the Kansas Department for Children and Families staff. The contents of the PPS Policy and Procedure Manual include:

A. Policies which define required or prohibited actions. Policies may contain the following language:

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

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

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, 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.

Any questions or concerns which may arise regarding application of policy or procedures shall be discussed with the supervisor. If staff feel pressured to report information other than what they feel is fair or accurate, they shall contact the supervisor. If questions or concerns persist, the supervisor shall consult with the Regional PPS Program Administrator or Regional DCF Attorney.

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 leadership of an agency contracting with DCF are referred to, a person may be designated (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:

A. 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;

B. 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

C. 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.

Adoptee: A person who is adopted.

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.

Affirmed Perpetrator: Formerly in K.A.R. 30-46-10, affirmed perpetrator means a person who has been determined by the secretary or the secretary's designee, by a preponderance of evidence, to have committed an act of abuse or neglect, regardless of

where the person resides, but has not been substantiated so the affirmed perpetrator's name is not placed on the child abuse and neglect central registry. Affirmed case finding decisions will no longer be made on or after January 1, 2025.

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.

Alleged Perpetrator: The person identified in the initial report or during the investigation as the person suspected of perpetrating an act of abuse or neglect. (K.A.R. 30-46-10) See also Substantiated Perpetrator and Unsubstantiated Perpetrator.

B

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

C

Candidate for Care: A child is determined a candidate for care when any one of the following situations apply:

A. a child or youth who PPS determines is at imminent risk of foster care and out of home placement but can be safe at home with prevention services;

B. a child or youth who exited foster care to adoption or permanent custodianship/ guardianship, or who was reunified with parents is at risk of entering foster care and out of home placement;

C. a child or youth temporarily or permanently residing with a relative or kin caregiver;

D. a child or youth living with parents but needs to be with a relative caregiver with prevention services in place;

E. pregnant and parenting youth in foster care and in an out of home placement.

F. pregnant woman whose child upon birth may be at imminent risk of foster care (reference PPS 2753 , Section E).

G. a child/youth remaining in the home whose siblings are in foster care.

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 (CINC): 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:

A. Has been physically, mentally, or emotionally abused or neglected or sexually abused.

B. Has been abandoned or does not have a known living parent.

C. Is without the care or control necessary for the child's physical, mental, or emotional health.

D. 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.

E. While less than 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.

F. 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.

G. 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.

H. Is not attending school as required by K.S.A. 72-977 or 72-1111, and amendments thereto.

I. 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.

J. Has been placed for care or adoption in violation of the law.

K. 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.

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 KEES. This number is cross referenced with FACTS.

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 which contained data for all children placed in state custody and removed from their home. As of September 13th, 2017, KEES replaced KAECSES for this function.

KanPay

KanPay is a sub-system of KAECSES. This system created an on-line eligibility process for vendor payments. This system was used by PPS for Family Services cases. KanPay was used when the family had no involvement in other assistance programs. Staff began using KEES for this function as of September 13, 2017. KanPay is no longer used by agency staff.

KEES

Kansas Eligibility and Enforcement System is an internet-based system designed for determining eligibility, issuing benefits, collecting data, and developing reports. KEES has replaced the KAECSES and KanPay systems as of September 13, 2017.

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.

Community Corrections Involvement: Supervision by a county operated corrections agency or department of a youth, age 10 and older, who typically scores moderate to high-risk on the risk and needs assessment (i.e. Youth Level of Service/Case Management Inventory (YLS/CMI)), is adjudicated as a Juvenile offender, and is court ordered to Intensive Supervised Probation (ISP).

Continuous Eligibility (CE): The 12-month period of time including the month Medicaid is approved and the following 11-months when Medicaid cannot be discontinued for a youth under the age of 19 for reasons other than state residency, voluntary withdrawal, erroneous approval, and death. CE is renewed each year when a medical review is completed and the youth continues to meet eligibility criteria.

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(g), K.S.A. 38-2206). A CASA may also be appointed under the Juvenile Offender Code or the Domestic Relations Code.

Court Services Involvement: Supervision by a state operated court services agency or department of a youth, age 10 and older, who typically scores low to moderate-risk on the risk and needs assessment (i.e. Youth Level of Service/Case Management Inventory (YLS/CMI)), is adjudicated as a Juvenile offender, and is court ordered to court services probation.

Crossover Youth: A young person, age 10 and older, with any level of concurrent involvement with the child welfare and juvenile justice systems.

A. “Involvement” in the Juvenile Justice system includes, but is not limited to, court-ordered community supervision, Immediate Intervention Programs (IIP), and youth placed in detention and correctional facilities.

B. “Involvement” in child welfare system includes, but is not limited to, out of home placement, or participation in preventative services.

Delineation of involvement related to specific child welfare and juvenile justice programs is for the explicit purpose of collaborative data collection per agreement between DCF, DOC, and OJA.

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)).

Custody of The Kansas Department of Corrections-Community Based Services (KDOC-CBS): a youth, age 10 and older, who is placed at a correctional facility (e.g. Kansas Juvenile Correctional Complex (KJCC)) or who is on Conditional Release or Aftercare from a correctional facility.

D

Dedicated WARDS Account: SSI money received for a youth in custody that is a lump-sum of, at a minimum 6 months accumulated, 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 Facilities include homes and child care providers regulated/licensed by the Department for Children and Families (DCF) Foster Care and Residential Facility Licensing, Kansas Department of Health and Environment or Kansas Department for Aging and Disability Services (KDADS). Facilities may also include homes and providers legally exempt from regulation and homes or providers which are operating as unregulated services.

Facility includes:

A. family foster homes,

B. residential childcare facilities,

C. detention,

D. secure care,

E. attendant care facilities,

F. day care homes or centers.

G. Psychiatric Residential Treatment Facilities (PRTF), licensed by the Kansas Department for Aging and Disability Services (KDADS)

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.

Facility Reports: In facility reports the alleged perpetrator is a foster parent, a minor over the age of 10 in the facility, childcare provider, employee in a facility, or another care giver other than the child's parents.

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.

Family First Prevention Services Act (FFPSA): FFPSA became law February 9, 2018. This law provides Title IV-E federal funds for prevention and limited Title IV-E eligible placements in foster care. The law's focus is foster care prevention services, and when foster care is required, the aim is to encourage placements in family-like settings for children.

Family in Need of Assessment (FINA): Family In Need of Assessment (FINA) assignments are specific family conditions, which do not meet criteria to assign for abuse/ neglect, but are assigned to assess to determine whether services to the child and family are indicated.

The following are FINA sub-types:

A. **Caregiver Substance Use:** Parent/caregiver is using substances and there is an indication the use is impacting parenting capacity or skills.

B. **Caregiver Unable/Unavailable to Provide Care:** Parent/caregiver is not able to care for the child due to the death, incarceration, deployment, etc. of a parent/caregiver and/or there is no other resource available. May include, a parent/caregiver lacking sufficient ability, power, and authority, and without services, deterioration of the children's heath/well-being is likely; and the children are at risk of removal.

C. **Child Substance Use:** Child using substances which negatively impacts the family/ child functioning.

D. **Children with Behavior Problems:** Child's actions/behaviors negatively impacting the family/child functioning (i.e. suicidal, danger to self and/or self-harming behaviors, out of control, sexually acting out, aggressive behaviors, criminal activities, and gang

involvement. Excludes behaviors which meet definitions for Child Substance Use, Less than 10 Committing an Offense, Runaway or Truancy)**.**

E. **Infant Positive for Substances:** An infant (birth to age 1) or the mother of an infant with a positive drug screen, or a medical professional has determined the infant is substance affected or having withdrawal symptoms resulting from prenatal exposure to a legal or illegal substance.

F. **Less than 10 Committing an Offense:** while less than 10 years of age, commits any act which if done by an adult would constitute the commission of a felony or misdemeanor as defined by K.S.A. 2015 Supp. 21-5102, and amendments thereto.

G. **Runaway:** Child is willfully and voluntarily absent from the child's home or placement without the consent of the child's parent or other custodian.

H. **Truancy:** Child is not attending school, as required by K.S.A. 72-977, 72-1111, or 72-1113 and amendments thereto. Excludes home schools registered with the Kansas Department of Education.

Family Meeting: A Family Meeting (FM) is a meeting with parents, family members, supports, service providers, and others who come together to determine the best next steps to improve the child's/family's well-being and functioning.

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 Reports: In family reports the alleged perpetrator is a parent of the child, other adult residing in the home, or a sibling or relative age 10 and older.

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.

Female Genital Mutilation: Defined in Crimes and Punishments Chapter of Kansas Statutes, and may be considered for assignment of physical abuse. Per K.S.A. 21-5431 Female Genital Mutilation is defined as:

A. Knowingly circumcising, excising, or infibulating the whole or any part of the labia majora, labia minora or clitoris of a female under 18 years of age;

B. removing a female under 18 years of age from this state for the purpose of circumcising, excising, or infibulating the whole or any part of the labia majora, labia minora or clitoris of such female; or

C. causing or permitting another to perform the conduct described in subsection (a)(1) or (a)(2) when the person causing or permitting such conduct is the parent, legal guardian or caretaker of the victim.

D. Unless, the procedure is medically necessary pursuant to the order of a Physician, and such procedure is performed by a physician.

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).

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. In addition to licensing requirements, the home must be sponsored by a licensed child placing agency (CPA). The CPA recruits and trains foster parents. The CPA assesses foster parents post training to determine if the foster parents can meet the safety and well-being needs of children placed with them.

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

Host Family: An individual or family who provides temporary care of children through a program created pursuant to the Host Families Act, K.S.A. 38-2401 et.seq. (i.e., Safe Families for Children is an organization with a program created pursuant to the host families act.)

I

Icebreaker: An Icebreaker is a facilitated conversation that provides an opportunity for parents/caregivers and foster parents to meet face-to-face, talk about the needs of the child and share information about themselves and their family routines and traditions. The focus is on the care and well-being of the child.

Identified Adoptive Resource: A family may be considered an identified adoptive resource when they have submitted the Potential Identified Adoptive Resource Application form (PPS5316) to adopt (not necessarily all the supporting documentation).

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.

Independent Assessor: A trained professional or licensed clinician who is not an employee of the agency and is not connected to or affiliated with any placement setting in which children are placed by the agency. Completes assessments to determine when a child should or should not be placed in a Qualified Residential Treatment Program (QRTP).

Independent Living Setting: An out-of-home foster care placement, including a transitional living program (TLP), community integration program (CIP), or a youth living on their own who continues to be supported by a Child Welfare Case Management Provider.

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 Caregiver: An adult who the Secretary has selected for placement of a child in need of care with whom the child or the child's parent already has close emotional ties. K.S.A. 38-2202 (w)

Kinship Navigator Program: A program offering information, referral, and follow-up services to kinship caregivers raising children. The program links the kinship family to needed benefits and services for the family or the children.

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.

Mitigate: To make less severe or alleviate. To mitigate something means to make it less serious.

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

National Electronic Interstate Compact Enterprise (NEICE): A national electronic system for quickly and securely exchanging the data and documents required by the Interstate Compact on the Placement of Children (ICPC) to place children across state lines. With NEICE, a case can be created by a Sending State caseworker and reach the Receiving State caseworker within a day, sometimes within an hour. NEICE allows child welfare workers to communicate and provide timely updates to courts, relevant private service providers, and families awaiting placement.

Non-Abuse/Neglect (Family in Need of Assessment)- NAN (FINA): 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). Non-Abuse/ Neglect (Family in Need of Assessment) definition was replaced by Family in Need of Assessment (FINA) upon system changes July 1, 2018.

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, and every person who is by law liable to maintain, care for or support the child. (K.S.A. 38-2202(u)).

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, SOUL Family Legal Permanency, or APPLA.

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.

Placement Stability Team Decision Making (PS-TDM): a facilitated meeting held for all out of home placement related decisions (except removal, reunification, or adoption) to decide or recommend whether a child in out of home placement can remain in their current placement setting with supports or if a new placement is needed. In the event of a planned positive move, a PS-TDM will support decision making around what services, actions, or resources can be put in place to ensure the move will lead to stability and timely permanency.

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 (PPC)) 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.

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

Q

Qualified Alien – As indicated in the Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) of 1996, the term “qualified alien refers to: An alien who is lawfully admitted for permanent residence under the Immigration and Nationality Act (INA); An alien who is granted asylum under section 208 of the INA; A refugee who is admitted to the U.S. under section 207 of the INA; an alien who is paroled into the U.S. under 212(d)(5) of the INA for a period of at least one year; an alien whose deportation is being withheld under section 243(h) the INA as in effect immediately before April 1, 1997, or section 41(b)(3) of the INA; an alien who is Cuban or Haitian entrant; an alien (or the child of parent) who has been battered or subjected to extreme cruelty in the U.S.

Qualified Residential Treatment Program (QRTP): Title IV-E eligible congregate placement for a child in foster care meeting specific criteria. To serve as a QRTP, the facility must use a trauma-informed treatment model to address the needs of children with serious emotional or behavioral disorders or disturbances. The facility must have the ability to deliver treatment for the child as determined through an independent assessment indicating appropriateness for placement in the facility.

R

Reasonable and Prudent Parenting Standard: 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.

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.

Relative: A person related by blood, marriage, or adoption.

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

Safety Network: A safety network may include family, friends and other natural supports who know about and understand the worries and strengths of the family, and who are actively engaged in the support a family may need to keep a child safe, even after child welfare involvement ends.

Siblings: 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.

Sibling Separation: Separate placement of siblings who are in foster care.

Sibling Split: A decision not in the best interest of siblings to be placed together.

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.

Structured Decision Making (SDM): The Structured Decision Making® (SDM) model for child protection assists agencies and workers in meeting their goals to promote the ongoing safety and well-being of children. This evidence- and research-based system identifies the key points in the life of a child welfare case and uses structured assessments to improve the consistency and validity of each decision. SDM was fully implemented for intake with the Kansas Protection Report Center in August 2019. SDM safety and risk assessments were piloted in December 2019, in four (4) counties (Johnson, Wyandotte, Crawford and Cherokee) in the Kansas City and East DCF Regions.

Substantiated Perpetrator: A person regardless of where the person resides, who has been substantiated by the secretary or designee, by a preponderance of evidence, to have either intentionally committed an act of abuse or neglect or failed or refused to protect a child when a reasonable person would have anticipated that the act of abuse or neglect would result in or create a likelihood of serious harm, injury, or deterioration to the child. The substantiated perpetrator's name is placed on the Kansas Child Abuse and Neglect Central Registry, and the person is thereby prohibited from residing, working, or volunteering in a childcare facility pursuant to K.S.A. 65-516, and amendments thereto. (K.A.R. 30-46-10) See also Alleged Perpetrator and Unsubstantiated Perpetrator.

T

Team Decision Making (TDM): Team Decision Making (TDM) is a meeting with parents, family, community members and others to actively participate in problem solving and decisions about where children can safely live. TDM was implemented in phases across the state beginning in November 2019, with four (4) counties (Johnson, Wyandotte, Crawford and Cherokee) in the Kansas City and East DCF Regions.

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

Trauma-Informed: An organization and treatment framework involving understanding, recognizing, and responding to the effects of all types of trauma. Treatment is in accordance with recognized principles of a trauma-informed approach and trauma-specific interventions to address trauma's consequences and facilitate healing.

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

U

Unsubstantiated Alleged Perpetrator: means a person who has been determined by the secretary or the secretary's designee, by a preponderance of evidence, to have not committed an alleged act of abuse or neglect. (K.A.R. 30-46-10). See also Alleged Perpetrator and Substantiated Perpetrator.

W

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

Web KDHE Request Processor (WKRP): is a system that allows DCF the ability to review names of providers or employees used by other facilities against names in the FACTS Central Registry (CERS) to determine if the provider or employee at the facility is a match to the substantiated person in CERS.

Working Day: A day when the Department is open for business; does not include 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

Kansas Statutes Annotated (K.S.A.) 75-3306, requires the Secretary of DCF to provide a fair hearing for 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 of the Department for Children and Families. Kansas Administrative Regulations (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 K.S.A. 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 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 https://www.oah.ks.gov/.

0240 Conflict of Interest

Conflict of interest is a conflict between the private interests of a client and/or agency employee 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 client.

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.

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.

PPS staff shall notify his/her supervisor when given an assignment with a potential conflict of interest. The supervisor shall, in consultation and concurrence with the Regional PPS Program Administrator, determine whether it is appropriate to continue with the current assignment, or reassign the work to another PPS staff.

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 electronic communication confidentiality shall be maintained, 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 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.

0251 Central Registry Requests

A. Child Abuse and Neglect Information System (CANIS) checks to be completed by the Background Checks Division may include:

    1. General Public Requests
    2. Out of State Requests
    3. Internal DCF Department Requests
    4. DCF Grantee and Provider Requests
    5. Other State of Kansas Agency Requests

B. CANIS checks to be completed by the Local/Regional DCF Office may include:

    1. Assessment activities on a current open case.
    2. Emergency/same day relative/kinship placement during working hours.

C. CANIS checks may be completed by the Child Welfare Case Management Provider (CWCMP) on an emergency or after-hours basis for relative/kinship placement:
    1. After-hours is defined as weekends, holidays and outside of regular, Monday through Friday 8 AM-5 PM business hours.
    2. Emergency is defined as an event which happens suddenly or unexpectedly and needs immediate action to avoid harmful results. An Emergency Placement is the placement of a child or youth in care without the usual planning and/or thorough assessment process having taken place because of the needs to ensure the safety and welfare of the child immediately.

D. CWCMP Staff who conduct an after-hours check shall submit a request via the portal by the following business day for completion of an official background check with Background Stamp, which the CWCMP shall retain in the file.

E. CWCMP Staff who are identified to process these after-hours background checks shall be required to complete an initial and annual training prior to completing any checks. Request for training may be obtained by contacting dcf.centralregistry@ks.gov.

0255 Claire and Lola's Law

Per Claire and Lola's law enacted July 1, 2019, the department shall not initiate proceedings to remove a child from the home of the child's parent or guardian (request PPC or an Order of Protective Custody) or initiate any child protection action (safety planning) or proceeding based solely upon the parent or guardian or the child's lawful possession or use of cannabidiol treatment preparation (K.S.A. 65-6235 (c)).

A. Definitions per K.S.A. 65-6235(b):

1. Cannabidiol treatment preparation means an oil containing cannabidiol (other trade name: 2-[(3-methyl-6-(1-methylethenyl)-2-cyclohexen-1-yl]-5-pentyl-1,3-benzenediol)) and tetrahydrocannabinol, as described in K.S.A. 65-4105, and amendments thereto, and having a tetrahydrocannabinol concentration of no more than 5% relative to the cannabidiol concentration in the preparation, verified through testing by a third-party, independent laboratory.

2. Debilitating medical condition means a medically diagnosed chronic disease or medical condition causing a serious impairment of strength or ability to function, including one that produces seizures, for which the patient is under current and active treatment by a physician licensed to practice medicine and surgery in Kansas.

3. Tetrahydrocannabinol concentration means the combined percentage of tetrahydrocannabinol and its optical isomers, their salts and acids and salts of their acids, reported as free tetrahydrocannabinol on a percent by weight basis.

B. Verification

DCF or provider staff shall request the parent or guardian provide verification of lawful use of cannabidiol treatment preparation per the statute. K.S.A. 21-5706 (d)(3) requires the parent or guardian possess a letter, at all times while the person has possession of the cannabidiol treatment preparation. The letter shall be dated within the preceding 15 months which verifies the person is a patient who can use or possess cannabidiol treatment preparation. The letter shall be on the physician's letterhead and signed by the physician who diagnosed the debilitating medical condition. Such physician shall be licensed to practice medicine and surgery in Kansas.

Upon verification of lawful cannabidiol treatment preparation DCF shall cease any initiation of proceedings to remove a child from the home of the child's parent or guardian (request police protective custody or an order for protective custody). DCF and provider staff shall cease any child protection action (safety planning) or proceeding which is based solely on the cannabidiol treatment preparation. A request for an override of the initial assessment decision per PPM 1700 shall be made when determined the sole reason for DCF involvement is due to lawful cannabidiol treatment preparation and no additional abuse/ neglect, FINA or PWS concerns are present.

0257 Required Notice When an Alleged Perpetrator is an Employee of a DCF Grantee, CWCMP or CPA

The intent of this policy is to ensure DCF grantees and providers have information reasonably necessary to carry out their lawful responsibilities to maintain their personal

safety and the personal safety of individuals in their care, including caring for and protecting a child alleged to be in need of care (K.S.A. 38-2212).

A. Notification Requirements

All intakes, regardless of the assignment decision, meeting both of the following criterion:

1. Involving a child in the custody of the Secretary, AND
2. Involving a grantee/provider/CPA employee

shall be sent to PPS Administration at DCF.AdminStakeholderReports@ks.gov. The email notification shall be sent with the following naming convention in the subject line:

Grantee CMP/CPA Employee Report

The body of the email shall contain at a minimum the date of the report, event #, initial assessment decision, identified employee and agency.

B. Notices Sent by Kansas Protection Report Center (KPRC)

Notice shall be sent by the KPRC at the time of the intake if the information in the report clearly indicates the criterion are met.

C. Notices Sent by PPS

If the intake information did not initially meet A. (1-2) criterion and it is discovered during the assessment the criterion are met, notice shall be sent as soon as possible by the PPS practitioner.

D. DCF PPS Administration

DCF PPS Administration shall notify the appropriate grantee/provider/CPA when a report is received involving a child in the custody of the Secretary and involves an employee of one of the following:

1. DCF Grantee for Family Services, Family First Prevention Services
2. Child Welfare Case Management Provider (CWCMP) for Family Preservation Services, Reintegration/Foster Care/Adoption services
3. Child Placing Agency (CPA)

0260 Child Safety, Placement and Needs Assessment for Human Trafficking/ Commercial Sexual Exploitation of Children (HT/CSEC) Concerns

The Child Welfare Case Management Provider (CWCMP) grantees are responsible to complete the Child Welfare Human Trafficking Immediate Response Assessment. Immediate Response Assessments are made at the request of law enforcement, Juvenile Intake and Assessment Services (JIAS), the court, CWCMP case team, or Special Response Team member who have reason to believe a child has been subjected to an act which would constitute human trafficking or aggravated human trafficking (HT), as defined by K.S.A. 2018 Supp. 21-5426, and amendments thereto, or commercial sexual exploitation of a child (CSEC), as defined by K.S.A. 2018 Supp. 21-6422, and amendments thereto, or the child committed an act which, if committed by an adult, would constitute selling sexual relations, as defined by K.S.A. 2018 Supp. 21-6419.

A. Child Safety, placement, treatment, and service need assessment tools:

1. Child Welfare Human Trafficking Immediate Response Assessment- completed by the CWCMP IRT to assess the immediate safety needs, service, and treatment needs.
2. Child Welfare Human trafficking Court Ordered Assessment-completed by CWCMP IRTupon court request, to assess lasting safety needs, ongoing treatment, service, and treatment needs.
3. CSE-IT- completed in conjunction with the above tools to determine a child's or youth's level of risk for HT.

B. When any law enforcement officer takes into custody any child and reasonably believes the child is a victim of human trafficking, aggravated human trafficking or commercial sexual exploitation of a child; the law enforcement officer shall contact the department for children and families to begin an assessment to determine safety, placement and treatment needs for the child. K.S.A 38-2232(b)(2).

1. Safety- whether HT or CSEC is suspected. Assessing safety includes whether the alleged perpetrator has access to the child the protective capacity of caregivers, and whether there are concerns of self-harm or suicidal ideation.

2. Placement - appropriate placement of the child to ensure safety. This may include a recommendation for Staff Secure Placement per K.S.A. 38-2242 and K.S.A. 65-535 which provides a secure placement promoting a safe and therapeutic environment. Placement could also be in a foster home, kinship placement, or residential placement.

3. Treatment and Service Needs - appropriate services to meet the physical, social, and emotional health needs of the child. This may include immediate medical treatment, substance abuse treatment assessments, and mental health assessments at the time the child is recovered. These services may be recommended and provided for families to support the child remaining in the home

if determined safe or may be provided during the child's stay in a staff secure setting per K.S.A. 65-535.

C. Immediate Assessment - When a Juvenile Intake and Assessment (JIAS) worker, who has conducted the Kansas JIAS HT Screening Instrument, and believes the child to be a victim of CSE/HT shall contact the KPRC and follow prompts to facilitate a DCF IRA. Whether requested by law enforcement or JIAS the CWCMP Immediate Response Team responder will respond to conduct the assessment.

1. The CWCMP IRT worker upon receipt of referral shall contact the reporter by phone, acknowledge the referral, request information about the situation and provide the following:

a. name
b. contact information
c. estimated time of arrival to the assessment location.

2. CWCMP IRT staff shall respond and complete the IRA within:

a. Four (4) hours if in Judicial Districts 12, 15, 16, 17, 20, 23, 25
b. Two (2) in all other Judicial Districts
c. Virtually, if inclement weather or other circumstances make travel difficult. Virtual assessments are only to be used in limited circumstances as determined appropriate by the team leader or supervisor.

D. Any Kansas law enforcement officer who places a child into Police Protective Custody (PPC) and believes the child is a victim of human trafficking, aggravated human trafficking, or commercial sexual exploitation, whether in the custody of the Secretary or not, shall contact the Kansas Protection Reporting Center (KPRC) at 1-800-922-5330 and follow the prompts to facilitate a DCF Immediate Response Assessment (IRA) to determine safety, placement and treatment needs (KSA 38-2232(b)(2). A Juvenile Intake and Assessment (JIAS) worker, who has conducted the Kansas JIAS HT Screening Instrument, and believes the child to be a victim of CSE/HT shall contact the KPRC and follow prompts to facilitate a DCF IRA. Whether requested by law enforcement or JIAS the CWCMP Immediate Response Team responder will respond to conduct the assessment.

1. The CWCMP IRT worker shall request an update from the referrer immediately prior to conducting the assessment.

2. After the assessment is completed the CWCMP IRT worker shall provide the front page of the assessment to the referral source and discuss:

a. IRA results;
b. observations during the IRA;
c. placement options for the victim.

3. Final assessments shall be typed and entered into the CWCMP CSE-IT online system.

4. Send a copy of the final assessment to the Human Trafficking Program Manager DCF.SpecialResponseTeam@ks.gov

E. The court requested CPSN Assessment occurs anytime the court requests the assessment for a child in the custody of the Secretary pursuant K.S.A 38-2287(a). Upon request, a member of the CWCMP Immediate Response Team shall respond within 10 calendar days to complete the CPSN Assessment using the DCF Child Welfare Human

Trafficking Court Ordered Assessment/CSE-IT Tool. Upon completion, a summary of the assessment results and appropriate recommendation(s) shall be provided to the Court.

1. In the field, written assessments are acceptable. The final assessment needs to be typed before being submitted.
2. Once the final assessment is completed the information needs to be entered into the CWCMP CSE-IT Online account.
3. Send a copy of the final assessment to the Human Trafficking Program Manager to DCF.SpecialResponseTeam@ks.gov

F. Case workers, case team, or a member of the Special Response Team (SRT) may request their agency conduct an assessment using the Child Welfare Human Trafficking Immediate Response Assessment/CSE-IT Tool.

1. The request will be made to the supervisor of the CWCMP IRT.
2. In the field, written assessments are acceptable. The final assessment needs to be typed before being submitted.
3. Once the final assessment is completed the information needs to be entered into the CWCMP CSE-IT Online account.
4. Send a copy of the final assessment to the Human Trafficking Program Manager at DCF.SpecialResponseTeam@ks.gov

0270 Court Orders, Subpoenas and Testifying in Court

Staff shall comply with court orders. If the order appears to exceed statutory authority or requires actions beyond the agency's ability to perform, a referral shall be made to the regional attorney for guidance and any necessary action.

When served with subpoenas or other court orders to produce records and/or testify in court concerning confidential information per K.S.A. 38-2209 et seq. and K.S.A. 39-790b, staff shall:

1. Notify the regional attorney immediately.
2. 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.

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.

0291 Physical Restraint

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2. Time out may take place away from the area of activity or from other residents.
3. Staff shall monitor the resident while he or she is in time out.

0293 Emergency Safety Intervention

The use of emergency safety interventions shall 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 located on the PPS website.

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.

0309 Public Records

Pursuant to the Kansas Open Records Act (K.S.A. 45-215 et seq.) it is DCF 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 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, Records Custodian, Office of General Counsel, 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. The DCF Regional Attorney shall provide to General Counsel for review prior to disclosure of any information.

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.

0313 Request for Adoption Records and Searches

KSA 59-2135 requires the district court to send certain information to the DCF. DCF is required to maintain copies of this information and cannot release this information unless allowed by KSA 59-2122. These records are preserved in the PPS Adoption Records Archive Imaging system.

A. Adoption Records Request

1. Parties authorized, without a court order, by KSA 59-2122 to receive adoption records:

a. The party filing for adoption or termination and their attorney.

b. An adoptee who has reached the age of majority.

c. Representatives of the Kansas Department for Children and Families (DCF)

d. Kansas Office of the Disciplinary Administrator who oversees attorney discipline.

e. The Commission on Judicial Qualifications.

2. Fee for Records: DCF may charge fees for copies of case record materials as specified in Kansas Administrative Regulation (K.A.R. 30-2-12).

3. Process for requesting records.

a. Required Documents and forms

i. PPS 0330 Adult Adoptee Requesting Copy of Adoption Record

ii. PPS 0350 Authorization to Release information.

iii. Photocopy of birth certificate, current driver's license or Government issued ID.

b. Return Completed Forms to DCF through one of the following methods:

i. Email

a. DCF.KSADPSearch@ks.gov

ii. Mail to Prevention and Protection Services (PPS)

a. 555 S. Kansas Ave., 4th floor, Topeka, KS 66603

4. Upon receiving a request, DCF shall:

a. Search the PPS Adoption Record Archive Imaging system and provide copies of the following documents, if available:

i. Original Birth certificate, citizenship documents, or both

ii. Social Security Card or verification of social security number

iii. Social history

iv. PPS 5340 Medical and Genetic Information for Child

v. Permanency plans

vi. School records

vii. Miscellaneous: Newspaper articles, letters or correspondence addressed to the adoptee, awards, or pictures

viii. Decree of adoption

b. Redact the following information:

i. Names, addresses, and contact details:

a. Extended family members or close associates of the resource parents.

b. The primary resource parents but also other adults and children living in the home.

c. Other children or youth in the resource home, including foster children, adoptive children, and biological children.

d. Babysitters, respite care providers, or any other individuals who provide care or services to the children.

e. Other individuals with an expectation of privacy.

c. DCF shall not release the following information:

i. Adoptive names and addresses of birth siblings, if 18 years of age or older, without their written permission.

ii. Adoptive names and addresses of birth siblings, if under 18 years of age.

iii. Copies or third-party information or reports without written permission from the author. DCF will provide:

a. Information from individuals and agencies with whom DCF has an award for services.

b. The name of the agency or person providing services and any available information regarding how an adult adoptee may obtain third party information.

5. Request for official copy original Birth Certificate (pre-adoption): Contact the Office of Vital Statistics

B. Requesting Contact with Birth Parent, Birth Sibling, or Adult Adoptee

1. KSA 59-2122 authorizes DCF to coordinate contact between adoptive parents of a minor adoptee, birth or genetic parents, adult adoptees, and legal guardians. DCF is not authorized to share identity or contact information without written permission from the person whose information is being shared.

a. DCF may contact the adoptive parents of a minor adoptee at the request of the birth or genetic parents in the event of a health or medical need.

b. DCF may contact the birth or genetic parents of a minor adoptee at the request of the adoptive parents in the event of a health or medical need.

c. DCF may contact the birth or genetic parents of an adult adoptee at the request of the adult adoptee for any reason.

d. DCF may contact an adult adoptee at the request of the birth or genetic parents for any reason.

e. The legal guardian of an adopted adult may be substituted for the adopted adult in any of the above.

2. Requirements for adult adoptee searching for siblings.

a. DCF cannot provide contact information for siblings if the sibling is under 18 years of age.

3. Requesting Contact and Search Process

a) Required documents and forms:

i. One of the following:

a. PPS 0335 Birth Parent Requesting Search or Contact with Adult Adoptee, or

b. PPS 0340 Adult Adoptee Requesting Search/Contact

ii. PPS 0350 Authorization to Release information.

iii. Photocopy of birth certificate or current driver's license/government issued ID

b) Return completed forms to DCF through one of the following methods:

i. Email

a. DCF.KSADPSearch@ks.gov

ii. Mail to Prevention and Protection Services (PPS)

a. 555 S. Kansas Ave., 4th floor, Topeka, KS 66603

c) Upon receiving a request, DCF shall:

i. Initial search efforts will occur for one year from receipt of request. Subsequent search efforts will occur every 5 years from the date of request.

ii. If the requested individuals are located. DCF will request a release of information from the located individuals. Without a release no information will be released. If a release is received, authorized information is sent to the requestor.

iii. DCF will save a copy of the request for contact in the adoption record.

0314 Request for Guardianship, Custodianship, and Foster Care Records

K.S.A. 38-2209 establishes the confidentiality requirements for child in need of care records. To protect the privacy of children involved in such records or reports, these records are kept confidential and are only disclosed as allowed by K.S.A. 38-2210 through K.S.A. 38-2213.

Fee for Records: DCF may charge fees for copies of case record materials as specified in Kansas Administrative Regulation (K.A.R. 30-2-12).
A. Request for guardianship, custodianship, or foster care records:

1 Process for requesting records:

a. The following documents and forms are required:

i. PPS 0332 - Adult Former Foster Child Requesting Case File Information

ii. Photocopy of birth certificate or current driver's license or government issued ID

b. Return Forms to DCF

i. Mail to: Attention: Records Custodian
Kansas Department for Children and Families
Office of the General Counsel (OGC)
555 S. Kansas Avenue, 6th Floor
Topeka, KS 66603

2. Upon receiving a request, OGC shall:

a. Refer the request to the appropriate region.

3. Upon regional staff receiving a request, DCF shall complete the process outlined below, and consult with the regional attorney, as needed:

a. Search the PPS Adoption Record Archive Imaging system and provide copies of the following documents, if available:

i. Original birth certificate, citizenship documents, or both

ii. Social Security Card or verification of social security number

iii. Social history

iv. PPS 5340 Medical and Genetic Information for Child

v. Permanency plans

vi. School records

vii. Miscellaneous: Newspaper articles, letters/correspondence addressed to the foster child, awards, or pictures. (If items were not provided upon release)

viii. Independent Living files, as outlined in PPS 0430, section 11.

b. Redact all information identifying resource parents and other individuals listed in case information in a non-professional capacity:

i. Names, addresses, and contact details:

a. Extended family members or close associates of the resource parents.

b. The primary resource parents but also other adults and children living in the home.

c. Other children or youth in the resource home, including foster children, adoptive children, and biological children.

d. Babysitters, respite care providers, or any other individuals who provide care or services to the children.

4. The regional attorney shall review all documents prior to sending to Records Custodian to provide to the requesting person.

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:

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

0317 General Procedures Regarding Disclosure of Confidential Information

1. 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.
2. Prior to disclosure:
    1. Obtain required release of information or consent to disclose the information, when applicable.
    2. Consider the best interest of the child and the privacy concerns for those involved when releasing information.
    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, to 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 an individual if there is a reasonable basis to believe the information can be used to identify the individual.
3. 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.HIPAA Permitted Uses and Disclosures

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).
8. 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 Opening A Case

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

A. A report is assigned for further 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. Children within the family who are in the Secretary's custody placed out of home shall have their own individual file.

0420 Documentation

All case activities for all case types and all programs shall be documented. 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, on PPS forms or appendices, and Child Welfare Case Management Providers' (CWCMP) or Community Family Service Providers' (CFSP) forms. 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 including, but not limited to, all observations and interactions seen, heard, smelled and/or touched.

4. Document all case activities, including, but not limited to, phone calls, text messages, emails, correspondence sent or received and in-person contacts.

5. Document relevant facts and observations supporting decisions/conclusions.

6. Document decisions and/or actions taken. Include the basis for each decision and/or action taken, or explain the reason no action was taken.

C. 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 the appropriate form(s) 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 shall not be erased or covered with whiteout, felt tip-markers, etc.

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

A. PPS Assessment & Prevention, Family Services, Family First Prevention 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

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

4. PPS 2019 Mapping Conversation Notes

5. Appendix 2N My Three Houses

6.Appendix 2O Fairy Wizard Template

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

3. PPS Forms

    a. PPS 0100 Authorization for Release of Confidential Information
    b. PPS 5123 Consent to Medical Care (Parent)
    c. PPS 5124 Consent to Medical Care (Supervisor)
    d. 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. Subsequent reports (PPS 1000, 1001, 1001A and 1002) on open case per PPM 2070, 4013 or 5122.
8. PPS 2000 - Request to Interview a Child at School
9. PPS 2001- Parental Consent to interview child at school
10. PPS 2003 or PPS 2021 Immediate Safety Plan (November 2019 through November 2020 Structured Decision Making (SDM) Immediate Safety Plan in pilot counties)
11. PPS 2005 – UNCOPE
12. PPS 2007- Plan of Safe Care
13. PPS 2011 - Case Findings
14. PPS 2012 - Notice of Department Finding
15. PPS 2015 - Infant-Toddler Referral
16. PPS 2017- Notification of Substantiated Case Finding
17. PPS 2018- Review of Repeat Maltreatment in Six Months
18. PPS 2025- Agency Response (Facility and Third-Party Response) (Utilized on events assigned prior to July 1, 2017)
19. PPS 2030A - Agency Response (Family Based Assessment) (Utilized on events assigned prior to July 1, 2017)
20. PPS 2030B - Safety Assessment (Discontinued January 2021.In pilot counties Structured Decision Making (SDM) Safety Assessment was used instead of the PPS 2030B from November 2019 through November 2020)
21. PPS 2030C - Risk Assessment (short form) (Discontinued January 2021)
22. PPS 2030D - Risk Assessment (Discontinued January 2021. In pilot counties Structured Decision Making (SDM) Risk Assessment was used instead of the PPS 2030D from November 2019 through November 2020)
23. PPS 2030E - Child in Need of Care - Non-Abuse/ Neglect Assessment (Beginning November 2019 only the persons contacted screen is required)
24. PPS 2030F - Family Based Assessment Summary
25. PPS 1006 - Report of Unexcused School Absences
26. Emergency Shelter Referrals
27. Team Decision Making (TDM) Summary

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 3005- Case Transfer Summary
4. PPS 5140 - Educational Advocate Referral Form
5. PPS 3050 - Family Case Plan
6. PPS 3050A- Family Service/ Family Preservation Candidacy for Care
7. PPS 3051 - Permanency Plan
8. PPS 3052 - Administrative Requirements
9. PPS 3054 - Visitation Schedule
10. PPS 3055 - Permanency Plan Review

11. PPS 3056 - Permanency Plan Desk Review
12. PPS 3057 - Service and Codes
13. PPS 3057A – Independent Living Service Descriptions
14. PPS 3058 – Permanency Plan Checklist
15. PPS 4005- Family Service Case Status
16. PPS 4010- In-Home Family Services Supervision Consultation Log (DCF Family Services Case)
17. Behavior Contract
18. Consultation notes
19. Service Provider Reports
20. Court Service Officer Reports
21. Law Enforcement Reports
22. Medical and Dental assessments, evaluations, and service records
23. Mental/Behavioral Health

F. Section 5: Contracted Services

1. PPS 4005 - Family Service Case Status
2. PPS 4010 In-Home Family Services Supervisor Consultation Log (Community Family Services Provider Case)
3. PPS 4200 Family Preservation Referral and Transmittal Sheet
4. PPS 4205 Family Preservation Acknowledgement of Referral/Change/Closure
5. PPS 4250 Family Preservation Lack of Contact Notification
6. PPS 4255 Family Preservation Transfer Case
7. PPS 4260 Request for Retraction
8. PPS 4311 Family First Services Prevention Plan and Referral Status Form
9. Foster Care Referral

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
4. PPS 9200 ICPC Acknowledgement and Updates

H. Section 7: Eligibility and Financial Planning

1. Social Security Eligibility Packet

    a. All correspondence with Social Security Administration.
    b. Appendix 5U - Disability Determination Referral to Kansas Legal Services

2. Additional Information Packet:

    a. ADM 3465 - Invoice and Timesheet: Purchase of Service.
    b. Client Service Agreements
    c. Flex Funds requests
    d. Receipts for goods or services
    e. Other eligibility or financial information

I. Section 8: Miscellaneous

1. Correspondence (Other than reports or evaluations in letter format. Correspondence may optionally be kept in a separate folder within the miscellaneous section.)

2. Newspaper articles

3. The following items shall be placed in an envelope and attached to the back, right side of the folder:

a. Birth Certificates
b. Social Security Card or verification of social security number
c. Copy of Insurance Cards
d. Photographs/Electronic media

4. FACTS Printouts

J. 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 labeled sections:

Section 1: Logs and 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: 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 or documents used. 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 - Interaction/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) (Utilized on events assigned prior to July 1, 2017)

4 PPS 2030B - Safety Assessment
5. PPS 2030C - Risk Assessment (short form)
6. PPS 2030D - Risk Assessment
7. PPS 2030E - Non-Abuse/ Neglect Assessment (Family in Need of Assessment)
8. PPS 2030F - Family Based Assessment Summary
9. PPS 5110 - Initial Referral to Out of Home Service Provider for Child in DCF Custody
10. PPS 5110A - Initial Referral to Out of Home Placement Provider for Child in DCF Custody-Consideration of Relative Placement and Additional Information
11. PPS 5120 - RE/FC/AD Acknowledgement of Referral Notification of Move/ Placement/Change
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. 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. Permanent custodianship
i. Adoption Decree
j. Court order releasing child from DCF custody/jurisdiction of the court

3. PPS Forms:

a. Appendix 5J - Relinquishment of Minor Child to the Agency
b. PPS 3003 - Court Report

E. Section 4: Incident/Investigative Reports

1. Provider Critical Events
2. PPS 0550 Critical Incident
3. Law Enforcement Reports
4. Child Abuse/Neglect Reports
5. Subsequent reports (PPS 1000, 1001, 1001A and 1002) on open case per PPM 5212.
6. Safety Plans

F. Section 5: Case Planning

1. PPS 3005 - Case Transfer Summary
2. 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 3059A - My Plan for Successful Adulthood or PPS 3059B - My Adult Services Plan
11. PPS3059C - My Exit Plan
12. Case Plan Invites
13. Case Plan Waivers
14. PPS 3070 Aftercare Contact Agreement
15. PPS 3071 Aftercare Monthly Report
16. Social History
17. Genogram
18. Ecomap
19. 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
4. PPS 5120 - RE/FC/AD Acknowledgement Notification of Move/Placement/Change

a. Placement Agreements
b. Placement Reports
c. Placement Disruption Reports
d. Placement Discharge Summaries
e. Appendix 5K APPLA Commitment Agreement
f. Appendix 5L Custodianship Commitment Agreement

5. PPS 9110 - ICAMA Form 6.01, Notice of Medicaid Eligibility/Case Activation
6. PPS 9115 - ICAMA Form 6.02, Notice of Action
7. PPS 9120 - ICAMA Form 6.03, Report of Change in Child/Family Status
8. PPS 9130 - Interstate Compact Placement Request (100A)
9. PPS 9140 - Interstate Compact Financial/Medical Plan If Child is Placed Out-of-State
10. PPS 9100 - Case Manager Statement
11. PPS 9135 - ICPC Report on Child's Placement Status (100B)
12. Appendix 9G – ICPC Regulation 7 Expedited Placement
13. PPS 9145- ICPC - Priority Home Study Request
14. 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: Behavioral Health, Drug & Alcohol Screenings

1. Evaluations
2. Referrals
3. Treatment Plans
4. 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 Referral for Education Advocate
6. Appendix 5H Consent for Release of Information
7. Appendix 5Q Authorization for Disclose Information, Including Individual Identifiable Health Information (IIHI)
8. PPS 5254 Best Interest Determination Summary and Educational Enrollment Information for School Placement Form

K. Section 10: Adoption

1. Individual Recruitment Plan
2. PPS 5310 Adoption Exchange Information
3. PPS 5315 Adoption Exchange Case Status Update

4. PPS 5318 Family Assessment and Preparation Study (for the family approved to adopt the child)
5. PPS 5318A Adoptive Family Budget (for the family approved to adopt the child)
6. PPS 5330 Prediction Path
7. PPS 5341 Best Interest Staffing Recommendation Authorization
8. PPS 5343 Adoption Placement Agreement
9. PPS 5350 Agency Consent to Adoption of Minor Child (Committed) and/or
10. PPS 5355 Agency Consent to Adoption of Minor Child (Relinquished) and/or
11. PPS 5360 Agency Consent to Adoption of Minor Child (Committed and Relinquished)
12. Best Interest Staffing documents
13. Adoption process documents
14. Sibling split/separation documentation
15. Child specific recruitment information

L. Section 11: Independent Living

1. Casey Life Skills Assessment or PPS 7030 Self-Sufficiency Matrix
2. Final version of PPS 3059A My Plan for Successful Adulthood or PPS 3059B My Adult Services Plan
3. Final version of PPS 3059C My Exit Plan
4. PPS 7000 Self Sufficiency Plan
5. PPS 7000A Independent Living Monthly Budget Plan
6. PPS 7001 Education and Training Voucher Program Plan and SOUL Post-Secondary/Certified Training
7. PPS 7210 Independent Living Subsidy Payment Unit Notification
8. PPS 7260 Application for Foster Child Education Assistance Program
9. PPS 7300 Independent Living Program Violation Notice-Case Determination
10. PPS 2833 Client Purchase Agreement
11. Employment and Post-Secondary Education Records
12. PPS 1010 Social Service Case Activity Log for the Self-Sufficiency case including emails and 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

1. Foster Care IV-E Eligibility Documents

Prior to August 2017, Eligibility Specialists created and maintained paper files. As of August 2017, Eligibility Specialists maintain electronic eligibility files in the Kansas Eligibility Enforcement System (KEES). All documents used to determine IV-E eligibility and ongoing IV-E eligibility are imaged to the KEES case in the Perceptive Content imaging system. The following documents of record for IV-E eligibility shall be imaged when available to support the initial eligibility determination, ongoing eligibility and court documents:

a. Initial Eligibility Documents

i. Foster Care Referral
ii. PPS 5410A
iii. PPS 5410B
iv. KEES Case Summary Page
v. PPS 1000
vi. KDOL – Wages
vii. KDOL - UI
vii. COMN CSS screen
vix. COLL CSS screen
x. LCDA CSS screen
xi. Kansas Payment Center screens
xii. PPS 5120 – initial placement acknowledgment
xiii. Any correspondence or other documents that support the initial determination.

b. Citizenship Documents

i. Birth Certificate
ii. TPQY Snip

c. Court Documents

i. Affidavit/Application for CINC Petition
ii. Petition/Complaint
iii. Initial Court Order removing child from the home
iv. Journal Entries showing ongoing custody
v. Permanency Hearings
vi. Parental Rights Termination

d. Ongoing Eligibility Documents

i. Acknowledgements of Placement Changes
ii. FACTS Face Sheet
iii. Image of foster care license for IV-E eligible cases to verify the placement meets IV-E criteria for Payment. The first image after the Acknowledgement (PPS 5120) verifies license status when the child entered the placement. A copy of the license is to be printed annually while child remains in the same placement and again after the child leaves the placement. This document verifies that the placement met the eligibility criteria for all dates child was in the placement.

e. Miscellaneous Documents

i. School attendance verifications
ii. Other miscellaneous items
iii. FACTS face sheets from past reviews
iv. Any other information which supports ongoing eligibility

2. Social Security Eligibility Documents

a. All correspondence with Social Security Administration.

3. Permanent Custodianship Eligibility Documents

a. PPS 6160 – Permanent Custodian Subsidy Agreement
b. PPS 6155 – Referral for Payment: Permanent Custodianship Subsidy
c. PPS 6150 – Request for Permanent Custodianship Subsidy
d. PPS 6165 – Permanent Custodianship Annual Report
e. PPS 6170 – Permanent Custodianship Change in Status

4. Adoption Subsidy Eligibility Documents

Place a copy of all documentation required for the determination of adoption assistance in a separate adoption assistance folder in the imaged file and in the child's permanent case file.

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

a. PPS 6115 - Eligibility for Adoption Assistance
b. A copy of the adoption petition; and the PRT Journal Entry or voluntary relinquishment
c. PPS 6110 - Referral for Adoption Assistance
d. The Adoption Placement Agreement
e. PPS 6130 - Adoption Assistance Agreement
f. The child's social history or case planning documentation related to the determination of the child's needs
g. The family assessment of the adoptive family
h. 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
i. All foster care eligibility determination documentation
j. Documentation of eligibility or receipt of SSI
k. HCBS Waiver Information Packet, if applicable
l. Adoption decree
m. Disability documentation from a physician, hospital, clinic or other qualified licensed medical or professional practitioner of the youth's physical or mental disability
n. PPS 6135 Adoption Assistance Review
o. PPS 1010 and documentation of the negotiation process
p. Documentation from post adoption requests

5. SOUL Family Permanency Eligibility Documents

a. PPS 6186 SOUL Family Legal Permanency AFCARS Data
b. PPS 6300 SOUL Family Legal Permanency Monthly Subsidy Checklist
c. PPS 6301 SOUL Family Legal Permanency Referral for Payment
d. PPS 6302 SOUL Family Legal Permanency Subsidy Agreement
e. PPS 6315 SOUL Family Legal Permanency Annual Review
f. PPS 6320 SOUL Family Legal Permanency Change in Status Form

O. Child Welfare Case Management Provider Case Records

Cases referred to the Child Welfare Case Management Provider (CWCMP) 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 CWCMP shall use the same format for case record organization.

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.

0440 Retention of Records

Prevention and Protection Services is responsible for retaining case records meeting certain requirements. Records are retained in the DCF regions unless requirements for archiving per PPM 0441 are met.

A. The following records shall be retained in the DCF regions:

1. All cases accepted for investigation of alleged child abuse and/or neglect.
    a. Effective January 1, 2019, all cases accepted for investigation of alleged child abuse and/or neglect shall be retained indefinitely. The records are retained at the regional DCF office until Business Technology Career Opportunities (BTCO) notifies the regional DCF office to send the case files for scanning into the Abuse and Neglect Archive Imaging (ABNG) Documentum application. See PPM 0441 Archiving and Storage of Records for additional information.

    b. Before January 1, 2019, DCF Records of cases accepted for investigation or services which were unsubstantiated were retained for six years following case closure.

2. Family Preservation

3. Family Services

4. Foster Care (Refer to PPM 0313 and 0314)
    a. Effective January 1, 2025, case records outlined in PPM 0441 shall be stored permanently in PPS Adoption Record Archive Imaging. The records are retained at the regional DCF office until Business Technology Career Opportunities (BTCO) notifies the regional DCF office to send the case files for scanning into the PPS Adoption Record Archive Imaging Documentum application. See PPM 0441 Archiving and Storage of Records for additional information.

    b. Before January 1, 2025, Foster Care cases which were not eligible for archiving (parental rights have not been terminated) were maintained in the regional service centers. These files were destroyed when all four of the following criteria are met:

i. Age - child reaches 21 years of age, and

ii. Length of time closed - the case has been closed for at least 72 months., and

iii. The case is unrelated to a child death. Per PPM 0441, all cases records, including siblings and family members, which involve a child death are excluded and shall not be destroyed.

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

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

vi. All case records, including siblings and family members, which involve a child's death shall not be destroyed, regardless of the case-finding decision.

5. Foster Care Eligibility

6. Permanent Custodianship

7. Independent Living Subsidy

8. Adoption Assistance (until case closure–then sent to the Records Center for scanning)

9. Outgoing Interstate Compact on the Placement of Children (ICPC) cases shall be maintained in the child's case file and follow the foster care criteria for retention and archive.

B. The following records shall be retained outside the regional offices:

1. All Kansas incoming and outgoing ICPC cases are stored in the National Interstate Compact Enterprise (NIECE).

The Documentum application is the database of record for cases never to be destroyed. Refer to PPM 0441, Archiving and Storage of Records, for additional information.

0441 Archiving and Storage of Records

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Prevention and Protection Services (PPS) is responsible for archiving and storage of case files which are never to be destroyed. The Documentum application is the database of record for files-never to be destroyed. PPS has two Documentum applications for archiving records: PPS Adoption Record Archive Imaging and Abuse and Neglect Archive Imaging (ABNG).

Records archived within Documentum may be used by PPS staff to support case decisions and provide relevant history in current situations.

A. The PPS Adoption Record Archive Imaging contains:

1. Adoptions finalized in Kansas

2. Guardianships and Custodianships finalized in Kansas, for youth who were in the custody of the Secretary at the time of finalization.

3. A deceased child's records and all records of their siblings and family members.

4. Foster Care File

B. Abuse and Neglect Archive Imaging (ABNG)

1. All investigations accepted for investigation of alleged abuse and/or neglect are scanned by Business Technology Career Opportunity (BTCO) and archived in the ABNG Documentum application.

C. Archive Process:

1. Each region shall designate a Records or Archive Liaison to ensure records meeting requirements for archiving are prepared and shipped.
    a. For Abuse and Neglect files, these are scanned by BTCO and archived in the ABNG Documentum application.
    b. For Foster Care and Adoption Files, these are scanned by the DCF Records Center staff and archived in the PPS Adoption Record Archive Imaging Documentum application.
2. The DCF Regional Records or Archive Liaison ensures the following information, when included in the file, is sent for archival in Documentum:
    a. Social histories;

    b. SSI related documents

    c. School Record

    d. PPS 5340 Medical and Genetic Information for Child;

    e. Medical, dental, and hospital records

    f. Psychological reports and/or evaluations

    g. Legal documents and reports to the court

    h. Reports prepared by the Child Welfare Case Management Providers

    i. Reports prepared by resource parents or facility staff

    j. Case logs

    k. Pictures, letters from family, keepsakes, (if not already provided to the child).

    l. Case planning documents

    m. Financial Records to include:

        i. Title IV-E Eligibility;

ii. Subsidy records for Permanent Custodianship, Independent Living, Adoption Assistance, and SOUL Family Legal Permanency;

iii. any other financial document(s) pertinent to the child's historical record.

n. Initial Intake and Assessment Reports

o. Any additional records, reports, or documents pertinent to the child's historical record.

p. Copies of Birth Certificate, and Social Security Card, Originals shall be provided to child upon release of custody.

3. The following actions shall be completed by Regional Records or~~/~~ Archive Liaison prior to sending the child's file to the Records Center or BTCO for scanning:

a. DCF and Provider files for the child are merged;

b. Duplicate information within the merged file is removed and destroyed;

c. Electronically held information, or other information not already in the file, is added;

4. Case File and Box Preparation:

a. Preparation of Case File

i. Tape torn pages;

ii. Tape small pieces of paper to a standard 8 ½ X 11 sheet of paper;

iii. Copy onionskin and carbon documents to a standard 8 ½ X 11 sheet of paper;

iv. Place original birth certificate, social security card, pictures, letters, and keepsakes from family in separate envelope, with their name and date of birth on the envelope;

v. Complete a search in Documentum and update an existing record or create a new record;

vi. Print the PPS 0400 directly from Documentum;

vii. Place PPS 0400 in the front of the file; if there is more than one file folder for a child, place a PPS 0400 in each folder for the child with a number, i.e., 1 of 2, 2 of 5, etc.

b. Shipping Preparation:

i. Create a "New Box" in the Record Storage Application, which can be found at: http://intranapps.dcf.ks.gov/apps/recordstorage/Pages/default.aspx;

ii. Print the PPS 0415 after entering the contents;

iii. Place a copy of the PPS 0415 on top of the files in the box to be shipped;

iv. Region keeps a copy of the PPS 0415 for their records;

v. On the outside of the box write the box number assigned by the Record Storage Application;

vi. In Documentum, enter the box number on each case record the box contains;

vii. When ready to ship, update the Record Storage Application to “In Transit” DCF Records Center;

viii. Notify DCF Records Center staff to arrange for pick up or delivery. There is no limit to the number of boxes per delivery.

c. Record Center Information

i. “Storage File-Letter/Legal” boxes shall be used to ship case files to the Records Center. Qualified boxes may be ordered by emailing DCF.RecCtr@ks.gov

ii. Records Center Location: 555 S Kansas Ave, Basement, Topeka, KS 66603

5. Destruction of Printed Documents

a. Once the printed documentation has been scanned and archived:

i. BTCO shall submit to the DCF Operations Contract and Security Manager the Detail Print Report and the Summary Print report identifying all documents that were unable to be scanned legibly.

ii. The DCF Operations Contract and Security Manager shall review the reports submitted by BTCO to ensure compliance with agreed upon error parameters and shall make a recommendation whether to accept the reports and approve destruction of the printed documents or require BTCO to reprocess the records that failed to be scanned legibly.

iii. The recommendation shall be submitted to the DCF Director of Operations and General Counsel for PPS for review. DCF shall provide BTCO with a response within ten (10) business days from receipt of the Detail Print Report and the Summary Report.

iv.BTCO shall follow through with destruction of the printed documentation upon receipt of approval from DCF.

6. Audio/Video Files

a. BTCO shall scan images of cassette tapes, VHS tapes, flash drives, Compact Discs (CDs) and Digital Video Discs (DVDs) that are unable to be converted and accessible through Documentum.

b. The images shall be associated to the case file in Documentum.

c. BTCO shall box all such files and return to the DCF Regional Office of origin.

0510 Critical Incident Protocol

The Critical Incident Protocol is a process for reporting, reviewing and documenting the Division's response to immediate significant events involving a child. The purpose of this process is to take a closer look at circumstances surrounding critical incidents, including the Division's initial response to the critical incident and prior Division involvement with the impacted family, with the goal of identifying systemic issues, agency practices, or areas of need which, if addressed through policy or practice, may improve the Division's effectiveness moving forward.

A. Defining Critical Incident:

Critical Incidents include the following events:

1. Child Death
    a. A child death is defined as a child who dies from alleged abuse or neglect or a child who had an open case with PPS within the last three years and dies for any reason.
2. Child Near Death
    a. A child who received services from PPS within the last three years, and a physician has certified an act placed the child in serious or critical condition.
3. Child in the custody of the Secretary who attempted suicide
4. Child in the custody of the Secretary with severe injuries
    a. Severe injuries are defined as bodily injury which involves substantial risk of death, extreme physical pain, protected and obvious disfigurement, or protracted loss or impairment of the function of a bodily member, organ, or mental faculty. Routine surgery or injury obtained through routine play or sports participation is not required to be reported.
5. Foster or adoptive parent with criminal proceedings related to abuse or neglect.
6. Any child in foster care who spent the night in a Child Welfare Case Management Provider's (CWCMP) office.
7. Media- incident which has drawn public media attention or become a legislative concern

B. Initial Notification of a Critical Incident

Information regarding critical incidents shall be documented on the Critical Incident Notification PPS 0550. Sections I and II of the Critical Incident Notification PPS 0550 shall be completed by the Community Family Service Provider (CFSP), CWCMP, and DCF at

the time of staff knowledge of the incident. Subsequent up-dates shall be provided in Section IV Up-Dates.

1. Community Family Service Provider (CFSP) and Child Welfare Case Management Provider (CWCMP) Notification
    a. CFSP and CWCMP staff shall forward the Critical Incident Notification PPS 0550 to the relevant DCF Regional intake e-mail below:
        - Kansas City Region: DCF.KCPRC@ks.gov
        - East Region: DCF.EastIntake@ks.gov
        - Wichita Region: DCF.WICIntake@ks.gov
        - West Region: DCF.WPRC@ks.gov
    b. Subject Line Naming Convention

The subject line of the email shall include only the following:

- Initial CI-Type-County Example: CI-Child Death-FI
- Update CI-Type-County Example: Update CI-Child Death-FI

If the critical incident involves child abuse/neglect concerns the CFSP or CWCMP shall make a report to the KPRC immediately after the provider is aware of the incident. If a family has been referred to CWCMP, critical incidents shall be reported to DCF until the end of the aftercare period.

a. DCF Notification

DCF staff completes section I.A of the Critical Incident Notification PPS 0550 upon receipt from the CFSP or CWCMP and forwards to his/her immediate supervisor. The DCF supervisor shall forward to the appropriate Assessment and Prevention Administrator or Foster Care Contract Administrator, depending on the circumstances of the case. The Administrator shall determine whether the incident meets the definition of a critical incident and forward the Critical Incident Notification PPS 0550 to the Regional Director or designee. The Regional Director or designee shall review the written report and if the incident meets the definition of a critical incident submit a PDF version of the PPS0550 to DCF.CriticalIncident@ks.gov.
DCF staff shall provide notification to the CFSP or CWCMP if the initial source of critical incident was DCF and the family is being served by a CFSP or CWCMP. If the incident does not meet the definition of a critical incident determined by the Regional Director, designee or Administrators, any follow up necessary shall be coordinated within the region.

a. Subject Line Naming Convention

The subject line of the email shall include only the following:

- Initial CI-Type-County Example: CI-Child Death-FI
- Update CI-Type-County Example: Update CI-Child Death-FI

A. KPRC Notification

A report involving a critical incident made to the KPRC shall follow policy and procedures for Initial Assessment per PPM 1000. KPRC shall email the report to the KPRC Sups mailbox.

The KPRC supervisor shall e-mail the report involving the critical incident to DCF.CriticalIncident@ks.gov, the Regional Director, Assistant Regional Director, Regional PPS Assessment and Prevention Administrator, and Foster Care Contract Administrator for the involved DCF Region.

a. Subject Line Naming Convention

The subject line of the email shall include only the following:

- Initial CI-Type-County Example: CI-Child Death-FI
- Update CI-Type-County Example: Update CI-Child Death-FI

0511 Critical Incident Review and Assessment

The purpose of the Critical Incident Review process is to review the circumstances surrounding critical incidents, including the Division's initial response to the critical incident and prior involvement with the family. The goal of the review is to identify systemic issues, agency practices, or areas of need, which, if addressed through policy or practice, may improve the Division's effectiveness moving forward.

A preliminary assessment of all critical incidents shall be completed by a designee of the DCF Administration Critical Incident team to determine if a Critical Incident Review and Assessment is warranted. The DCF Administration Critical Incident team includes; the Secretary of DCF, Deputy Secretary, Special Assistant to Secretary and Special Assistant to the Deputy Secretary, Communications Director, Public Information Officer, PPS Director, PPS Deputy Directors, Legal Counsel and designee(s) as appropriate. A Critical Incident Review and Assessment may be warranted as deemed appropriate by the DCF Administration Critical Incident team or designee for any critical incident.

A Review and Assessment shall take place under the following circumstances:

1. A death, near death, attempted suicide, or serious physical injury involving a child with an open service or foster care case, or a child is named in an open investigation or family assessment;
2. A death, near death, or serious physical injury of a child when child abuse or neglect is suspected;
3. A death, near death, or serious physical injury of a child with relevant PPS involvement when child abuse or neglect is suspected;
4. Upon the request of the Secretary, Deputy Secretary or PPS Director.

B. The Critical Incident Review and Assessment process consists of the following parts:

1. Preliminary Assessment of Critical Incident Notification-PPS 0550

    a. The preliminary assessment shall be completed within three working days of receipt of the Critical Incident Notification PPS 0550, or sooner if requested by a member of the DCF Administration Critical Incident team. This preliminary assessment shall be completed by a designee of the DCF Administration Critical Incident team and for the purpose of identifying follow up activities and the need for a Critical Incident Review and Assessment.

    b. Upon request from DCF Administration Critical Incident team or designee, the DCF Region shall complete the Critical Incident History Log PPS 0551 within three working days from the request and submit via e-mail to the requestor.

2. Critical Incident Employee Experience Appendix 0B

    a. This part of the Critical Incident Review and Assessment is to help inform systemic change by supporting and obtaining the perspective of PPS staff who have worked with, and have knowledge of, the family.

    b. This part of the Critical Incident Review and Assessment shall be completed at the request of a member of the DCF Administration Critical Incident team.

    c. The designee of the DCF Administration Critical Incident team shall complete the Critical Incident Case Review Employee Experience Appendix 0B either in person, virtually, by phone, or by email with the PPS staff member(s) involved with the critical incident and others who have recent involvement with the family and/or who have been involved with prior relevant cases.

3. Observations from Critical Incident Review Appendix 0C

    a. The designee of the DCF Administration Critical Incident team shall complete the Critical Incident Case Review Observations Appendix 0C with information provided through the Critical Incident Review and Assessment process, including any additional information provided relevant to the incident.

    b. At the request of a member of the DCF Administration Critical Incident team, The designee of the team shall schedule a meeting to present information related to an incident, or incidents, and observations from the Critical Incident Review and Assessment process. All members of the DCF Administration Critical Incident team shall be invited, along with the Regional Director involved with the critical incident. The Regional Director may invite others as appropriate.

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.

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

https://www.kdads.ks.gov/docs/default-source/csp/hcbs/waiver-renewals/idd-and-bi/7-1-19-idd-cms-approved-waiver.pdf?sfvrsn=aebd05ee_4

0607 Psychiatric Residential Treatment Facility Services

Psychiatric Residential Treatment Facilities (PRTFs) provide out-of-home psychiatric residential treatment to children and adolescents whose mental health needs cannot be effectively and safely met in a community setting. These programs are intended to provide active treatment in a structured therapeutic environment for children and youth with significant functional impairments resulting from an identified mental health diagnosis, substance use diagnosis, sexual abuse disorders, and/or mental health diagnosis with co-occurring disorder (i.e., substance related disorders, intellectual/developmental disabilities, head injury, sexual misuse disorders, or other disabilities which may require stabilization of mental health issues).

The residential treatment facility is expected to work actively with the family and other agencies to offer strengths-based, culturally competent, trauma-informed, medically appropriate treatment designed to meet the individual needs of the residents.

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. Services are accessed by contacting the child's Managed Care Organization (MCO) and requesting a screening for admission. The MCO makes all decisions regarding eligibility for admission and discharge. Once eligibility is determined, the PRTF's shall be contacted for admission availability and acceptance.

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

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.

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 performed 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.

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 - Community Based Services

The Kansas Legislature has made provisions for the Kansas Department of Corrections - Community Based Services (KDOC-CBS) and DCF to share information when appropriate. The revised 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 Secretary of KDOC-CBS.

A. DCF Responsibilities:

1. Investigation of Abuse/Neglect:
Conduct investigations and make findings on alleged abuse and neglect of adjudicated youth. Upon a substantiated finding of abuse or neglect, DCF will notify the county or district attorney and the Secretary of KDOC-CBS.

2. Non-Abuse/Neglect Reports:
DCF shall make a referral to the Secretary of KDOC-CBS when a report is received that an adjudicated youth 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-CBS at Appendix 0001.

3. Interstate Compact Cooperation:
DCF administers the Interstate Compact of the Placement of Children (ICPC) and shall cooperate with KDOC-CBS to assist in the interstate placement of youth 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. Medicaid Eligibility Determination:
Juvenile offender services are provided under the auspices of the KDOC-CBS. DCF determines eligibility for Medicaid for youth placed in KDOC-CBS custody. Youth in KDOC-CBS custody who are removed from their homes but are not incarcerated, remain part of the overall Kansas foster care population.

B. KDOC-CBS Responsibilities:

1. Notify DCF for eligibility determination or redetermination whenever a youth: enters the custody of the Secretary KDOC-CBS 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-CBS custody.

Please reference sections 5940, 5941, 5943, and 5944 of the PPS Policy and Procedure Manual for details.

2. Providing Data to DCF:

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

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.

Should a child or youth need to be placed in out of home care, the order of placement preference for Native American Children is as follows:

1. a member of the child's family;
2. another family of the same tribe
3. a family of another Native American tribe;
4. a non-Native American family

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

Should a Native American child or youth be placed into DCF custody and served by the CWCMP, the Tribe retains the right to receive any and all information regarding the case. The CWCMP shall provide documentation and notification to the tribe in following all parameters as outlined in ICWA.

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 an assessment, information is obtained which indicates a child is or may be a member of an Indian tribe or eligible for tribal membership, available supporting information shall be documented in the case record.

When completing an assessment 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 shall 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. DCF should collaborate with tribal partners to coordinate appropriate services for the child and family including Family Services, Family First Prevention Services and Family Preservation Services.

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

To receive Federal funding, Kansas DCF must demonstrate and document the agency serving eligible customers, with eligible services by eligible providers.

The federal government does not share service and administration costs for all customers.

It is imperative requirements for determining customer eligibility for various funding sources are followed. It is equally important payments for eligible services to eligible customers are accurate. Kansas DCF shall track services the agency provides to eligible customers and claim federal dollars related to these costs.

When children or families have private health insurance it shall be utilized before agency governmental funds are expended.

DCF is responsible for establishing set rates for services provided by child placing agencies. DCF Audit Services audits costs of the services provided to children in care by Providers to determine the rates to be paid for these services are based on actual costs. This review occurs every 2 years.

DCF is responsible for establishing set rates for daily maintenance payments made to licensed foster home placements (regardless of type) and unlicensed home like placements when allowable. DCF is also responsible for determining amounts of adoption subsidy payments. Daily maintenance payments and adoption subsidy payments are reviewed for appropriateness at least every 5 years, though changes to rates may occur more frequently at DCF discretion.

Based on populations served by DCF, other divisions within the agency also have funding resources and manuals guiding staff. This manual does not repeat detailed eligibility and process information available in other manuals. Manuals are cross-referenced as appropriate.

0910 Child Welfare Contract Management Provider Service Delivery and Encounter Data

Costs for services provided by the Child Welfare Case Management Provider (CWCMP) are paid by DCF at established rates. The CWCMPs report their expenditures for services delivered to DCF through encounters. Kansas employs a system to manage encounter data received by the CWCMP using the Statewide Contractor Reimbursement Information and Payment Tracking System (SCRIPTS). Kansas uses SCRIPTS to support federal and state claims for services provided by our CWCMPs. Encounters reported to DCF by the CWCMP are continually monitored for accuracy. Departments within DCF provide ongoing review activities related to system functioning, validity of data and claims.

1. Child Welfare Case Management Provider:
    1. Shall submit quarterly financial reports to the Office of Fiscal Management, detailing service expenditures.
2. Office of Fiscal Management (OFM)
    1. Shall ensure SCRIPTS meets Federal claiming requirements
    2. Shall keep abreast of Title IV-E and TANF maintenance claiming rules
    3. Shall monitor encounter data utilized in the claim
    4. Shall produce administrative claims and compile final claim submissions
    5. Shall reconcile services with encounter data and ensure there is supporting documentation
    6. Shall monitor financial statements quarterly for accountability and perform related reviews for contract compliance

3. Audit Services
    1. Shall audit the SCRIPTS system and claiming for those services by DCF Providers. Activities include, but are not limited to:
        1. Testing the adequacy of support for encounters.
        2. Ensuring duplicate services are not being reported and duplicate payments are not being made to the Provider.
        3. Testing reporting system operations to ensure system edits are operating as designed.
        4. Quarterly claims for services through Office of Fiscal Management
        5. Ongoing review of Title IV-E Maintenance claim.

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".

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: infliction of physical or mental injury; 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; unreasonable use of a physical restraint, isolation or medication that harms or is likely to harm an adult; 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; 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. 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.

Adult: A person 18 years of age or older alleged to be unable to protect such person's own interest and who is harmed or threatened with harm, whether financial, mental or physical in nature, through action or inaction by either another individual or through such person's own action or inaction. K.S.A. 39-1430 (b). Also referred to as vulnerable adult.
Allegation: A claim of abuse, neglect, or financial exploitation.

Alleged Perpetrator: A person who has been accused of adult abuse, neglect, or financial exploitation.

Alleged Victim: A vulnerable adult who is suspected of being abused, neglected, or financially exploited.

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, exploitation and/or financial exploitation. The name of the perpetrator is not entered in the Adult Abuse, Neglect, and Exploitation (ANE) 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:

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).

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.

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).

F

Financial Exploitation: Means the unlawful or improper use, control or withholding of an adult's property, income, resources or trust funds by any other person or entity in a manner that is not for the profit of or to the advantage of the adult. "Financial exploitation" includes, but is not limited to:
(1) The use of deception, intimidation, coercion, extortion or undue influence by a person or entity to obtain or use an adult's property, income, resources or trust funds in a manner for the profit of or to the advantage of such person or entity; (2) the breach of a fiduciary

duty, including, but not limited to, the misuse of a power of attorney, trust or a guardianship or conservatorship appointment, as it relates to the property, income, resources or trust funds of the adult; or (3) the obtainment or use of an adult's property, income, resources or trust funds, without lawful authority, by a person or entity who knows or clearly should know that the adult lacks the capacity to consent to the release or use of such adult's property, income, resources or trust funds. K.S.A. 39-1430(e).

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, or financial exploitation occurred based on facts gathered during the investigation as follows:

> **Unsubstantiated** – The facts or circumstances do not provide clear and convincing evidence to meet the KSA definition of abuse, neglect, or financial exploitation.
>
> **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, or financial exploitation.

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)).
Intellectual disability: means substantial limitations in present functioning that is manifested during the period from birth to age 18 years and is characterized by significantly subaverage 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 (h).

Involved Adult: An adult who is the subject of a report of abuse, neglect, or financial exploitation under this act K.S.A. 39-1430(m)

K

Kansas Protection Report Center (KRPC): The 24/7 centralized call center within Department for Children and Families where reports of abuse, neglect, and financial exploitation are received, initial assessments 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: When any of the following persons has reasonable cause to suspect or believe that an adult is in need of a protective services or being harmed as a result of abuse, neglect or financial exploitation, such person shall promptly report the matter as provided by the provisions of this section:

A. A person licensed to practice the healing arts,

B. Persons engaged in postgraduate training programs approved by the state board of healing arts;

C. Person licensed by the Kansas board to engage in the practice of dentistry;

D. Persons licensed by the board of examiners in optometry to engage in the practice of optometry,

E. Persons licensed by the board of nursing to engage in the practice of nursing;

F. Chief administrative officers of a medical care facilities,

G. Persons licensed by the behavioral sciences regulatory board to provide mental health services, including psychologist, masters level psychologists, bachelors level social workers, masters level social workers, clinical social workers, marriage and family therapist, clinical marriage and family therapists, professional counselors, clinical professional counselors, behavior analysts, addiction counselors and clinical addiction counselors.

H. Teachers, school administrators or other employees of any Kansas educational institution as defined in K.S.A. 75-53,112, and amendments thereto, that the adult is attending.

A. Firefighters, law enforcement officers and emergency medical services personnel.

J. Court services officers, community corrections officers, case managers appointed under K.S.A. 23-3508, and amendments thereto, and mediators appointed under K.S.A. 23-3502, and amendment thereto.

K. Bank trust officers and any other officers of financial institutions.

AX. Rehabilitation counselors.

ALL. Legal Representatives,

N. Government Assistance Providers,

O. Independent Living Counselors.

P. Owners or operators of residential care facilities, as defined in K.S.A.20 Sup. 39-2002 and amendments thereto.

Q. The chief administrative officer of a licensed home health agency as defined in K.S.A. 65-5101, and amendments thereto.

R. The chief administrative office of an adult family home, as defined in K.S.A. 39-1501, and amendments thereto.

S. The Chief Administrative Officer of any provider of community services and affiliates thereof operated or funded by the Kansas department for children and families or licensed under K.S.A. 39-2001, et Seq.. and amendments thereto. K.S.A. 39-1431(a) (1).

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.

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:

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.

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, or other governmental agency, or by private organizations or individuals that are necessary to prevent abuse, neglect, or financial exploitation. Such protective services include, but are not limited to, evaluation of the needs for services, assistance in obtaining appropriate social 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, or financial exploitation under this act and for the purposes of this act does 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

Self-Neglect: An adult who fails to meet their own essential physical, psychological or social needs, which threatens their health, safety and well-being. This includes failure to provide adequate food, clothing, shelter and health care for one's own needs.

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.

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 or Adult per K.S.A. 39-1430 (b) is defined as a person 18 years of age or older alleged to be unable to protect such person's own interest and who is harmed or threatened with harm, whether financial, mental or physical in nature, through action or inaction by either another individual or through such person's own action or inaction. Intervention is available to adults in need of assistance dealing with abusive, neglectful or exploitative situations. Every action taken by Adult Protective Services must balance the duty to protect the safety of the Involved Adult with the Involved Adult's right to self-determination.

Interventions provided by Adult Protective Services include receiving reports of abuse, neglect or financial exploitation, investigating these reports, and making findings regarding the allegations in these reports. In addition, APS may assist in arranging for or making referrals for medical, social, legal, housing, law enforcement and/or other protective emergency supportive services. Findings made are for administrative purposes for tracking and maintenance of the Adult Abuse, Neglect, and Exploitation Central Registry.

APS Specialists investigate reports and provide protective services to Involved Adults residing in the community, Involved Adults residing in facilities and Adult Care Homes licensed/certified by the Kansas Department for Aging and Disability Services when the Alleged Perpetrator is not a resident or employee.

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. 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 an APS Specialist 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 APS Specialist is to share only the information necessary to help the involved adult. Prior to sharing this information, the APS Specialist 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 APS Specialist should attempt to have the client or, his or her guardian sign a consent form. When interviewing collaterals, the APS Specialist is to ask only that which is necessary to obtain the required information. The APS Specialist 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 Administrator.

Upon receipt of the investigation records, the APS Program Administrator shall review and determine if the information meets the criteria for an APS investigation. If the criterion is met, the Program Administrator 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 Administrator. The APS Program Administrator shall afford the alleged perpetrator the opportunity to be interviewed. If the APS Program Administrator determines there is sufficient information to substantiate the alleged perpetrator (ALP) for abuse/neglect/exploitation, the APS Program Administrator 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 Administrator 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.

10040 APS Eligibility for Adults Requesting Repatriation

Eligible repatriates are U.S. citizens, or their dependents identified by the Department of State (DOS) as having returned or been brought from a foreign country to the United States due to destitution, illness, war, the threat of war, or similar crisis, and do not have resources immediately accessible.

The Office of Human Services Emergency Preparedness and Response (OHSEPR) within the Administration for Children and Families (ACF) in the U.S. Department of Health and Human Services (HHS) is the domestic lead for the U.S. Repatriation Program. OHSEPR will coordinate with its grantee International Social Service-USA Branch, Inc. (ISS-USA) and the state of the adult's final destination to provide assistance to the adult.

A. ISS-USA Requesting Resettlement Assistance in Kansas

1. The APS Program Administrator or designee will receive a request from Department for Children and Families (DCF) Economic and Employment Support (EES) point of contact about an incoming ISS-USA repatriation case. The request will include the ISS-USA's repatriation case manager's information, information about the adult, their current situation, and health status.

a. The request will include the immediate needs of the adult and a request for DCF to complete a case plan.

2. The APS Program Administrator or designee may request additional information from the repatriation case manager to assist in determining whether the adult meets criteria for case assignment per PPM 10111 Reports Assigned for Further Assessment.

3. The APS Program Administrator or designee will review the request and forward it to the Kansas Protection Report Center (KPRC) for their initial assessment.

a. The APS Assistant Program Administrator or designee shall provide updates to the repatriation case manager until the initial assessment by KPRC is completed.

B. Reports Not Assigned for Further Assessment

1. If the case is not assigned per PPM 10112 Reports Not Assigned for Further Assessment, the APS Assistant Program Administrator or designee will notify DCF EES point of contact and the repatriation case manager that the adult does not meet the case assignment criteria.

C. Reports Assigned for Further Assessment

1. If the case is assigned per PPM 10111 Reports Assigned for Further Assessment, the APS Assistant Program Administrator or designee shall notify the repatriation case manager of the case plan to ensure coordination of services for the adult.

a. The APS Protection Specialist or designee may be required to locate relatives in the United States. If APS cannot locate relatives, the APS Protection Specialist or designee may be required to secure transportation from the airport.

b. The APS Protection Specialist or designee may be required to secure temporary housing upon arrival in Kansas.

c. The APS Protection Specialist or designee shall review the Routine Repatriation Welcome Packet to provide an overview of the program with the Involved Adult or Guardian for program eligibility.

d. The APS Protection Specialist or designee shall review the RR-05: Repatriation Repayment and Privacy Agreement form and if applicable the RR-06: Refusal of Temporary Assistance with the Involved Adult or Guardian for program eligibility.

i. The RR-05: Repatriation Repayment and Privacy Agreement form is for the repatriate to accept temporary assistance under the U.S. Repatriation Program, agree to repay HHS for temporary assistance, and allow HHS to share personal information for benefits purposes.

ii. The RR-06: Refusal of Temporary Assistance is for individuals eligible for the U.S. Repatriation Program to opt out of receiving temporary assistance through U.S. Repatriation Program.

e. APS investigations activities shall proceed per APS policy and procedures.

10100 Intake

The Intake process begins upon contact with a reporter alleging a circumstance of adult abuse, neglect or exploitation. Reports are made to the Kansas Protection Report Center (KPRC) via the toll-free number, fax, mail, or web intake. The report date and time shall be the start of a reporter's call with KPRC staff. For reports received via letter or fax, the report date and time shall be when the letter or fax is received by KPRC.

KPRC receives reports of alleged abuse/neglect 7 days/week, 24 hours/day. For reports received after hours, on weekends and holidays, the KPRC staff shall request a welfare check when an adult may be in imminent danger.

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.

10101 Information Gathered and Recorded at Intake

All reports and allegations received by the Kansas Protection Reporter Center (KPRC) shall be recorded on form PPS 10100 via KIPS.

KPRC staff shall list all household members, guardian, conservator, durable power of attorney (DPOA), current live-in partner and alleged perpetrator identified by the reporter on the PPS 10100.

Information received by KPRC from the reporter regarding collateral contacts, service providers, relatives, and kin shall be listed on the PPS 10100.

Required Information:

A. The Kansas Eligibility Enforcement System (KEES)
    1. KEES is utilized to complete identifying information and information regarding DCF involvement.

    2. A KEES search shall be completed on all reports. If the KEES search identifies dates of birth or social security numbers for participants, these shall be added whether the case is open or closed.

    3. If the KEES case is open and the address conflicts with information provided by the reporter, the KEES address shall be documented on the "Prior DCF Involvement document" in KIPS.

    4. All Waiver information in KEES shall be documented on the prior history document in KIPS.

B. Additional Information
    1. KPRC staff shall gather all necessary information and provide sufficient documentation on the 10100 regarding the following items:
        a. Determine whether the adult meets the definition in K.S.A. 39 – 1430(a);
        b. 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);
        c. Locate the involved adult;
        d. Determine how immediate the needs of the adult may be.
    2. Questions Related to Safety
        a. Reason for referral-what happened;
        b. The adult's ability to care and protect self;
        c. Imminent danger;
        d. Other people or agencies that have information;
        e. Involved adult's exposure to ongoing risks and;
        f. Guardian or conservator information.

10102 Confidentiality for Reporters

State law requires protection of information which identifies the person who reported the suspected adult abuse, neglect or exploitation unless the reporter requests or agrees in writing to disclosure or as allowed per judicial proceedings. K.S.A. 39-1434

Form PPS 10100 contains information identifying the reporter and shall not be copied or disseminated in any manner which violates confidentiality.

10103 Notice of Action to the Reporter

Persons who have made a report of adult abuse, neglect or exploitation may be notified of agency action regarding their report. Upon request, reporters shall be informed of agency initial assessment decision by the mailing of the PPS 10130, Notice to Reporter, if the reporter's identity and address has been provided. This notice summarizes the agency's decision to accept the report for further investigation and assessment or not assign for further investigation and assessment following the Initial Assessment decision.

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.

10110 Initial Assessments

An Initial Assessment shall be completed on all reports received by the agency. The Initial Assessment is to determine when there are reasonable grounds to believe abuse, neglect or exploitation exists and immediate steps are needed to protect the health and welfare of the abused, neglected or exploited adult. The Kansas Protection Reporter Center (KPRC) shall assess all reports received by the agency. The assessment shall determine the agency's response to the reported allegations. The Appendix 1E may be used to guide the Initial Assessment.

The Initial Assessment is completed when Kansas Protection Report Center (KPRC) staff make one of the following determinations:

A. Not Assigned for Further Assessment

B. An investigation and/or further assessment is indicated

All reports 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 workday from the time the report is 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 workday.
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 workday.

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 enforcement shall be contacted.

10111Reports Assigned for Further Assessment

A. 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:
    1. The allegation(s) meet the definition(s) for abuse, neglect, and exploitation ANE in K.S.A. 39 – 1430(b), (c), (d), (e);

2. The allegation(s) occurred in a community-based facility or agency licensed by Kansas Department for Aging and Disability Services (KDADS), which are:
    a. Residential Care Facilities (RCF), Community Service Providers (CSP), Community Developmental Disability Organizations (CDDO) Affiliates;

    b. 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;

    c. Community Mental Health Centers (CMHC), Affiliated Community Mental Health Service Providers, and Private Psychiatric Hospital which does not include psychiatric units in a local community hospital which are licensed by KDHE.

3. The allegation(s) occurred while a Home Health agency licensed by Kansas Department of Health and Environment (KDHE), was providing services to the involved adult and the alleged perpetrator is an employee of that agency.

4. The allegation is a consumer to consumer incident and information in the report alleges neglect by agency/facility staff;

5. When a reporter indicates the allegation occurred in an Adult Care Facility licensed by KDADS or medical facility licensed by KDHE and the alleged perpetrator is not a resident or staff person;

6. Reportsindicate 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 numbers1 and 2.

7. Reports regarding an employee of the Department for Children and Family (DCF) as the alleged perpetrator shall be assessed. If 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.

B. When a report alleges abuse, neglect or exploitation occurring in the past, KPRC staff shall consider the following factors:
    1. Current need of the adult;

    2. Whether law enforcement has been notified and/or;

    3. How long ago the incident occurred.

C. Reports Involving Allegations of Abuse/Neglect in Schools
    1. 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.

1. 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.

10112 Reports Not Assigned for Further Assessment

The following criteria will be used to determine if the report shall not be assigned for further assessment.

A. The adult does not meet the definition in K.S.A. 39 – 1430(a);

B. The allegations do not meet the definitions for ANE in K.S.A. 39 – 1430(b), (c), (d), (e);

C. 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 10100 and 10110, to the KDADS.CSSPRC@ks.gov mailbox.)

D. The incident has been previously investigated or is currently being investigated,

E. DCF does not have the statutory authority to investigate and/or report is responsibility of another agency;

1. Kansas Department of Health and Environment (KDHE) investigates consumer-to-consumer and staff-to-consumer allegations in the following settings:

a. Abortion Facilities - Licensed

b. Ambulatory Surgical Centers (ASC) – Licensed and Certified

c. Birthing Centers - Licensed

d. Comprehensive Outpatient Rehabilitation Facilities (CORF) - Certified

e. Critical Access Hospital (CAH) - Licensed and Certified

f. End Stage Renal Disease Facilities - Certified

g. Home Health Agency (HHA) – Licensed and Certified

h. Hospice - Certified

i. Hospitals (General Acute Care/Specialty Hospitals) – Licensed and Certified

j. Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID) – KDHE surveys these facilities but they are licensed by KDADS

k. Mobile X-Ray - Certified

l. Out Patient Physical Therapy (OPT) - Certified

m. Rural Health Clinic (RHC) – Certified

Reports of this type received by DCF shall be forwarded KDHE.Complaints@ks.gov

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. Iowa Tribe of Kansas and Nebraska

b. Sac and Fox Tribe of Missouri in Kansas

c. Prairie Band of Pottawatomi

d. Kickapoo

4. 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.
5. 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 APA in the region where the youth is residing. See PPS 10630 for guidance on these reports.).

6. Youth/adult is under 21 years of age and in DCF Custody as a CINC. (These are investigated by PPS child-side per PPS 1385 Reports Involving Adults Under 21 Years of Age and in Custody of the Secretary of DCF.).

7. The alleged incident occurred in another state, DCF will screen out due to no jurisdiction to investigate.

8. Adult has left the state, with no plans to return.

9. Alleged Perpetrator (ALP) is a law enforcement officer (See policy PPS 10200 E for guidance.)

a. When a report alleges abuse, neglect or exploitation by a law enforcement officer, the report shall be referred to the Kansas Bureau of Investigation or internal affairs of the law enforcement agency, if one exists.

b. If there are parts of the report alleging abuse, neglect or exploitation by others or self-neglect, the report shall be assigned to APS if screened in, however the part that alleges wrong-doing by a Law Enforcement Officer will not be investigated

10. Report is the responsibility of another agency.

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.

10113 Documenting no Further PPS Action Needed

The specific reasons for not completing further assessment shall be documented in the basis located in the Decision Comments in KIPS and reflected on the PPS 10110 Adult Protective Services Screening Report.

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 10110, 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.

10114 Preliminary Inquiry

A. Purpose of Preliminary Inquiry:

The purpose of a Preliminary Inquiry is:

1. Determining whether an allegation of abuse, neglect, and/ or exploitation is known to the agency through a current completed investigation,
2. Gaining additional information regarding an allegation, and/or
3. Determining whether the interests of the involved adult require further assessment.

B. Reports Requiring 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:

1. Report of an involved adult with a current case open for investigation and/or assessment or service plan and previous reports with the same allegation and same alleged perpetrator or
2. Report involves an alleged perpetrator previously investigated for abuse/neglect/ exploitation and/or found on the abuse/neglect central registry; or
3. Reported information is vague and/or not consistent, and additional information may be available from other sources such as, health care providers, DCF Programs, case management providers, law enforcement, schools, or other agencies; or
4. Reported information identifies persons with additional information necessary to make an assessment decision; or
5. The KPRC specialist assessing the report identifies any other source of additional information to form the Initial Assessment Decision.

C. When KPRC receives a second or subsequent reports related to a report currently on Preliminary Inquiry the following actions shall be taken:
    1. If the information in the second or subsequent report is enough to complete the Initial Assessment without a Preliminary Inquiry;
        a. Communication between the KPRC staff will occur to determine who is responsible to complete the initial assessments.

        b. If the KPRC staff whom has a report placed on Preliminary Inquiry is unavailable, the KPRC staff with the subsequent report will complete the Initial Assessment and shall communicate the decision to the other KPRC staff.

    2. If the information in the second or subsequent report does not contain any new allegations of Abuse/Neglect previously known;
        a. Communication between the KPRC staff can occur to determine who is responsible to complete the initial assessments.

        b. If the KPRC staff whom has a report placed on Preliminary Inquiry is unavailable, the KPRC staff with the subsequent report will complete the Initial Assessment with the decision not to assign for further assessment and shall communicate the decision to the other KPRC staff.

D. Time Frame for Preliminary Inquiry:

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, three working days begin the first working day after the report is received by the agency according to the date recorded on the PPS 10100, page 1. If it appears from a reporter's information that an involved adult may be harmed within the preliminary inquiry time frame, the report shall be assigned for investigation and/or assessment.

E. Preliminary Inquiry Activities:

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

1. Gathering additional information from DCF Adult Protection Specialist and/or Adult Protective Investigator staff assigned to a current open case or a recently closed case regarding the involved adult subject to the report.

2. Gathering information to locate or identify the involved adult.

3. Gathering additional information from other DCF programs.

4. Contacting the reporter to clarify information received or request additional

5. Contacting any person in the report identified with possessing additional information.

6. Contacting, health care providers, schools, or any agency identified as providing services to the involved adult.

F. Review of APS History of Involved Adult and/or Alleged Perpetrator:

If the search of KIPS and KEES finds any involved adult and/or alleged perpetrator has previous 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 on the PPS 10100.

1. Information to Consider:

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

a. Are the past allegations substantiated or unsubstantiated?

b. If unsubstantiated, consider the severity and seriousness of the allegations of abuse, neglect, and/or exploitation and safety or risk concerns.

c. Is the current report an isolated incident of abuse, neglect, self-neglect, exploitation, and/or fiduciary abuse or a pattern of abuse?

d. How recent was the last report or case closure?

e. Does history indicate one or more risk factors such as caregiver and/or alleged perpetrator has an untreated mental illness, substance use or abuse and/or history of abuse, neglect, self-neglect, exploitation and/or fiduciary abuse or physical violence?

f. Any additional information which informs the current report.

G. Documenting the Preliminary Inquiry:

KPRC specialist shall document in KIPS the need for a Preliminary Inquiry and what information was obtained.

10115 Initial Assessment of Involved Adult Residing 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

10116 Initial Assessment of Reports Regarding a Deceased Adult

The Kansas Protection Report Center has the responsibility to receive and assess allegations of abuse, neglect or exploitations of a deceased adult.

A. An initial assessment shall be completed on reports received by the Kansas Protection Report Center which indicate the involved adult was living when the report is received. The Appendix E1 may be used to guide the initial assessment decision.

    1. Reports assigned for further assessment

        a. If the report alleges current abuse, neglect or exploitation the report may be assigned for further assessment by DCF.

        b. If the involved adult receives any Home and Community Based Services (HCBS) the report shall be assigned no matter when the abuse, neglect or exploitation occurred.

    2. Reports not assigned for further assessment

        a. If the report does not meet statutory definitions for abuse or neglect (add statute)

        b. Reports of self-neglect are not assigned when it is determined the involved adult is deceased.

B. An initial assessment shall be completed on reports received by the Kansas Protection Report Center which indicate the involved adult was deceased at the time the report was received.

    1. Reports assigned for further assessment

        a. If the report of abuse, neglect or exploitation meets the statutory definition and the adult was a consumer receiving a Home and Community Based Services (HCBS) waiver. The investigation is warranted for the protection of other consumers.

    2. Reports not assigned for further assessment

        a. If the involved adult is deceased at the time the report is received the screening decision of no further assessment shall be made.

        b. If the report is alleging abuse, neglect or exploitation, the information shall be sent to the local law enforcement agency.

        c. Reports alleging self-neglect of the involved adult.

10117 Notification to Another Responsible Agency

Reports received by the Kansas Protection Report Center (KPRC) where it is determined another agency is responsible for investigating shall be sent to the designated contact for the agency.

A. Reports occurring in KDADS institutions (Osawatomie, Larned, Kansas Neurological Institute (KNI), and Parsons) shall be forwarded to the risk manager at the institution.

B. For reports occurring in state correctional facilities fax the report to the Director of Enforcement, Apprehensions & Investigations (EAI) with the Department of Corrections (KDOC) at 785-783-6950. For inquires by phone, call the main phone at 785-296-3317 and request to speak with the Director of EAI.

C. For reports occurring at a local detention/jail, forward the report to the local Sheriff's Department.

D. 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.

E. Allegations of death shall be referred to law enforcement.

F. Fax reports on adults residing in another state to the appropriate out-of-state APS contact/hot line number.

G. 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 e-mail kdads.complainthotline@ks.gov.

H. 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. If the reporter wishes to make the report to DCF, KPRC will receive the report and will forward it to investigation/ assessment e-mail kdhe.complaints@ks.gov.

I. On reports not assigned for further assessment, when a reporter indicates suspected Medicaid fraud the report shall be sent to the Medicaid Fraud unit authority to investigate allegations of abuse, neglect and exploitation of Medicaid recipients and Medicaid facilities. The PPS 10100 and 10110 shall also be forwarded to MFCU@ag.ks.gov .

10118 Notification to Quality Management Specialist of Reports not Assigned

Kansas Department for Aging and Disability Services (KDADS) Quality Management Specialist shall be notified when one of the following reports is not assigned for investigation:

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 / Development Disabilities (I/DD), Physical Disability (PD), Frail Elderly (FE), Technology Assisted (TA), Money Follows the Person (MFP), and Brain Injury (BI).

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) specialist 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, BI Waiver, PD Waiver, FE Waiver, TA Waiver, or MFP Waiver the report shall be sent to the KDADS.CSSPRC@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
   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 RF, CDDO/affiliate, or ILRC, RF, CDDO, ILRC.

   For example, the subject line of the e-mail shall read: Intake-CDDO-SN-Sheltered Living

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 KDADS.MHPRCReports@ks.gov mailbox.

   1. Type of communication: Intake
   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

10119 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@.ks.gov

East Region: EastIntake@ks.gov

Wichita Region: WIC_Scheduler@ks.gov

West Region: WPRC@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 APS Specialist.

10120 Initial Contact Time Frame

Initial contact refers to the time frame 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.

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 (IA). The APS Specialist shall use their professional judgment throughout the investigation.

A. Statutes pertaining to the investigation

KSA 39-1433(a)

The Kansas Department for Children and Families upon receiving a report that an adult is being, or has been abused, neglected, or exploited or is in need of protective services, shall:

1. Review report for immediate concerns. When a criminal act has occurred or has appeared to have occurred, immediately notify, in writing, the appropriate law enforcement agency; by sending the PPS 10100,10110, and 10120A.

2. Make a face to face 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 (3) working days for all reports of suspected abuse, when the information from the reporter indicates no imminent danger;

   c. Within five (5) working days for all reports of neglect or financial exploitation when the information from the reporter indicates no imminent danger.

3. Complete all other tasks associated with investigations, within thirty (30) working days of receiving a report for cases involving Abuse, Neglect, and Self Neglect. Sixty (60) working days will be allowed for cases assigned for Financial Exploitation. 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 thirty (30) or sixty (60) 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 ninety (90) working days.

KSA 75-723 Section 3 (7) (e)
Whenever a state agency reports a matter involving suspected abuse, neglect or exploitation of an adult to a law enforcement agency or a county or district attorney, such state agency shall simultaneously forward such report to the Abuse, Neglect, Exploitation (ANE) Unit of Attorney General Office. Notification to ANE Unit shall be made by sending the PPS 10100, 10110, and the 10120A.

B. The Medicaid Fraud unit has authority to investigate allegations of abuse, neglect and exploitation of Medicaid recipients and Medicaid facilities. Un-redacted Reports (PPS 10100 and 10110,) of this type shall also be forwarded to MFCU@AG.KS.GOV.

1. The APS Specialist or designee shall determine if the allegation of abuse, neglect, or financial exploitation involves:
    a. Persons in programs or residential care facilities receiving federal healthcare funds; or

    b. The alleged perpetrator is either a provider or an employee of a provider receiving federal healthcare funds; or

    c. The setting where the abuse occurred was that of a federally funded healthcare provider.

2. If the allegation involves any one of the three listed above, the APS Specialist shall provide a copy of the PPS 10100 and 10110, to the Medicaid Fraud and Abuse Division of the Kansas Attorney General's Office

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.

C. Documentation in KIPS
1. 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 (5) working days after the activity, event, or incident occurred.

2. APS Specialist shall request records relevant to the investigation within ten (10) working days of the Face to Face contact of the Involved Adult (IA). See appendix 10C.

D. 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 (PRC Sups), 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/financial 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.

E. 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.

F. Law Enforcement Report

A report that alleges wrong-doing by a Law Enforcement Officer (LEO), the report shall be referred to the Kansas Bureau of Investigation or internal affairs of the law enforcement agency, if one exists.

If there are parts of the report that allege ANE by others or self-neglect, the report shall be assigned to APS if screened in, however the part that alleges wrong-doing by a LEO will not be investigated.

G. Joint Investigations with Law Enforcement

A joint investigation between the APS Specialist and law enforcement may occur in the following situations:

Per KSA 39 1433 Section 3 (1)
Immediately notify, in writing, the appropriate law enforcement agency when a criminal act has occurred or appears to have occurred.

The PPS 10100, 10110, and 10120A shall be used to notify law enforcement and includes a request for assistance from law enforcement in contacting the Involved 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.

Per KSA 75-523 Section 3 (7) (e), whenever a state agency reports a matter involving suspected abuse, neglect or financial exploitation of an adult to a law enforcement agency or a county or district attorney, such state agency shall simultaneously forward such report to the ANE unit of Attorney General Office.

The PPS 10100, 10110, and 10120A shall be used to notify the ANE unit of all reports, excluding self-neglect, forwarded to law enforcement or county or district attorney of alleged abuse, neglect, or financial exploitation which include information regarding an alleged criminal act.

a. 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.

b. 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, or financial exploitation, the appropriate county or district attorney shall take charge of, direct, and coordinate the investigation.

H. 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 within five (5) working days
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.

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 Reg

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.

10204 Additional Perpetrators or Abuse/ Neglect/Exploitation Allegations Identified After Initial Assignment

A. During an investigation/assessment, if 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).

B. If the assigned APS Specialist becomes aware of other abuse or neglect issues (other than self-neglect), not contained in the assigned report, a new report to the KPRC is required.

C. If the APS Specialist becomes aware of another related concern of abuse or neglect, the APS Specialist may request to add a sub-type allegation without a new report being made. The APS Supervisor may authorize the adding of a sub-type allegation.

    1. Abuse Sub-type: physical injury, mental injury, sexual abuse, unreasonable use of a physical restraint, isolation or medication, or a threat or menacing conduct.

    2. Neglect Sub-type: by caretaker, by another person

3. Example: Original intake was assigned for Abuse; physical injury and during investigation, it was disclosed that there are allegations of a threat or menacing conduct, then APS Specialist can request of the APS supervisor to add the sub-type allegation of “threat or menacing conduct”.

4. Example: Original intake was assigned for Neglect by caretaker and during the investigation allegations of abuse are alleged. A new report to the KPRC is required.

D. After a staffing with the supervisor and within five (5) days of first contact with Involved Adult, self-neglect may be added to any type of report if warranted. The reason shall be noted in a KIPS case note. A new report to KPRC is not required.

E. In addition to the letter and if interviews have already occurred, the APS Specialist shall make contact by phone or face to face to explain and address any questions resulting from this change.
   1. The Form PPS 10204a shall be sent to the Involved Adult (IA) when allegations are changed during an investigation if the IA has already been interviewed by APS Specialist. This form shall be sent within five (5) working days.

   2. The Form PPS 10204a shall be sent to the Alleged Perpetrator (ALP) to notify them of the change in allegation if the ALP has already been interviewed by the APS Specialist. This form shall be sent within five (5) working days.

10205 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 (IA) 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.

   4. If the Involved Adult is receiving inpatient medical/psychiatric services in the other state, a nurse or social worker assigned to the Involved 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 APS Specialist shall:
    a. Complete all other tasks associated with investigations, within thirty (30) working days of receiving a report for cases involving Abuse, Neglect, and Self-Neglect. Sixty (60) working day will be allowed for cases assigned for Financial Exploitation.

    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 IA is now residing in the other state or the length of stay for that adult may exceed thirty (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 "Involved Adult has left the state".
If the plan is for the Involved Adult to return to Kansas within twenty (20) working days, the investigation shall remain open and continue when the Involved Adult returns to Kansas. Refer to B 1 a for clarification on timeframes.

10210 Contacts During the Investigation

A. Reasonable Efforts to Determine Safety

1. K.S.A. 39-1433(a)(2) requires a face-to-face visit with the Involved Adult. Telephone or letter contact is not sufficient. The face-to-face visit shall be made within the assigned response time to assess the Involved Adult's safety. Reasonable efforts are made if the APS Protection Specialist attempts to contact the Involved Adult in person, at a location where the Involved Adult would reasonably be expected to be, on at least two occasions during the assigned response time.

B. Allowable Reasons to Not Determine Safety within Required Response Time

1. There may be instances when it is not possible to determine the safety of the Involved Adult within the assigned response time. If contact is not made in the assigned response time, notify the APS supervisor. Allowable reasons include:

a. Unable to locate Involved Adult;

b. Involved Adult has left the state;

c. Referred to Law Enforcement and APS Protection Specialist has been directed by law enforcement or the county/district attorney not to proceed;

d. After two unsuccessful face-to-face attempts to locate the Involved Adult, APS shall mail the PPS 10231 Involved Adult Interview Request letter;

i. A Closure After Assignment (CAA) may be requested ten (10) calendar days after the PPS 10231 Involved Ault Interview Request letter has been mailed. Document all attempts in KIPS.

e. If the Involved Adult refuses contact and refuses to cooperate;

f. Involved Adult fails to keep scheduled appointments;

g. Natural or man-made disasters that create conditions making it unsafe to contact the Involved Adult. The attempts to contact the Involved Adult shall resume as soon as conditions allow. If the immediate safety of the adult needs to be assessed, contact law enforcement to request assistance;

h. The Involved Adult is deceased.

C. Safety Determination of the Involved Adult

1. Initial contact with the Involved Adult shall be made within the time frame assigned on the intake and in accordance with K.S.A. 39-1433(a)(2)(A)-(C). During the interview with the Involved Adult the APS Protection Specialist shall:

a. Gather information regarding the allegations contained in the report;

b. Assess the safety of and risk to of the Involved Adult;

c. Obtain information regarding any current services the Involved Adult is receiving from community agencies or informal providers, such as family or friends;

d. Advise the Involved Adult the APS Protection Specialist is required to contact law enforcement if the APS Protection 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;

e. Provide the Involved Adult with the Client Rights brochure, PPS 10205, if the allegation is self-neglect, or the PPS 10208 for all other allegations and document in KIPS;

i. If APS Protection Specialist did not provide the appropriate brochure during the initial face-to-face 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

ii. If the APS Protection Specialist is unable to make face-to-face 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.

iii. If the reporter did not provide the address for the Involved Adult and the APS Protection 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.

iv. If the Involved Adult has a guardian and the identity and contact information for the guardian is available, the appropriate Client's Rights brochure shall be provided to the guardian, rather than to the Involved Adult.

D. Use of Authorized Collaterals for Safety Determination

1. On rare occasions, with supervisor approval, information gathered from authorized collaterals may be used to ascertain safety. The date of the in-person visit by the authorized collateral shall be entered into KIPS as the initial face-to-face date.

a. Authorized collateral may be any one of the following:

i. Another DCF Protection Specialist

ii. A law enforcement officer

iii. Director of Nursing, Charge Nurse, or Licensed Social Worker where the Involved Adult is currently located.

2. Once safety has been ascertained by one of the above collaterals, the assigned APS Protection Specialist shall interview the Involved Adult as soon as possible.

E. Contacting the Guardian

1. If the APS report indicates the Involved Adult has a guardian, the APS Protection Specialist shall make diligent efforts to contact the guardian to coordinate contact with the Involved Adult.

a. If the guardian is named as the alleged perpetrator, the APS Protection Specialist shall contact their supervisor or legal for advice on how to proceed.

b. If the APS Protection Specialist is unable to make contact with the guardian after making reasonable efforts, and further efforts to do so will cause the initial contact with the Involved Adult not to be made within the required time frame; the APS Protection Specialist shall proceed with face-to-face contact with the Involved Adult. If the guardian was not contacted prior to the initial contact with the Involved Adult, the APS Protection Specialist shall continue to make reasonable efforts during the investigation to contact the guardian.

c. If the APS Protection Specialist does not learn until after contact is made with the Involved Adult there is a guardian; the guardian shall be notified as soon as possible.

F. Notification from KPRC of associated intakes that have been screened out due to a current open investigation.

1. APS Protection Specialist shall:

a. Review the associated intake for additional information and address any new concerns.

b. Document activities in the investigation record.

c. Review the associated intakes(s) with supervisor or designee at case finding.

G. Death of Involved Adult during Investigation

1. When an Involved Adult dies following an assignment of abuse, neglect, or financial exploitation, the investigation shall continue if:

a. The death may be related to the allegation, and the allegation was not self-neglect;

b. Collaterals or alleged perpetrator were interviewed by APS or law enforcement and a finding can be made;

c. Documentation (e.g. law enforcement, medical, banks) was obtained and a finding can be made or;

d. The alleged perpetrator was in a position of trust to the Involved Adult (e.g. Power of Attorney, Durable Power of Attorney, and Guardian or Conservator) or is employed as a caregiver.

2. The APS Protection Specialist shall also follow procedures for reporting critical incidents (PPM 10212) upon learning of the death of the Involved Adult for reasons which could be related to abuse, neglect, or financial exploitation at any time following case assignment.

10211 APS Special Investigator

The role of the Adult Protective Service Special 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 APS Specialist 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 Special Investigator:

1. The (APSI) may conduct the following tasks, working in coordination with the assigned APS Specialist:
    a. Accompany the APS Specialist 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 institution’s, 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 staffing's 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.

B. 1. a.

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.CriticalIncident@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 shall send the report to the PPS Director, Assistant Regional Director, KPRC Supervisors via PRCSups@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, KPRC 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:

        i. DCF staff shall notify their immediate supervisor within 12 hours of receiving a critical or significant incident.

        ii. The supervisor shall notify the APS APA by e-mail no later than 12 hours after receiving the notification from DCF staff.

        iii. 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.

        iv. 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.

        v. 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.

10213 Contacting the Alleged Perpetrator

A. Contact with the alleged perpetrator shall be made unless:

1. The APS Specialist is unable to make contact with the involved adult (exceptions to this may be if the IA is deceased), or

2. The involved adult does not want the APS Specialist to contact the alleged perpetrator, when doing so would put the involved adult at further risk.

The APS Specialist shall consult the supervisor to discuss how to proceed in cases where there is an inability to contact the alleged perpetrator. The inability to contact the alleged perpetrator may result in a report being made to law enforcement.

B. 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.

C. 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.

D. 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.

10215 Non-Critical Death Notification

When there is an open abuse or neglect (excluding self-neglect or financial exploitation) investigation and the Involved Adult (IA) dies and the death is not related to the abuse or neglect.

A. The APS Protection Specialist shall:

1. Complete the PPS 10215 and forward it, along with a copy of the obituary, if available, to their Supervisor.

2. The Supervisor shall forward the PPS 10215 and the obituary, if available, to the Regional Assistant Program Administrator (APA).

3. The APA shall forward a copy of the PPS 10215 and the obituary, if available, to the APS Program Administrator and the Deputy Director.

4. The investigation shall be reviewed by APS Supervisor and APS APA as a possible Critical Incident if question number four (4) on the PPS 10215 is answered “yes”.

10216 Closure After Assignment

A. Factors to consider when requesting approval for closure after assignment include, but are not limited to:

1. The Involved Adult does not meet the definition in K.S.A. 39-1430(b)(1)-(2);

2. The allegations do not meet the definitions for Abuse, Neglect, Financial Exploitation (ANE) in K.S.A. 39-1430(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 10100 and 10110, to the KDADS.CSSPRC@ks.gov mailbox;

4. The incident has been previously investigated or is currently being investigated. Include the KIPS ID number of assigned case in the CAA basis;

5. DCF does not have the statutory authority to investigate;

6. Reports indicating a need for guardianship or conservatorship and there are no concerns of abuse, neglect (including self-neglect), and/or financial exploitation;

7. Reports indicating a need for guardianship or conservatorship for youth in DCF custody. Send PPS 10100 and PPS 10110 to the APA in the region where the youth resides. See PPM 10630 Guardianship and/or Conservatorship Services for Youth in DCF Custody;

8. The Involved Adult passed away prior to date of report and the report does not meet the criteria for a Critical Incident per PPM 10212 Critical or Significant Incident Notification Procedures or the Involved Adult was not a consumer receiving services from a KDADS licensed community-based facility or agency;

9. The Involved Adult passed away before face-to-face contact, and the reported allegation is self-neglect;

10. The adult is under 21 years of age and in DCF Custody as a CINC. (These are investigated by Child Protective Services per PPM 1385 Reports Involving Adults Under 21 Years of Age and in Custody of the Secretary of DCF.);

11. The alleged incident occurred in another state;

12. The Involved Adult has left the state with no plans to return;

13. The Alleged Perpetrator (ALP) is a law enforcement officer (See PPM 10200 Conducting an Investigation F for guidance.);

14. Unable to locate Involved Adult. Reasonable attempts to determine safety as defined in PPM 10210 Contacts During the Investigation were made to locate the Involved Adult.

15. Report is the responsibility of another agency. The report shall be forwarded to that agency.

B. Process for Requesting Closure After Assignment

1. Closure after assignment may be requested prior to or following the initial face-to-face contact with the Involved Adult.

a. The request for closure after assignment shall be made within five (5) working days from date of initial face-to-face contact or date of second (2) unsuccessful attempt or 10 calendar days after the PPS 10231 Involved Ault Interview Request letter has been mailed.

b. If the request for closure after assignment is made prior to the initial face- to-face contact due date, the request shall be made in time to allow timely face-to-face contact with the Involved Adult if the request is denied.

c. If KPRC 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.

d. If KPRC determination comes after the required time frame for initial face-to-face contact, the APS Protection Specialist shall have made a face-to-face visit or have made at least two (2) attempts within the required timeframe.

2. The APS Protection Specialist shall complete the PPS 10216 and consult with APS Supervisor to determine whether CAA is appropriate.

a. The investigation shall continue if;

i. 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, or financial exploitation.

ii. Additional information is needed to assess risk or safety concerns.

b. The APS Protection Specialist and supervisor shall review the report and additional information gathered under a. If CAA is appropriate the supervisor shall forward to the APS APA. Additional information shall be documented in KIPS.

c. The APS APA shall determine whether to continue with the investigation or request CAA from KPRC.

i. The APS APA shall submit the closure after assignment request form in SharePoint for KRPC's review and final determination.

ii. KPRC will complete the closure after assignment request form in SharePoint and an auto generated email from SharePoint is sent to the requestor with the final determination.

a. If the closure after assignment request is approved, KPRC shall document in KIPS and set the investigation to complete. KPRC staff shall forward the report to the appropriate agency or to the appropriate CSSPRC or MHPRC mailbox, if applicable and document in the investigation record in KIPS.

b. If the closure after assignment request is denied, KPRC shall document the denial in KIPS.

2. Closure after assignment of only one allegation if there are multiple allegations assigned.

a. The APA or Supervisor shall submit a request to the PRC Supervisor mailbox DCF.PRCSups@ks.gov and indicate the request for closure after assignment is for one allegation only and the investigation will remain open under the other allegation(s). The APA or Supervisor shall document in KIPS.

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 Involved Adult. Therefore, the decision to conduct a joint investigation is solely the decision of the APS Protection Specialist and Supervisor.

A. 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 APS Protection Specialist.
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 Alleged 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 (ANE) of Attorney General's Office When Unable to Complete an Investigation:
    1. When the APS Protection Specialist and Supervisor have determined the investigation cannot be completed and determine further action may be needed to protect the Involved Adult, the APS Protection Specialist 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 Protection 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.

    2. 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 Office:

    1. When the ANE Unit requests additional information on an APS investigation in which it appears a crime may have been committed and the PPS 10100, 10110, and 10120A have been sent to LE and the ANE Unit, the APS Protection Specialist will respond directly to the ANE Unit staff requesting the information.

    2. When the ANE Unit requests information regarding a substantiated finding packet, the APS Protection Specialist shall provide the requested information to the APS supervisor and Assistant Regional Program Administrator. The Assistant Regional Program Administrator will review the information to ensure all requested information has been provided, and shall, within ten (10) working

days of the request, forward the requested information to ANE unit staff making the request.

3. If the request is for a copy of the case record. The Assistant Regional Program Administrator shall ensure the contents of the KIPS file are up to date and complete. Upon completion of the case review. The APA shall email the PPS Deputy Director or APS Designee who is responsible for coordinating all requests for information/records and serves as liaison to the ANE unit. PPS Administration staff shall prepare the file for electronic submission and notify the PPS APS Deputy Director when ready to send. The PPS APS Deputy Director shall review the documents and forward to ANE Unit staff.

10221 Assigned KDHE Licensed Facility Reports to APS

1. The APS Specialist shall investigate staff-to-consumer reports for the below licensed Kansas Department of Health and Environment (KDHE) facilities:
    a. Home Health Agencies- Licensed & Certified
    b. Home-Based Hospice
2. Upon assignment of an investigation involving a Home Health Agency or Hospice, the APS specialist shall send the non-redacted Combined Intake Report to KDHE.Complaints@KS.gov.
3. The APS Specialist and KDHE investigator may work jointly on the investigation.

10224 Assessment of Involved Adult

Within thirty (30) or sixty (60) working days of receiving a report, the APS Protection Specialist shall complete a thorough investigation and assessment. The goal of the investigation and assessment is to determine the safety of the Involved Adult (IA) and to recommend services required to address any needs identified through the assessment.

If conducting the investigation and assessment within thirty (30) or sixty (60) working days would interfere with an ongoing criminal investigation, the time period for the investigation and assessment shall be extended, but the investigation and assessment shall be completed within ninety (90) working days.

Assessment is an ongoing process. The assessment is based on the APS Protection Specialist's observations, interviews with the Involved Adult 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 Involved Adult as part of the APS investigation.

1. Environment

a. Assess whether the daily living environment contributes to the Involved Adult's risk, including:

i. The Involved Adult is sufficiently mobile to exit the home in case of an emergency or has an assistance plan for exiting in case of an emergency.

ii. The living quarters are adequately heated or cooled.

iii. Toilet facilities are available and in working condition.

iv. There is refrigeration and or other adequate storage for food.

v. There is ready availability of a telephone or other communication device to contact help.

vi. There is no animal, rodent, or insect infestation.

vii. Utilities are working.

viii. 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 Involved Adult's environment, and whether the adult is isolated in his or her environment.

2. Functional Ability

There is a direct relationship between an Involved Adult's risk of being abused, neglected, or exploited and his or her dependence on others for performance of activities of daily living (ADL's). An assessment of the Involved Adult's ability to manage these activities of daily living is one consideration in assessing his or her need for protective services. Examples of ADL's 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 Involved 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 Protection 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 APS Protection Specialist or reported by the Involved Adult or other observers that may not have been diagnosed or treated.

c. The number and types of medication(s) the Involved 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 an APS Protection Specialist's assessment of an Involved 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 Involved Adult's endangerment. This assessment can provide the APS Protection Specialist 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 (e.g., insomnia, nightmares, crying spells, depression, agitation, unusual fears, thoughts, perceptions, delusions, hallucinations, etc.)

e. Major life changes in the past year (e.g., death of a significant person, loss of income, a move, an illness, divorce, institutional placement, etc.)

f. Ability to follow simple one-step instructions

g. Ability to manage financial affairs

h. Appropriate responses to questions

a. Self-endangering behavior of the adult (e.g., suicidal behavior, refusal of medical treatment, gross self-neglect, wandering, aggressive acts that are likely to precipitate retaliation, etc.)

j. The APS Protection Specialist's evaluation regarding the Involved 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 ability to consent

Mental illness, intellectual disability, physical illness, memory impairment, developmental disability, alcoholism, substance abuse, and other conditions may be reasons why an Involved 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 Protection 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 Involved Adult's ability to make and communicate a choice from the realistic choices available. Assess the Involved Adult's ability to maintain the choice made until it can be implemented.

2. Ability to understand relevant information:

Assess the Involved Adult's ability to understand information that is relevant to the choice that is to be made (e.g., without treatment gangrene will likely cause death).

3. Ability to compare risks and benefits of available options:

Assess the Involved 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 Involved 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 Involved Adult's ability to comprehend and appreciate the situation. An Involved Adult may be able to understand relevant information (e.g., without treatment gangrene will likely cause death) and yet be unable to appreciate his or her own situation (e.g., 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 Involved 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. Guidelines for determining decisional ability

APS Protection Specialist shall use the Cornell-Penn Interview for Decisional Abilities (IDA) to determine decisional ability of the Involved Adult. IDA is an evidence-based, semi-structured interview tool, utilized to gather information about a client's decision-making abilities.

IDA is designed to accurately capture an individual's general understanding and personal appreciation of risk as well as their ability to make reasoned decisions about service options. IDA helps navigate a vulnerable adult's right to refuse protective services, specifically the right to self-determination.

IDA will be used by APS Protection Specialists that have been fully trained and received their IDA Practitioner badges.

1. IDA Steps:

    a. APS Protection Specialist will complete the pre-IDA. APS Protection Specialist may consult with a supervisor or designee if guidance is needed.

    b. APS Protection Specialist will choose and reword the risk that poses the highest level of endangerment to the Involved Adult.

    c. APS Protection Specialist will use the same identified reworded risk for each step of IDA to ensure consistency.

    d. APS Protection Specialist will document the Involved Adult's responses using direct quotes on IDA.

    e. APS Protection Specialist will complete IDA in its entirety.

    f. If APS Protection Specialist marks a "maybe" or "no" on the judgment section of IDA, then APS Protection Specialist shall consult with the APS supervisor or designee within 24 hours to determine next steps. Otherwise, the post-IDA can be completed during the staffing for case finding with the APS supervisor or designee.

    g. APS Protection Specialist will upload a copy of the completed IDA into KIPS.

    h. APS Supervisor/Designee will document IDA results in the case finding note in KIPS.

2. There may be events when IDA is not applicable.

These events will need to be staffed with the supervisor or designee and documented within the case file. The supervisor or designee may request the APS Protection Specialist to attempt IDA. These events may include but are not limited to:

a. The Involved Adult has a guardian or an active DPOA.

b. The Involved Adult is unable to actively participate in the interview due to mental, physical, or severe cognitive concerns.

c. The Involved Adult appears to be under the influence of illicit drugs/ intoxicated and is unable to actively participate in the interview.

d. The Involved Adult refuses to participate during initial face to face assessment or refuses to patriciate in IDA.

e. If there are safety concerns for the APS Protection Specialist or Involved Adult while attempting IDA.

f. If the APS Protection Specialist believes completing IDA would cause harm to the Involved Adult, then staff with a supervisor or designee and document in the case notes in KIPS.

g. If law enforcement requests APS to not proceed, staff with a supervisor or designee for next steps and document in the case notes in KIPS.

D. Support System

To assess the Involved Adult's support system, the APS Protection 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 Involved 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 Involved Adult from informal and formal support systems?

E. Income and resources

Assess the Involved Adult's knowledge of his or her income and resources and his or her ability to manage his or her 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 Involved Adult is unable to discuss his or her income and financial management ability, the APS Protection Specialist should contact family members, supportive friends, substitute decision makers or financial institutions who have knowledge of an Involved Adult'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 a supervisor, regional assistant program administrator (APA) or designee and a finding made within thirty (30) or sixty (60) working days. Cases involving Abuse, Neglect and Self-neglect shall have findings completed within thirty (30) working days of the case assignment. Cases assigned for financial exploitation shall be made within sixty (60) working days of the case assignment.

A. Types of Findings:

1. 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.

    a. Unsubstantiated – The facts or circumstances do not provide clear and convincing evidence to meet the K.S.A. definition of abuse, neglect, or financial exploitation.

b. 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, or financial exploitation.

2. In the rare event where there is clear and convincing evidence that the abuse/neglect/financial exploitation did occur but the evidence to substantiate on the Alleged Perpetrator is not clear and convincing, a substantiated finding can be made without an identified perpetrator.

B. Law Enforcement Involvement:

1. When law enforcement has directed APS to not interview the Alleged Perpetrator until the completion of the criminal investigation, the APS protection specialist shall contact the Alleged Perpetrator after receiving instructions from law enforcement for the APS investigation to move forward. The APS Specialist shall follow procedures in PPS 10213 for contacting the Alleged Perpetrator.

2. The report of a law enforcement investigation may be used to help make a finding.

C. Allowable late finding reason:

1. If completing the case finding within thirty (30) working days for abuse and neglect or sixty (60) working days for financial exploitation, 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.

2. 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 result of the criminal investigation. A new finding (PPS 10300) shall be sent to the Alleged Perpetrator and Due Process shall be followed.

10315 Corrective Action Plans

A Corrective Action Plan (CAP) may be offered to an alleged perpetrator when the allegation of Financial Exploitation will be Substantiated. A CAP may be offered on a case-by-case basis, only after consulting with the APS Supervisor, Regional Assistant Program Administrator and DCF Legal.

A. Corrective Action Plans:

1. A CAP shall have final approval by the Regional APA, Program Administrator and/or Deputy Director prior to presenting the CAP to the alleged perpetrator (ALP) for signature.

2. A CAP shall be implemented and signed by the ALP **prior** to the finding of the investigation being completed.

3. The incentive for an Alleged Perpetrator to complete the CAP is his/her name will not be placed on the Adult ANE Central Registry and the finding will be amended from substantiated to unsubstantiated after all funds have been repaid to the Involved Adult or designee.

4. Corrective Actions Plans are individualized plans which shall be written with input from the Involved Adult and the Alleged Perpetrator.

5. A CAP may only be used for the purpose of restoring money or property.

B. 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 Based Services waiver attendants, employees of community service providers (CSPs), and Residential Care Facility or Adult Family Home staff.

C. When determining whether to offer a CAP the APS Protection Specialist may consider the following information:

1. If the Alleged Perpetrator is able to pay the money back;

2. If the financial exploitation deprived the Involved Adult of needed goods and/or services;

3. If the Alleged Perpetrator acknowledges why his/her action were exploitative;

4. If there have been no prior instances of substantiated Abuse, Neglect, or Financial Exploitation on the part of the Alleged Perpetrator.

D. To initiate a CAP, the APS Protection 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 and Deputy Director. Document approval in the investigation record.

3. Complete the PPS 10250 (CAP) with the Alleged Perpetrator.

4. Establish a schedule for the Alleged Perpetrator to provide documentation to the APS Protection Specialist or designee. It is the Alleged Perpetrator's responsibility to provide proof of repayment. Failure by the ALP to provide documentation may result in termination of the CAP.

5. The location of the payments by the ALP will be identified in the CAP. DCF cannot accept direct payments.

6. Upload 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.

7. Have a parent or guardian sign the PPS 10250 if the Alleged Perpetrator is under age 18 or if the Involved Adult has a guardian.

8. 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 ten (10) working days of the completing the PPS 10250.
9. Review the CAP every thirty (30) days for compliance and document proof of repayment in the investigation record.

E. Once the Alleged Perpetrator successfully completes the CAP, the APS Protection Specialist shall:

1. Within five (5) working days, complete and send the PPS 10315, Notice of Termination of Corrective Action advising the Alleged Perpetrator of the outcome of the CAP.
2. Amend the finding to unsubstantiated and the ALP's name will not be placed on the Adult ANE Central 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. Upload a copy of the PPS 10315 into the notes section of the investigation record.

F. If the Alleged Perpetrator fails to complete the CAP, the APS Protection 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 Alleged Perpetrator.
2. Within five (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. Upload a copy of the PPS 10315 into the investigation record.
4. After the appeal period has elapsed and the ALP has not submitted a request for fair hearing, submit the PPS 10310 to the designated APS Adult ANE Central Registry designee and upload to the investigation record.

G. If the Alleged 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 ANE Central Registry.

10320 Required Documentation for Case Findings

The APS Protection Specialist shall review all abuse, neglect, and financial exploitation with the supervisor or designee. Once a finding is reviewed, the APS Protection Specialist shall complete all necessary documentation in the Kansas Intake/Investigation Protection System (KIPS) notes section within 5 working days.

A. Notes Section Documentation

1. The APS Protection Specialist, in consultation with the supervisor or designee, shall make the finding decision. The finding decision and its rationale shall be documented by the APS supervisor or designee in KIPS as a Meeting/Case Conference note type.

a. The finding note required elements include, but not limited to:

i. A summary of allegations and information about the involved adult, including, but not limited to, vulnerability, cognitive status, and if applicable legal representative.
ii. A summary of the interview with the Involved Adult (IA).
iii. Documentation of Interview for Decisional Abilities (IDA) and the outcome of the IDA.
iv. Collateral information
v. A summary of the interview or explanation of attempts to interview the Alleged Perpetrator (ALP).
vi. A finding determination based on clear and convincing evidence and the definition of Abuse, Neglect, or Financial Exploitation.

B. Notice of Agency Decision(s)

1. The PPS 10300 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.

a. The Notice of Agency Decision shall include 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.
b. The following language shall be used in PPS 10300 Notice of Agency Decision.
i. On DATE, DCF received a report alleging ALLEGATION of VICTIM. Based on the information gathered during the investigation there (is/is not) clear and convincing evidence to determine ALLEGATION has occurred as defined by K.S.A. 39-1430.
c. The PPS 10300 Notice of Agency Decision shall not be sent to the Involved Adult.

2. The PPS 10320A Notice of APS Case Closure - For Self Neglect Cases and PPS 10320B Notice of APS Case Closure - Non-Self Neglect Cases shall be sent to the involved adult or, if applicable, his/her guardian. The PPS 10320A form letter shall be used for self-neglect assessments, and the PPS 10320B form letter shall be used for investigations of all other allegations.

a. The APS Protection Specialist may delay sending the PPS 10320B until after all allegations in a case have a finding.

i. The PPS 10320A or PPS 10320B shall be sent within five (5) working days after all case allegations have a finding.

ii. If the guardian is the alleged perpetrator, the PPS 10320B shall not be sent to the guardian, as they receive notice of the agency decision by receiving the PPS 10300 Notice of Agency Decision.

iii. When there are allegations of both self-neglect and another allegation type(s), the involved adult shall be sent only the PPS 10320B.

3. The APS Protection Specialist shall consult with the supervisor, and if necessary, the regional attorney, if there are concerns of notification of a finding to the involved adult or alleged perpetrator might jeopardize the safety of the involved adult. If the decision is not to send a PPS 10320B Notice of APS Case Closure Non Self-Neglect or PPS 10300 Notice of Agency Decision, the reason shall be documented in KIPS. In all substantiated cases, the alleged perpetrator shall be notified.

C. Notification to Law Enforcement, County/District Attorney

1. If the finding is substantiated, a copy of the PPS 10350 shall be forwarded to the appropriate law enforcement agency 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

1. 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 within five (5) working days of the finding date.

E. Memo Notifications to Community-Based Facility Regarding APS Finding(s) (PPS 10340)

1. 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:

a. The abuse, neglect or financial exploitation (ANE) occurred in the facility (residential, day services, etc.) or
b. The alleged perpetrator of abuse, neglect, or financial exploitation is an employee of the KDADS licensed community-based facility, and the facility is providing in-home services to the involved adult.

2. The PPS 10340 shall be sent within five (5) working days of the finding decision. The memo shall not include the perpetrator's name.

3. See PPM 10111.A.2.a, for examples of community-based facilities licensed by KDADS.

4. If the allegation is self-neglect, do not send a PPS 10340.

F. Notification to Quality Management Specialists (QMS) Regarding APS Finding

1. The QMS shall be notified of the investigation outcome by sending the PPS 10100, 10110, and 10300 or 10320A (as applicable) to the KDADS.CSSPRC@ks.gov for adults on a waiver or to the KDADS.MHPRCReports@ks.gov for adults receiving services from a Certified Community Behavioral Health Clinics (CCBHC) within five (5) working days of the finding date.

2. The QMS shall also be sent the PPS 10340 Memo Notification to Community Based Facility Regarding APS Finding 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).

3. The subject line of the email shall contain specific information necessary to identify the type of report for KDADS. The subject line shall not include the involved adult's name:

a. Finding: Substantiated or Unsubstantiated

i. HCBS Waiver Type: FE, PD, IDD, BI, etc. or name of Certified Community Behavioral Health Clinics (CCBHC)

ii. County where the facility is located: Two letter code

iii. An example for the subject line of the e-mail shall read:

Unsubstantiated PD JO

Substantiated Pawnee Mental Health Services RL

4. If additional information is obtained during the investigation which that was not fully described on the PPS 10100, PPS 10110, or PPS 10340 the Protection Specialist may provide a summary in the email notification.

G. Notification to the Attorney General's Abuse, Neglect, and Exploitation (ANE) Unit.

1. The following shall be e-mailed to the ANE Unit of the Attorney General's office within ten (10) working days of the date of finding if the finding is substantiated:

a. A copy of the PPS 10300, Notice of Agency Decision, except self- neglect;

b. Notifications to Law Enforcement: PPS 10120A and PPS 10350;

c. The APS Closure Summary document printed from KIPS Documentation Chapter;

d. The PPS 10100 and PPS 10110;

e. The 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.

f. The subject line shall include the following wording: “New Finding” and “encrypt”. E-mail documents to the following address ANE@ag.ks.gov

H. Notification to the Attorney General’s Medicaid Fraud Control Unit (MFCU)

1. The following shall be e-mailed to MFCU within (10) working days of the date of finding if the finding is substantiated:

a. A copy of the PPS 10300, Notice of Agency Decision, except self- neglect;

b. Notifications to Law Enforcement: PPS 10120A and PPS 10350;

c. The APS Closure Summary document printed from KIPS Documentation Chapter;

d. The PPS 10100 and PPS 10110;

e. In the MFCU Unit e-mail, include in the subject line the wording “New Finding” and “encrypt”. E-mail documents to the following address: MFCU@ag.ks.gov

I. Reports to State Regulatory Authority from Adult Protective Services Regarding Finding of Abuse, Neglect, or Exploitation (PPS 10360)

1. At the conclusion of the appeal period, the APS Protection Specialist or designated staff shall, within five (5) working days 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).

J. Notification to PPS Administration of Substantiated Finding on Person who Works, Resides, or Volunteers in a childcare facility (foster or group homes) regulated by DCF Licensing or KDHE

1. When a substantiated finding is made regarding an alleged perpetrator who works, resides, or volunteers in a childcare facility regulated by DCF Licensing or KDHE, PPS Administration shall be notified of the substantiated finding.
The steps are as follows:

a. The APS Protection Specialist notifies the supervisor

b. The APS Supervisor informs the APS Assistant Program Administrator (APA).

c. The APA will complete the PPS 10212 Critical Incident Form and send it, along with the copy of PPS 10100, 10110 and the 10300 to Assistant Regional Director, Regional Attorney, APS Program Administrator, and the DCF Critical Incident mailbox by close of business on the next working day after finding made:

i. In the subject line of the e-mail, indicate this is a substantiated finding on a person who works, resides, or volunteers in a childcare facility regulated by DCF Licensing or KDHE.

2. Review of the substantiated finding and providing additional information shall follow PPM10212 C-E.

10321 Notifications to Community Based Facilities or Adult Care Homes

A. The notification (PPS 10340) 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 financial exploitation (ANE) occurred in the facility (residential, day services, etc.) or

2. The Alleged Perpetrator of abuse, neglect, or financial exploitation is an employee of the KDADS licensed Community-Based facility, and the facility is providing in-home services to the Involved Adult.
    a. The PPS 10340 shall be sent within five (5) working days of the finding decision (SUBSTANTIATED and UNSUBSTANTIATED).

    b. See PPM 10110 (B)(1)(b) for examples of Community-Based facilities licensed by KDADS.

    c. If the allegation is self-neglect, do not send a PPS 10340.

    d. The PPS 10340 shall not include the name of the Alleged Perpetrator. For consistency, the KIPS determination notes box on the Investigation Chapter shall utilize the following language;
        i. *“On (DATE) DCF received a report alleging (ALLEGATION) of (VICTIM). Based on the information gathered during the investigation, there (is/is not) sufficient evidence to determine (ALLEGATION) has occurred as defined by K.S.A. 39-1430.”*

B. Notification to Adult Care Homes regarding the Substantiated APS finding shall be sent to the Adult Care Home Administrator in the following situations.

1. The abuse, neglect, or financial exploitation occurred while the Involved Adult is a resident of the Adult Care Home at the time of the report or incident and the Alleged Perpetrator is a community member. K.S.A. 49-1433 (d).

2. This includes any incidents that occurred in the community while they were a resident of the Adult Care Home.
    a. The PPS 10340 shall be sent within five (5) working days of the finding decision (SUBSTANTIATED ONLY).

    b. The PPS 10340 shall not include the name of the Alleged Perpetrator. For consistency, the KIPS determination notes box on the Investigation Chapter shall utilize the following language;
        i. “*On (DATE) DCF received a report alleging (ALLEGATION) of (VICTIM). Based on the information gathered during the*

investigation, there (is/is not) sufficient evidence to determine (ALLEGATION) has occurred as defined by K.S.A. 39-1430."

10322 APS Confirmation/Finding for Crisis Exception Requests

This policy establishes the process and procedures for a request from an outside agency to DCF APS regarding the outcome/finding of an investigation allegation of abuse, neglect, or financial exploitation. Crisis exception requests for the Home and Community Based Services (HCBS) waiver programs managed by the Kansas Department of Aging and Disability Services (KDADS) allows applicants to bypass a waitlist if immediate program access is not available due to the establishment of a waitlist.

A. Requests to APS from Outside Agencies for Investigation Findings:

    1. Applicants for an HCBS waiver crisis exception shall meet at least ONE of the crisis reasons listed in the KDADS policy for crisis exceptions and shall submit the required documentation for the reason along with the crisis exception request to facilitate a crisis exception request determination.

B. The criteria pertaining to DCF APS is listed below:

    1. Adult Protective Service (APS) report of abuse, neglect or exploitation.

    2. A copy of the substantiated documentation from APS within 30 days before the date of the crisis request.

    3. Outside agencies will request documentation of a substantiated finding of ANE from APS. These requests may come from Kansas Department of Aging and Disability Services (KDADS), Managed Care Organization (MCO), Community Developmental Disability Organization (CDDO), Aging and Disability Resource Center (ADRC) or Area Agency on Aging (AAA).

C. The APS protection specialist shall review the request for documentation of a substantiated finding and follow the steps below:

    1. The agency requesting the information shall obtain a signed Release of Information, from the Involved Adult (IA) and/or Guardian/Conservator and provide that release to DCF APS prior to requesting this documentation from APS.

    2. An allegation of ANE has been substantiated within the last 30 days of the crisis request.

    3. The APS protection specialist shall send a completed APS Substantiated Finding Confirmation form (PPS 10322a) to the requestor.

D. APS Protection Specialists requesting a crisis exception for an Involved Adult:

1. APS protection specialists may find that an Involved Adult (IA) is on the waitlist for waiver services but is currently in need of the supports now from the HCBS waiver programs due to the IA being in crisis or imminent risk of a crisis. In these situations, the protection specialist shall review the investigation with the supervisor or designee for approval of submission. The protection specialist may work with a community provider to submit a crisis exception request.

2. KDADS policy states: Persons shall be determined to be in crisis under the following conditions:
    i. 1. Documentation from law enforcement or DCF supporting the need for the person's protection from confirmed abuse, neglect, or exploitation (ANE);

    ii. Documentation substantiating the person is at significant, imminent risk, and is capable of performing serious harm to self or others.

E. Criteria to submit a crisis exception request for APS staff:

1. An open APS investigation and Substantiated finding of ANE.

2. APS protection specialist is working with a community provider such as the AAA, ADRC, MCO, CDDO, or KDADS to submit the request on APS's behalf.

3. When an Involved Adult is in need of HCBS waiver services now due to being in crisis or at risk of being in a crisis.

4. Review with a supervisor or designee for approval to submit.

F. Physical Disability (PD) Waiver:

1. An individual on the PD waiver waitlist who is in a crisis or imminent risk of crisis may submit an HCBS–PD Consumer Evaluation of Needs, which is the crisis exception request form for the PD waiver to bypass the waitlist and access the PD Waiver.

2. APS protection specialist shall review with their supervisor or designee prior to submitting the APS Substantiated Finding Confirmation form PPS 10322a to the community provider who is assisting with the crisis exception request.

G. Intellectual Developmental Disability (IDD) Waiver:

1. An individual on the IDD waiver waitlist, who is in crisis or imminent risk of crisis, may submit a crisis request for review. All persons requesting access to HCBS-IDD waiver program services must meet IDD eligibility determination standards and functional eligibility requirements.

2. APS protection specialist shall review with their supervisor or designee prior to submitting the APS Substantiated Finding Confirmation form PPS 10322a to the Community Developmental Disability Organizations (CDDO) in the area which the IA resides or to the community provider who is assisting with the crisis exception request.

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 Central 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. Requests for Fair Hearing:

   1. 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.).

   2. Submitted to DCF means the request is received by any DCF employee at any DCF office.

   3. 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 the APS Protection Specialist or Designee shall:

   1. Within one working day of the receipt, review the investigation record to determine if the request was received timely and provide notice of request for a fair hearing to the APS Supervisor and DCF Regional Attorney.

   2. Within one working day of receipt, forward the request to:

      Office of Administrative Hearings
      Mail: 1020 S. Kansas Avenue, Topeka, KS 66612
      Fax: 785-296-4848
      Email: oah@ks.gov

3. Within one working day of receipt, document and attach the request in the investigation record.-

4. Within one working day of receipt, add the appeal to the investigation record in the Allegations Chapter to stop the ALP's name from automatically being entered onto the Adult ANE Central Registry during the appeal process and/ or until OAH has made a final determination.

10331 Agency Response to a Request for Fair Hearing

Department for Children and Families (DCF) Adult Protective Services (APS) process for reviewing notifications of requests for fair hearing submitted by the alleged perpetrator. The agency shall review the request and reconsider its decision on the substantiated finding before proceeding with the appeal hearing. The agency may amend or change its action or decision before or during the appeal hearing.

A. Reviewing Request for Fair 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 Protection 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 Protection 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 Protection Specialist in writing of their recommendation.

4. The APS Protection 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 Protection Specialist or designee shall:

1. Send an amended Notice of Agency Decision (PPS 10300) to:
   a. the Alleged Perpetrator,
   b. Law Enforcement,
   c. Abuse Neglect and Exploitation (ANE) and Medicaid Fraud and Abuse Division (MFCU) Units of the Attorney General Office, and
   d. Quality Management Specialist mailbox: KDADS.CSSPRC@ks.gov or KDADS.MHPRCReports@ks.gov.

2. Notify the Involved Adult and/or guardian /conservator (if applicable) of modified agency decision using the PPS 10320B.
3. If applicable, send an amended PPS 10340 to the chief administrative officer of the KDADS licensed agency/facility at which the ANE occurred.
4. If applicable, send an amended PPS 10340 to the nursing home administrator at which the involved adult is a resident of during the investigation.
5. Notify the Regional Attorney or designee of the decision to modify or reverse original agency finding.
6. Notify PPS Administration ONLY when there has been a reversal of a substantiated finding made on an Alleged Perpetrator who works, resides, or volunteers in a foster home regulated by DCF.
    a. Notification shall be made by e-mailing the amended PPS 10300, the PPS 10100 and 10110 to the following:
        i. Assistant Regional Director
        ii. Regional Attorney,
        iii. APS APA,
        iv. APS Supervisor,
        v. APS Program Administrator, and
        vi. DCF Critical Incident mailbox, DCF.CriticalIncident@ks.gov

    Indicate in the subject line of the email “this is a reversal of substantiated finding on a person who works, resides, or volunteers in a foster home regulated by DCF.”
7. Upload a copy of any amended PPS 10300, 10320B, and 10340’s along with all notices sent to the above applicable parties to the investigation record.

C. Regional Attorney staff or designee shall submit a written report to the Office of Administrative Hearings:
    1. 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.

D. If the agency decision is upheld, and the request for fair hearing was filed timely, the APS Protection Specialist or designee shall:

    1. Prepare the appeal summary which has been ordered by the Administrative Hearing officer.
    2. Upload one copy of the appeal summary and attachments to the OAH e-filing system https://oah.ks.gov/Account/Login ~~Presiding Officer~~ and mail one copy of these documents to the Appellant or their representative if they have not

signed up in the OAH e-filing system within fifteen (15) days of receipt of the fair hearing request.

3. Provide a copy of the appeal summary and attachments to the Regional Attorney if applicable.
4. Scan a copy of the appeal summary, into the notes section of the investigation record along with any additional documentation throughout the appeal period.
5. Continue to monitor the OAH e-filing system for uploaded documentation and communication regarding the status of the appeal throughout the appeal process.

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 Pre hearing 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. The APS Specialist 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 APS Specialist 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

Office of Administrative Hearings final decision regarding Fair Hearing appeal reported to Department of Children and Families, Adult Protective Services.

A. 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 Protection Specialist or designee shall follow procedure outlined in PPM 10331 (B).

    2. When substantiated finding decision is affirmed, the APS Protection Specialist or designee 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. Upload a copy of the final ruling from Office of Administrative Hearings into the investigation record.

        c. Review the investigation record Participant Chapter - alleged perpetrator participant to ensure all data fields have been completed and have accurate information, to include the DOB, SSN, spelling of name, etc.

        d. Set the allegation status to complete in the investigation record under the Allegation chapter in KIPS.

        e. Submit the PPS 10310 to the designated APS Adult ANE Central Registry contact and upload to the investigation record.

10400 Accessing Information from the Adult Abuse, Neglect, and Exploitation Central Registry

The Secretary of Department for Children and Families (DCF) maintains an Adult Abuse, Neglect, and Exploitation (ANE) Central Registry of substantiated perpetrators of Abuse,

Neglect, and Financial Exploitation. 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 ANE Central Registry until due process is exhausted.

A. Accessing Information for the Adult ANE Central Registry of Substantiated Perpetrators
    1. The names of individuals listed in the registry are those with a substantiated finding since July 1, 1997.

    2. 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 requires a signature from the individual for which the inquiry is made.

    3. 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.

    4. 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 ANE Central Registry.

    5. An ink signature or a Verified E-Signature from a trusted company is required for the PPS 10400.

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 Adult Abuse Neglect, and Exploitation (ANE) Central Registry when the following conditions are met:

1. Three years have elapsed since the perpetrator's name was entered on the Adult ANE Central 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

Effective January 1, 2019, all cases accepted for investigation shall be retained indefinitely. Prior to January 1, 2019, unsubstantiated/unconfirmed cases and guardian/conservator cases were destroyed after six years.

Records are retained or destroyed using the following criteria:

A. Paper files prior to KIPS:

1. Retain reports not assigned for further assessment for two (2) years.
2. Retain indefinitely, all cases accepted for investigation. Guardian/conservator cases shall also be retained indefinitely. On cases involving self-neglect allegations only, substantiated/confirmed cases may be destroyed after six years if the adult is deceased.
3. 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 the Regional attorney.

B. KIPS Records:
   1. All records in the Kansas Intake/Investigation Protection System (KIPS) shall remain indefinitely.
      a. All documents, forms, records received, and handwritten notes captured during an investigation shall be uploaded into the KIPS investigation file and then the paper copy shall be destroyed/shredded after the investigation has been reviewed and set to complete.

      b. The exception being items gathered during the investigation that are unable to be uploaded into the electronic KIPS file. For example; video or audio footage provided to the agency on a CD, DVD, flash drive, or other form etc. These shall be kept at the DCF office in a secured lockbox by either the Regional Assistant Program Administrator or the Regional APS Supervisor. APS staff shall add a note to the KIPS investigation file indicating what information was unable to be uploaded into the electronic system and why. The note shall specifically indicate where that

information is currently being stored (supervisor or APA's lockbox in their office).

2. Other Documents & Information to be kept in the KIPS Investigation Files:
    a. APS substantiation appeal requests and final orders from Office of Administrative Hearings

    b. Adult Abuse, Neglect, & Exploitation Central Registry expungement requests, approvals, and denials

    c. Petitions to the court for guardian/conservatorship from DCF legal of an APS Involved Adult to include, initial petition, court orders received; temporary orders and/or final orders on guardianship/conservatorship of an Involved Adult.

C. Paper files/original copies:

1. DCF Legal maintains records of guardian/conservator files DCF APS has filed with the courts.

2. Adult ANE Central Registry expungement files are kept at the DCF administration building.

10500 Providing Services

Assessments for protection needs are ongoing throughout the life of the case. The APS Specialist 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 APS Specialist shall begin the process to secure a guardian/conservator (See PPM Section 10600 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 information on having a power of attorney if the Involved Adult has capacity and there is an appropriate option for health care/financial decisions;

3. Social Security Payee;

4. Activated Durable Power of Attorney (DPOA)

5. Voluntary conservatorship;

6. Temporary Guardianship and/or Temporary Conservatorship;

7. Full Guardianship and/or Conservatorship with a plan;

8. Full Guardianship and/or Conservatorship;

9. 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 thirty (30) or sixty (60) 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) or sixty (60) working day investigation period using the APS Service Plan, PPS 10500. If services can be completed during the thirty (30) or sixty (60) working day investigation period, a PPS 10500 is not required.

    1. The Involved Adult may identify family members to assist with tasks.

    2. 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 Involved 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 Involved Adult has a guardian, the guardian must consent and sign the service plan on behalf of the incapacitated Involved 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.

4. Once the Involved Adult is no longer in need of protective services, the outcomes identified on the service plan are accomplished, or the Involved 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.

10515 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 (Speed chart ISD27351). The appropriate expenditure classifications (INF45 code) can be found on the instructions for the PPS 2833 Client Purchase

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/conservatorship case if one of the following criteria below is met:

    1. An open investigation of abuse, neglect, or financial exploitation; 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 Involved Adult; and

    2. Have no appropriate, willing or able family or other individual available to assist the Involved 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 Department for Children and Families (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 (KGP) for the appointment of a guardian and/or conservator.

See Section PPM 3240 for additional information.

A. Initial process for referral to APS for KGP 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 10600B and the PPS 10610, Decision-Making and Functional Assessment: Criteria for Legal Impairment to the appropriate DCF Regional APS Assistant Program Administrator (APA).

The referral packet shall also include:

a. A copy of the Child in Need of Care (CINC) Journal entry & CINC court case number.

b. A copy of the youth's transition plan, PPS 3059.

c. If applicable, any psychological evaluations that have been completed.

d. 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.

e. A copy of the youth's current driver's license or KS ID card.

2. 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 Assistant Program Administrator (APA) shall forward the referral to the APS APA in the appropriate Region.

3. The APS APA shall forward the referral to the APS Supervisor.

4. The APS Supervisor shall review the referral packet and if appropriate/ complete, assign an APS Specialist to continue the process for obtaining a guardian and/or conservator. The APS supervisor shall notify the CWCMP regarding the approval for a referral or the need for further information.

5. 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 referral packet (see PPS 10630 A.) when an eligible youth turns 17 years old and forward it to the APS APA. A Guardian/ Conservator (G/C) may not be petitioned for prior to the youth turning 18.

2. The APS Specialist shall review the referral packet to ensure necessary information has been included and review with their supervisor.

3. The APS Specialist shall forward the referral packet 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 APS Specialist shall forward the referral packet along with any supporting documentation including the Report of Examination and Evaluation to the DCF regional staff attorney.

7. The APS Specialist 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 APS Specialist shall forward the referral packet 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 APS Specialist 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 APS Specialist 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.

1000 Intake

The Intake process begins upon contact with a reporter alleging a circumstance of child in need of care. Reports are made to the Kansas Protection Report Center (KPRC) via the toll-free number, fax, mail, or web intake. The report date and time shall be the start of a reporter's call with KPRC staff. For reports received via letter or fax, the report date and time shall be when the letter or fax is received by KPRC.

KPRC receives reports of alleged abuse/neglect 7 days/week, 24 hours/day. For reports received after hours, on weekends and holidays, the KPRC staff shall request a welfare check when a child may be in imminent danger.

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. Policies and procedures for ICPC are addressed in PPM section 9000

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

Courtesy Interviews may be conducted by the Kansas Department for Children and Families to assist other States in completing interviews necessary for an investigation or case finding. Courtesy Interviews are not intended to fulfill walk throughs for placement or visitation purposes.

A. Out of state requests shall be forwarded to the Kansas Protection Report Center (KPRC).

1. KPRC shall generate and process the intake with an initial assessment decision of not assigned due to courtesy interview.
2. Notification shall be sent in KIPS by selecting 'INT Out of State CI' on the intake page to notify the regional mailbox.
3. The intake is available in KIPS for the CPS specialist completing the courtesy interview.

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 regional Assessment/Prevention 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 FINA 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. Child Protection Service (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 e-mail mailbox (PRCsups), and other service programs as indicated by the nature of the presenting concern. Appendix 1C 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 1C 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.

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/OBI 1011 does not need to be completed, and a fee does not apply.

1100 Recording Information Gathered at Intake

Reports and allegations received by the department shall be recorded on form PPS 1000 series via the KIPS system.

KPRC staff shall list all household members, non-custodial/residential parents, current live-in partner and alleged perpetrator identified by the reporter on the PPS 1000, Face Sheet.

A FACTS search shall be completed on all reports. If there is a prior or current open case, the 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, FACTS/KIPS/KEES shall be searched to identify the family. Only the additional alleged perpetrator, alleged victim and case head identified on the open CASE screen in FACTS are required to be added to the Participants in KIPS for the PPS 1000 page. All other individuals listed on the open CASE screen shall be updated in FACTS by the region after assignment, once the individuals living in the household have been verified. (Per PPM 2025, 2700 and 2721)

A KEES search may be utilized as a resource, if needed, to verify an address. If the KEES search identifies dates of birth or social security numbers for participants, these shall be added whether the case is open or closed. If the KEES case is open and the address conflicts with information provided by the reporter, the KEES address shall be indicated on the "Prior DCF Involvement" section of the PPS1001 with the address source cited.

Information received by KPRC from the reporter regarding collateral contacts, service providers, relatives, and kin shall be listed on page two of the PPS 1000, Face Sheet.

1200 Information Gathered at Intake

For all reports, information shall be gathered regarding danger, risk and safety factors surrounding the child and family using the Appendix 1A for guidance. Information gathered shall be documented in the corresponding sections provided on the PPS 1001, Section I.

Inquiry about the following shall occur to help develop the initial assessment:

1. Name and age of child(ren).
2. Name of person alleged to be causing the harm or injury, and information regarding access of this person to the child.
3. Contact information for other individuals or agencies who may have information about the incident.
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.
6. Extent of situation
    a. Description of any harm or injury.
    b. Impact to the child(ren).
    c. Circumstances surrounding the situation.
    d. When and where this occurred and any previous occurrences.
    e. Complicating factors that may impact the caregiver's ability to provide care.
    f. Current and past safety.
    g. Current and past harm.
    h. Community or natural resources

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 the Agency's 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 by the mailing of the PPS 1005, Notice of Action to Reporters, if the reporter's identity and address has been provided. This notice summarizes the agency's decision to accept the report for further investigation and assessment or not assign for further investigation and assessment following the Initial Assessment decision.

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 Department for Children and Families (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.

Effective July 1, 2025, K.S.A. 38-2231(d) requires the Secretary of the Department for DCF to provide an electronic method for law enforcement officers to refer a child(ren) who may be victims of abuse or neglect. Upon receiving a referral, the Secretary must initiate an investigation within 24 hours and make contact with the individuals involved. Within 24 hours of that contact, the Secretary must also provide the referring law enforcement agency with an update on the status of the investigation.

When a report is received from law enforcement by telephone, DCF staff shall gather information per PPM 1200, request a case number, and any action taken by the law enforcement agency.

The following criteria shall be used when assessing reports from law enforcement:

A. Abuse or Neglect

1. If the report alleges abuse or neglect, the report shall be placed in the law enforcement queue in KIPS and have an initial assessment decision of assigned for further assessment unless PPM 1310(A) applies.

2. When the report is received from law enforcement and involves a third party (non-family/unregulated caregiver) preliminary inquiry is not necessary. The report shall have the initial assessment decision of assigned for further assessment unless PPM 1310(A) applies.

3. If the report does not meet criteria for abuse or neglect per PPM 1310 (A), assess for non-abuse or neglect concerns (Family in Need of Assessment (FINA)) and follow B (1) or (2).

B. Non-Abuse or Neglect

1. If the report meets criteria for FINA and there are no concerns for abuse or neglect, or the abuse or neglect concerns do not meet criteria for further assessment, the report shall be placed in the law enforcement queue in KIPS with an initial assessment decision of assigned for further assessment.

2. If the report does not meet criteria for FINA or abuse or neglect, the report shall be placed in the law enforcement queue in KIPS and have an initial assessment of not assigned for further assessment.

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

An Initial Assessment shall be completed on all reports received by the agency. The Initial Assessment is to determine if:

A. There are reasonable grounds to believe abuse/neglect exists.
B. Immediate steps are needed to protect the health and welfare of the child.
C. The Family is in Need of Assessment to determine if services to the child and family are indicated.

Appendix 1A- Kansas Intake Guidance shall be used to guide the initial assessment decision.

The Initial Assessment is completed when Kansas Protection Report Center (KPRC) staff make 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 shall assess all reports received by the agency. The assessment shall determine the agency's response to the reported allegations. KPRC staff shall consider safety, risk, and danger to inform the initial assessment decision. Refer to PPM 1230 for reports received from law enforcement.

Kansas Intake Guidance shall be used when considering factors such as but are not limited to:

A. Age of the children

B. Perpetrator's access to children

C. Physical or mental condition of caregiver

D. Location of the injury

E. Seriousness of incident

F. Medical needs of the child

G. The child's ability to protect self

H. Natural support and/or community resources ability to mitigate the worry.

I. Recency of an injury

J. Impact to the child

K. Past patterns of safe and adequate care.

L. Past patterns of worrisome behavior.

M. Caregivers action or inaction.

KPRC staff should use Kansas Intake Guidance to review all possible assignment types and definitions to determine if there are reasonable grounds to believe the criteria for assignment of Abuse and/or Neglect, Family In Need of Assessment, Pregnant Woman Using Substance , Interstate Compact for the Placement of Children, or Independent Living is met, and whether the report should be assigned for further assessment, or not assigned for further assessment.

If the report meets criteria for acceptance for further assessment, KPRC staff shall document the level of response and time frame for department response.

See PPM 1302 if the report does not immediately meet criteria to accept for further assessment.

1302 Search for History for the Initial Assessment Decision

If the report is not immediately accepted for further investigation and/or assessment, a search for history is not required, but may be conducted, as needed, to guide the Initial Assessment Decision.

A. The following searches may provide additional information to guide the Initial Assessment Decision:

    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.

a. CERS- The Central Registry Search screen is used to display the names of perpetrators of abuse/neglect after the appeal period has ended or after an appeal decision has been upheld. WKRP may be substituted. Search by name and SSN, if available.

b. UNIS- The Unconfirmed / Not Involved Search screen is used to search for individuals who have an unsubstantiated finding. It can also be used to search for substantiated perpetrators listed on UNNI that are displayed during the appeal process. Search by name and SSN, if available. The UNIS screen may provide other case #s an individual is associated with.

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, a determination is made there is reason to assign, the searches may be discontinued, and the report assigned for further assessment.

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 DCF Foster Care and Residential Facility Licensing or in a Psychiatric Residential Treatment Facility (PRTF) licensed by the Kansas Department on Aging and Disability Services (KDADS), a KEES search shall be completed to determine if the alleged victim is in the custody of the KDOC-JS. 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 KEES search shall be completed to determine if the alleged victim is in the custody of the KDOC-JS. 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: KDOC_JS_DCF_Incident@ks.gov (KDOC_JS_DCF_Incident@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. Regarding K.S.A 38-2231 (d), reports received from a responding law enforcement officer regarding a child who may be a victim of abuse or neglect:

1. DCF Does Not Have Authority to Proceed and/or a Conflict of Interest. Reference PPM 1310(D).

2. Incident Has Been or Is Being Assessed by DCF and/ or Law Enforcement. Reference PPM 1310(E).

When the report originates from law enforcement and a determination is made the report does not meet criteria to assign for further assessment, KPRC shall notify the law enforcement agency of the decision to not assign via email within 24 hours of report receipt. If the determination is made because the incident has been or is being assessed by DCF or law enforcement, the notice shall include the event number under which the incident in the report was previously assigned and name of the assigned child protection specialist and supervisor.

B. For all other reports received:

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

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

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

KPRC staff 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 KPRC staff determine 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. KPRC staff shall document the reasonable efforts to locate the child and family; and the consultation with the KPRC supervisor on the PPS 1001a.

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

1. Alleged child abuse/neglect occurring in an institution operated by the Kansas Department for Aging and Disability Services (KDADS).

2. Alleged child abuse/neglect occurring in an institution operated by the Kansas Department of Corrections (KDOC).

3. Alleged child abuse/neglect by persons employed by the Department for Children and Families (DCF) or Kansas Department for Aging and Disability Services (KDADS).

4. Alleged abuse/neglect of an adult victim not in the custody of the secretary.

5. Report regarding a family living on a Native American Reservation or Military Installation.

6. Reports which involve a conflict of interest.

E. 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. 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.

1311 Documenting the Initial Assessment Decision

The Initial Assessment Decision shall address all identified danger, risk, or safety concerns in the report, regardless of whether the report is assigned or not assigned for further assessment. The Initial Assessment Decision shall clearly explain the rationale behind the assessment decision, considering the reported information, details from the preliminary inquiry, and past DCF history, using language that is easily understood by individuals outside of DCF.

The Initial Assessment Decision shall identify the alleged victim and alleged perpetrator associated with each abuse or neglect allegation type assigned or not assigned. For FINA concerns the Initial Assessment Decision shall identify the child associated with each FINA sub-type.

If the report is assigned, the Initial Assessment Decision shall contain the appropriate response time per PPM 1521 or 1670 and the reason for response time.

1320 Preliminary Inquiry

The Kansas Code for Care of Children provides for DCF to conduct a 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. Per PPM 1230 (A)(2), this excludes reports of abuse and neglect from law enforcement.

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.

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.

8. Coordinating a supervisory and/or support consultation.

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

A. 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 to complete an Initial Assessment Decision:

1. 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

2. Report involves an alleged perpetrator previously investigated for abuse/neglect and/or found on the abuse/neglect central registry; or

3. 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

4. Reported information identifies persons with additional information necessary to make an assessment decision; or

5. 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

6. Reported cause of injury does not match the description of the injury; or

7. Reported injury is typical of a child abuse injury with no explanation given to the cause of injury; or

8. Other sources of additional information are identified to inform the Initial Assessment Decision.

B. When KPRC receives a second or subsequent reports related to a report currently on Preliminary Inquiry the following actions shall be taken:

1. If the information in the second or subsequent report is enough to complete the Initial Assessment without a Preliminary Inquiry; OR if the information in the second or subsequent report does not contain any new allegations of Abuse/Neglect previously known;

a. Communication between the KPRC staff will occur to determine who is responsible to complete the initial assessments.

b. If the KPRC staff whom has a report placed on Preliminary Inquiry is unavailable, the KPRC staff with the subsequent report will complete the Initial Assessment and shall communicate the decision to the other KPRC staff. (KPRC staff should search for subsequent reports prior to completing the Preliminary Inquiry.)

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, KPRC staff shall forward the report to the appropriate law enforcement agency.

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, are referred to in policy as human trafficking (HT). Reports concerning human trafficking shall be assigned for further assessment, unless criteria per PPM 1310(d) 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, the report shall be assigned for further assessment as abuse/neglect. The Allegation Subtype shall be Human Trafficking-Sex, or Human Trafficking-Labor depending on the allegations contained in the report. Appendix 1A- Kansas Intake Guidance shall be used to guide the initial assessment decision. See PPM 1521 for Response Time Assignment.

1330 Timeframe for Initial Assessment

All reports, including FINA, 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. KPRC staff shall make 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, KPRC staff 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 Does Not Have Authority to Proceed, Involves a MOU or Conflict of Interest

A. Department for Children and Families (DCF) Does Not Have Authority to Proceed

The following are referrals and reports 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.

A report shall not be accepted for investigation and/or further assessment for abuse/neglect under the following circumstances:

1. Report of Alleged Child Abuse/Neglect Occurring in an Institution Operated by the Kansas Department for Aging and Disability Services (KDADS).
Reports of alleged child abuse/neglect occurring in an institution operated by the Kansas Department for Aging and Disability Services (KDADS) shall be forwarded to the appropriate law enforcement agency.
For reports received alleging child abuse/neglect in KDADS operated institutions, forward report to the appropriate law enforcement agency. KDADS operated institutions include the following:
Institutions operated by KDADS include:

a. Kansas Neurological Institute (KNI)
b. Larned State Hospital (LSH)
c. Osawatomie State Hospital (OSH)
d. Parsons State Hospital and Training Center (PSH&TC)

KPRC staff shall complete an initial assessment on any allegation involving a child who resides in an institution operated by KDADS but is suspected of having been abused or neglected while on a home visit, as a family report.
Institutions operated by KDADS are different from KDADS licensed facilities, such as a Psychiatric Residential Treatment Facility (PRTF). See 1386 for Reports Involving KDADS Licensed Facilities.

2. Alleged Child Abuse/Neglect Occurring in an Institution Operated by the Kansas Department of Corrections (KDOC)

a. For reports received alleging child abuse/neglect occurring in an institution operated by KDOC, KPRC shall forward notification by selecting INT KDOC facility in the Notification to Outside Agencies on the KIPS intake page. KDOC operated institutions include the following:

i. Kansas Juvenile Corrections Complex (KJCC)

b. Reports alleging abuse/neglect which occurs at a local juvenile correctional facility shall have an initial assessment completed in accordance with PPM 1352. Notification to KDOC or the Attorney General is not sent for these reports.

Foster homes, day care providers, group homes, or others who contract with DCF or KDOC-JS are not included.

3. Reports of alleged child abuse/neglect which involve the following shall be referred to the appropriate law enforcement agency per K.S.A. 38-2226 (c):

a. An employee of DCF or KDADS identified as an alleged perpetrator, or
b. The child(ren) of persons employed by DCF or KDADS identified as alleged victim(s), regardless of the role of the employee in the report.

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.

Refer to PPM 1660 for reports containing Family In Need of Assessment (FINA) concerns regarding DCF employees.
Foster parents, day care providers, or others who are employed by agencies that contract with DCF are not considered employees of DCF.

4. Reports of Abuse/Neglect of an Adult Victim Not in the Custody of the Secretary
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. For reports of abuse occurring in the past see PPM 1370.

B. Reports Involving a Memorandum of Understanding
Reports regarding a family living on a Native American Reservation or military installation shall have an initial assessment made in agreement with the current Memorandum of Understanding with the Native American Tribe or Memorandum of Agreement with the Military Installation. Native American Reservations that currently have Memorandums of Understanding with the State of Kansas include the following:

1. Iowa
2. Kickapoo
3. Prairie Band Nation

4. Sac & Fox

Military Installations that currently have Memorandums of Understanding with the State of Kansas include the following:

1. Fort Riley
2. Fort Leavenworth
3. McConnell Air Force Base

B. Reports Which Involve a Conflict of Interest

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. KPRC shall make an initial assessment decision, and the assigned worker and their supervisor shall determine if it is preferable to request assistance from a law enforcement agency or a worker from another DCF office/ region may be requested to assess the report. See PPM 0240.

Reports with a Child Welfare Case Management Provider employee listed as an alleged perpetrator shall be referred to a different region/county or office from where the employee regularly works to ensure there is no real or perceived conflict of interest to complete the investigation/assessment. The office where the case is open in FACTS is the responsible office and will complete the tasks per PPM 1421. The office completing the investigation shall complete the tasks per PPM 1422.

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;

B. Employees and administrators of recreational and/or character-building organizations;

C. Babysitters;

D. Acquaintances of the family;

E. Strangers.

1351 Initial Assessment Decisions Regarding Non-Family/Unregulated Caregiver

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 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 Caregiver -Third Party Reports Referred to Law Enforcement

Reports of alleged abuse or neglect by a non-family/unregulated caregiver, with the exception of Human Trafficking concerns and reports received from law enforcement containing abuse or neglect concerns, may be placed on preliminary inquiry and referred to the appropriate law enforcement agency. Reports with Human Trafficking concerns shall be assigned for further assessment per PPM 1325. Reports received from law enforcement alleging abuse or neglect shall be assigned for further assessment per PPM 1230.

KPRC staff shall contact the appropriate law enforcement agency to verify whether or not the law enforcement agency will investigate the allegation.

A. The following shall be considered for the Initial Assessment decision:

1. If law enforcement accepts the report for investigation and is not requesting DCF assistance with the investigation the Initial Assessment may be completed with the decision to Not Assigned for Further Assessment for the reason the incident has been or is being assessed by DCF and/or law enforcement [AAS].

2. If law enforcement accepts the report and requests DCF assistance with the investigation, the report shall not be assigned for further assessment and forwarded to the responsible region as a courtesy interview using the following email addresses.

a. Kansas City Region: DCF.KCPRC@ks.gov

b. East Region: DCF.EastIntake@ks.gov

c. Wichita Region: DCF.WICIntake@ks.gov

d. West Region: DCF.WPRC@ks.gov

3. If 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.

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, a case shall be opened. A report of an assigned 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.

A. A. 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 KDOC_JS_DCF_Incident@ks.gov (KDOC_JS_DCF_Incident@ks.gov).

B. Reports Which Involve Family In Need of Assessment

   DCF shall refer to the Kansas Department of Corrections - Juvenile Services (KDOC-JS) at KDOC_JS_DCF_Incident@ks.gov (KDOC_JS_DCF_Incident@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. Refer to PPM 1230 regarding incidents reported by law enforcement.

A. 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.

B. The issue of whether a report of prior abuse or neglect shall be investigated is within the discretion of the KPRC staff 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.

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

1. 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.

2. 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.

D. 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 childcare 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. For reports involving facilities with 24-hour care or supervision, take into consideration any immediate danger, risk, or established safety plans when determining a response time.

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. Kansas Protection Report Center (KPRC) staff shall complete an Initial Assessment based on the same criteria of all other reports.

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. KPRC shall forward notification to the appropriate licensing agency.

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. KPRC shall forward notification to the appropriate licensing agency.

C. Notification of the Initial Assessment decision

When an initial assessment has been made on a report, assigned or not assigned, KPRC shall forward notification by selecting the appropriate licensing facility in the Notification to Outside Agencies box on the intake page within five working days of receiving the report.

A report that a reasonable person would conclude is an emergency, requiring prompt intervention by KDHE, DCF Foster Care and Residential Facility Licensing or KDADS, shall have an emailed notification sent 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. The email shall include the PPS 1000- Face Sheet, PPS 1001- Report/Request for Services, and the PPS 1002- Initial Assessment. The reporter information shall be included in the documentation.

1. Reports on Child Care Facilities

KPRC shall forward notification of reports regarding the caregiver or other person within a Licensed Day Care Homes, Group Day Care Homes or Child Care Centers as the alleged perpetrator by selecting INT KDHE Childcare Facility in the Notification to Outside Agencies box on the KIPS intake page.

2. Reports on Family Foster Homes

KPRC shall forward notification on reports involving a caregiver or other person within the Family Foster Home as the alleged perpetrator by selecting INT PPS CPS/FCL and INT Family Foster Homes in the Notification to Outside Agencies on the KIPS intake page.

Kansas Department of Corrections- Juvenile Services (KDOC-JS) shall be notified by selecting INT KDOC Juvenile Offender in the Notification to Outside Agencies on the KIPS intake page when the alleged victim/ perpetrator is in the custody of the Commissioner of KDOC-JS.

Reports involving relative caregivers or non-relative kinship homes that are not licensed foster homes do not require a notification to Family Foster Homes.

3. Reports on Residential Care Facilities

KPRC shall forward notification on reports involving a caregiver or other person within the Residential Care Facilities as the alleged perpetrator by selecting INT Residential Care Facility and INT PPS CPS/FCL in the Notification to Outside Agencies on the KIPS intake page.

Kansas Department of Corrections- Juvenile Services (KDOC-JS) shall be notified by selecting INT KDOC Juvenile Offender in the Notification to Outside Agencies on the KIPS intake page when the alleged victim/alleged perpetrator is in the custody of the Commissioner of KDOC-JS.

4. Reports on Psychiatric Residential Treatment Facilities

Psychiatric Residential Treatment Facilities are licensed by Kansas Department for Aging and Disability Services (KDADS). KPRC shall forward

notification on reports involving a caregiver or other person within a Psychiatric Residential Treatment Facilities (PRTF) as the alleged perpetrator by selecting INT KDADS PRTF in the Notification to Outside Agencies box on the KIPS intake page.

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 Non-Licensed Placements

Under circumstances described in PPM 5234 and 5235, Relatives and kinship caregivers for youth in DCF custody may provide non-licensed placement. Although not required to be licensed, these 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 DCF Foster Care and Residential Facility Licensing.

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 Kansas Protection Report Center needs to determine if the home is licensed or approved. If the home is licensed or approved by DCF Foster Care and Residential Facility Licensing, a notice shall be made to DCF Foster Care and Residential Facility Licensing per 1381 J. Kinship placements not licensed or approved by DCF Foster Care and Residential Facility Licensing 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 Reports Involving KDADS 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 institutions operated by KDADS. See 1340 for institutions operated by KDADS.

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 facility 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 1386D.

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, KPRC staff 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 alleged 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 to add to the case file.

D. Notification to Mental Health Performance Improvement Field Staff shall be made by selecting INT KDADS CMHS in the Notification to Outside Agencies box on the KIPS intake page.

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.

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 (Autism, Intellectual / Development Disabilities (I/DD), Physical Disability (PD), Technology Assisted (TA), Serious Emotional Disturbance (SED), and Brain Injury (BI)) or has a disability, related to physical or cognitive development, autism or traumatic brain injury, the report shall be sent to the KDADS.CSSPRC@ks.gov (KDADS.CSSPRC@ks.gov) mailbox by selecting INT KDADS Waiver in the Outside Agencies notification box on the KIPS intake page.

If the reporter is unsure if the child is on an HCBS waiver, KPRC staff shall check waiver status by searching in KEES. If KEES does not show an active waiver, but the reporter believes the child has a disability as specified above, the report shall be sent to the KDADS.CSSPRC@ks.gov (KDADS.CSSPRC@ks.gov) mailbox by selecting INT KDADS Waiver in the Outside Agencies notification box on the KIPS intake page.

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 KDADS.MHPRCReports@ks.gov (KDADS.MHPRCReports@ks.gov) mailbox by selecting INT KDADS CMHS in the Outside Agencies notification box on the KIPS intake page.

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.

B. If the alleged victim resides in Kansas, regardless of where the incident occurred.

C. If the alleged victim is temporarily found in Kansas and protective actions may need to be taken before they return to their home state.

Consider the factors found in PPM 1301 and PPM 2300 when determining if assignment is warranted. Refer to PPM 1230 regarding incidents reported by law enforcement.

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.

1405 Assigning Allegations when the Person Responsible is a Minor

Peer-to-peer fighting, peer bullying, and siblings fighting shall not be assigned with the minor identified as the alleged perpetrator. Consideration should be given to the

caregiver(s) responsibility in the situation to determine if an abuse/neglect investigation is needed. If the family or child appears to need additional services not already in place, a FINA case may be considered.

Allegations where the alleged perpetrator is a minor may be assigned in serious situations, such as allegations of sexual abuse.

To assign an investigation for neglect in Kansas, the acts or omissions resulting in harm to a child or presenting a likelihood of harm must occur by a person responsible for the care of the child. Prior to assigning a case with a minor as the alleged perpetrator for neglect, it should be ascertained the minor alleged perpetrator was in a defined care giving role.

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 Appendix 1A-Kansas Intake Guidance.

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 Children Residing in The Home

Reports indicating the pregnant woman has other children in the home shall be assessed based on the reporter's allegations or indications of need for services for those children. If the reported allegations do not warrant assignment as abuse/neglect or FINA, the report shall be assigned as a Pregnant Woman Using Substances (PWS) with a 7-day response time.

C. Reports Received with No Children Residing in The Home

Reports indicating a pregnant woman using substances with no children residing in the home shall be assigned as a Pregnant Woman Using Substances (PWS) with a 7-day response time.

D. Reports Received with Open TANF

Reports indicating a pregnant woman is using substances or has a history of substance use and is at risk of relapse shall have a KEES (upon availability) system search completed at the time of intake to determine if the pregnant woman is receiving TANF cash benefits. If the Pregnant Woman is receiving TANF cash benefits a copy of the report shall be provided to the EES contact for the region to provide additional support.

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.

A. The intake will be assigned to the region where the incident occurred and will be designated as 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.

1. Make necessary FACTS entries for assessment and findings.
2. Investigate the report.
3. Take emergency protective action if necessary.
4. Keep the responsible office informed of the progress of the case.
5. Determine and give notice of findings regarding the incident and the alleged perpetrator as required
6. Referral to Infant-Toddler Services PPS-2015 for a substantiated finding of child under the age of 3.
7. Forward report (PPS 1000 series), assessment and case finding (PPS 2011) to responsible office.
8. 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.

B. The region where the case is open in FACTS is designated as the “responsible office”. When it is necessary to have an event investigated by another office, the responsible office is responsible to:

1. Provide the investigating office with relevant information as requested.
2. Provide notices of the report to appropriate persons (e.g., parents, assigned CPS specialist, GAL, CA/DA, Judge).
3. Accept reports, findings and forms from the investigating office.
4. Complete the Repeat Maltreatment Review if the case finding is second substantiation on the victim within six months.

1431 Initial Assessment of a FINA Event on an Open Case

Reports received indicating Family in Need of Assessment (FINA) concerns shall receive an initial assessment to determine whether criterion is met to assign for further assessment. When FINA criteria is met, and it is determined the case is open to PPS for assessment, family services, family preservation, or foster care a preliminary inquiry to the worker with the open case may provide information to inform the initial assessment decision.
Generally, when there is an open abuse/neglect investigation, FINA concerns are not assigned for further assessment and forwarded to the CPS Specialist with the open case in FACTS. The report may be assigned for further assessment when there is a request from the PPS supervisor to assign. Some cases remaining open on FACTS may warrant assignment of a FINA 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.

When there is not a request from the PPS supervisor to assign the subsequent FINA concern, the initial assessment may be completed with the decision to not assign for further assessment and addressed as part of the open case. See PPM 1432 for forwarding procedures.

All reports containing human trafficking concerns per K.S.A. 38-2202 shall be assigned for further assessment of abuse/neglect Human Trafficking-Sex or Human Trafficking-Labor, 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.

Reports faxed from Juvenile Intake Assessment Services (JIAS) involving a child in the custody of the Secretary receiving foster care services who has run away shall be reviewed by KPRC staff. When it is determined the report contains runaway concerns only, and any abuse/neglect concerns have already been assessed, the report shall be forwarded to the region with the open case, via the intake e-mail. These reports are not required to be entered in KIPS.

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 (KPRC). If the initial assessment decision is to not assign the report for further assessment, the report shall be forwarded to the regional intake e-mail:

- Kansas City Region: DCF.KCPRC@ks.gov
- East Region: DCF.EastIntake@ks.gov
- Wichita Region: DCF.WICIntake@ks.gov
- West Region: DCF.WPRC@ks.gov

PPS regional staff refer to PPM 2070. See PPM 0510 Critical Incident.

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.

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 further assessment the Kansas Protection Report Center Specialist shall determine the appropriate response time consistent with the information reported.

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 for Abuse or Neglect Accepted for Assessment for Abuse or Neglect Accepted for Assessment

Reports assigned for abuse/neglect concerns shall be assigned with either a same day or 72-hour response time. KPRC staff 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 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 a current injury due to the alleged abuse/neglect.
3. Any child with an illness, injury, and/or condition that requires emergent care AND the caregiver is failing to take the necessary measures to address the concern.
4. Sexual abuse, including human trafficking, of a child with the alleged perpetrator having access and there are no protective factors in place (Appendix 2J).
5. The child is in a life-threating situation due to abuse or neglect (current situation) and no protective factors are in place (Appendix 2J).
6. Child is expressing fear of further abuse/neglect upon returning home AND the child is likely to be in danger of a life-threatening situation with no protective factors in place (Appendix 2J).
7. Child is currently in police protective custody.

B. 72 Hours:
Any allegation or suspicion of abuse or neglect not assigned as a same day response. DCF must ascertain the safety of the child within 72 hours excluding weekends and state holidays of acceptance of the report.

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.

KPRC staff shall assess all abuse/neglect assignments to determine whether a joint investigation with law enforcement is required.

A. When this criterion is met, KPRC staff shall complete PPS 1002 Section X, indicating a joint investigation is required according to statute.

B. If a joint investigation is not required, an explanation shall be documented on the PPS 1002 Section X.

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 FINA Reports

When determining if a child and family may require DCF intervention from an assignment of a Family in Need of Assessment (FINA), the worker's critical thinking and decision may be supported by considering the Appendix 1A- Kansas Intake Guidance, PPM 0160 Glossary, and the following factors which are not all inclusive:

A. A child is in police protective custody.
B Truancy criteria per PPM 1630 School Attendance, PPM 0160 Glossary and Appendix 1A- Kansas Intake Guidance to indicates an assignment shall be made per statutory requirement
C. Family's engagement with natural supports and/or community resources
D. Natural support and/or community resource ability to mitigate the worry
E. Reporter's willingness and ability to connect or provide the family with resources

F. Immediate and Lasting Safety Scales and Tip Sheets
G. Impact to child
H. Age of child
I. Physical, mental condition, and capability of the parent/caregiver
J. Medical and developmental needs of the child
K. Parent/caregiver's current management of the worry
L. Recency of worry or issue
M. Other factors that are unique to the child and family (i.e. barriers, culture, traditions)

FINA reports shall have an Initial Assessment decision within the time frames outlined for reports of abuse and neglect. See PPM 1330.

1630 School Attendance

The Kansas Code for Care of Children in the definition of child in need of care [K.S.A. 38-2202(d)(6)] includes children who are not attending school as required by law [K.S.A. 72-3120]. The statutes related to compulsory school attendance [K.S.A 72 3120] place responsibility with school boards of education to determine the validity of excuses for absences and to designate one or more employees as responsible for notifying the Department for Children and Families (DCF) or the county/district attorney of unexcused non-attendance [K.S.A. 72-3121].

See PPM 0160 Glossary for definition of Truancy.

Reports received regarding a child not attending school as required by law shall receive an Initial Assessment, utilizing the Appendix 1A- Kansas Intake Guidance as a guide to determine whether the report meets criteria to assign as a FINA with the sub-type Truancy, or to not assign for further assessment.

The PPS 1006 Reports of Unexcused Absences is available for schools to utilize when reporting unexcused absences to DCF.

A. Child age 7 or More but less than 13 Not Attending School As Required By Law
A report received from a person designated by a school system to report the non-attendance of a child age 7 or more but less than 13 as required by law shall be accepted by DCF for assessment of FINA Truancy per Kansas Intake Guidance. The school district has the authority to schedule additional school days for a student, including summer months. [K.S.A. 72 3115] Unexcused absences from any additional school days required for a student, including summer school are also considered a violation to the compulsory school attendance requirement.

A report of a child age 7 or more but less than 13 not attending school from a person other than designated school system staff shall be placed on Preliminary Inquiry. As part of the Preliminary Inquiry, the school shall be contacted to determine if the child is attending school as required by law. If the school verifies the child is not attending school as required by law, 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 abuse/neglect or FINA concern, the Initial Assessment of the report may be completed with the decision to not assign for

further assessment as the report does not meet the statutory definition of Child in Need of Care.

B. Non-attendance of a Child Age 13 or More and Less Than 18 Years Old
Reports of non-attendance of children age 13 or more but less than 18 shall be forwarded to the county or district attorney or designee, regardless of the Initial Assessment Decision.

C. Child under age 7 enrolled in school
Any child who is under the age of 7 years and is enrolled in school is subject to the compulsory attendance statute. Any such child may be withdrawn from enrollment in school at any time by a parent or caregiver with legal authority and thereupon the child shall be exempt from the compulsory attendance requirements of this section until the child reaches the age of 7 years or is re-enrolled in school (K.S.A. 72-3120).

D. 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 72-3115. 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 [K.S.A. 72-3421]. This compulsory attendance for exceptional children does not apply to children who fall into the gifted category of exceptional as defined in K.S.A 72-3404.

E. Home School
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 KSA 72-4346. 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, with the name of the homeschool provided, 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) 368-7088 or emailing homeschool@ksde.org. If the private/home school is not registered, the reporter is unable to provide the name of the homeschool, or there is reason to believe the child may otherwise be in need of care, the report will be assigned for assessment.

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 involved.

B. The frequency of behaviors.

C. The recency of worry or issue.

D. Any force or coercion by any child involved.

E. Impact to the child(ren).

F. Medical and developmental needs of the child(ren).

G. Parent or caregiver's management of the behaviors, including current usage or stated intention to use natural supports and/or community resources.

H. Reporter's willingness and ability to connect or provide the family with resources.

A. Other factors that are unique to the child(ren) and family (i.e. barriers, culture, tradition).

J. Immediate and Lasting Safety Scale.

K. Whether the behavior is within normal range of childhood curiosity. Refer to Table B in the Appendix 1A-Kansas Intake Guidance for examples of appropriate childhood behaviors.

If there is indication in the report regarding actions or inactions of caregivers that are causing or contributing to this sexual behavior, the report shall be assessed for abuse/neglect criteria. When the report solely involves sexual behaviors of children under the age of ten, the report shall be assessed to determine whether it meets criteria for a Family in Need of Assessment (FINA) assignment.

1650 Initial Assessment of Substance Affected Infant

When a report is received regarding an infant affected by substance abuse, withdrawal symptoms or Fetal Alcohol Spectrum Disorder, Structured Decision Making (SDM) shall be used to guide the initial assessment decision. When criteria are met, the report shall be assigned for further assessment of abuse/neglect with the sub-type Substance Affected Infant. The report shall be assigned for a same day response.

When a hospital makes a report regarding an infant born or the mother of an infant born with a positive drug toxicology, and criteria is not met to assign the report as a Substance Affected Infant, the report should be assessed to assign as a FINA with the sub-type Infant Positive for Substances. SDM shall be used to guide the initial assessment decision. The assignment determination should focus on the situation of the child rather than solely on the substance abuse of the mother. If a determination is made to assign the report as Infant Positive for Substances, the report shall be assigned for a same day response due to the high-risk infant and to address any immediate needs of the family.

1660 DCF Employee Involved in a Non-Abuse/Neglect Report

Reports on non-abuse/neglect (Family In Need of Assessment) 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 region, or request another region to complete the assessment, offer and provide services.

1670 Response Times for Reports of Family In Need of Assessment Accepted for Assessment

If a report is accepted for Family in Need of Assessment FINA, the report shall be assigned a 7 working-day response with the following exceptions:

A. A child currently in protective custody of law enforcement shall be assigned a same day response.

B. An infant positive for substances shall be assigned as a same day response.

C. An identified child under the age of one shall be assigned a 72-hour response, excluding an infant born positive for substances.

1672 Response Times for IL and ICPC

If a report is accepted for Independent Living (IL) or Interstate Compact for the Placement of Children (ICPC), the report shall be assigned with a 20 working-day response time.

1700 Override of Accepted Reports

A decision to reverse the Initial Assessment Decision of a report assigned for further assessment may be warranted when additional information becomes available.

A. Sufficient Information Needed to Request to Reverse the Initial Assessment Decision:

A request to reverse the Initial Assessment Decision shall be allowed only with sufficient documentation and under the following circumstances:

1. The specific incident assigned was recently assessed or is currently being assessed.

    a. Reports previously investigated or

    b. Multiple reports on the same incident have been assigned for investigation.

        i. Review shall be done by the Kansas Protection Report Center (KPRC) supervisor to determine if both allegations can be addressed through one report.

2. Law enforcement assessed the assigned incident, sufficient information is available to determine criteria is not met to assign for abuse/neglect or FINA, the safety of the child(ren) was determined per PPM 2310 and no other potential safety or risk factors were found which may require further assessment.

3. Additional information is received indicating the report does not meet the statutory definition of abuse/neglect or FINA or PPM directives.

4. DCF does not have authority to proceed and/or a conflict of interest. See PPM 1310C and PPM 1340.

5. FINA 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 identify the family. If the family's identity is known the assessment shall be completed. Available resources to attempt to contact shall be exhausted. For example, searching all DCF systems- KIDS, KIPS, FACTS and KEES, 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 FINA case assignment and services shall be assessed and provided in the new event.

B. Submitting Request to Reverse the Initial Assessment Decision:

1. Prior to submitting a request to reverse the Initial Assessment Decision, the CPS specialist shall consult with the PPS supervisor.

2. The PPS supervisor shall review the documentation prior to submitting a request for a reverse of the Initial Assessment Decision to the Kansas Protection Report Center to determine whether any potential safety/risk or FINA concerns are present which suggest the need for further assessment.

3. The PPS supervisor shall submit supporting documentation to the Kansas Protection Report Center supervisors.

4. The request shall be made by the Family Based Assessment due date per PPS 1002, Section IX.

C. Reversing the Initial Assessment Decision:

1. A KPRC supervisor shall determine whether the documentation submitted meets criteria to reverse the Initial Assessment Decision.

2. Upon review of the information, the KPRC supervisor may request additional information from the PPS supervisor.

3. Upon determining the submitted information is sufficient, the KPRC supervisor shall make a decision by the next working day.

4. KPRC supervisor shall provide 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.

D. Situations excluded from requesting to reverse the Initial Assessment

Decision includes:

1. The alleged victim(s) denies the allegations, or does not disclose abuse or neglect, requiring further investigation and assessment.

2. There is an indication additional interviews with siblings, care givers, or collaterals may provide information needed to complete a comprehensive assessment to address the allegations safety and/or risk concerns.

3. Law Enforcement reports received per K.S.A 38-2231 (d) require further investigation and assessment when abuse or neglect concerns are identified, unless,

a. law enforcement determined the child(ren) to be safe, and

b. law enforcement addressed the concerns in the report, and

c. law enforcement does not want DCF assistance, and

d. per DCF contact, the family is not in need of additional services.

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 CPS 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 (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 case load indicator will not be manually entered into KIPS or FACTS. The case load 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. Enter Abandoned (AB) only if the child has been abandoned and there is no parent or family to identify a 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 Abandoned (AB) only if the child has been abandoned and there is no parent or family to identify an 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 the Agency Response section in KIDS for intakes assigned on or after July 1, 2017. 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 Agency Response section in KIDS for intakes assigned on or after July 1, 2017. Enter “Y” into

estimated date field if date is marked as being estimated. Enter “N” into estimated date field if date is not marked as being estimated.

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 Decisions which are reversed per PPM 1700, are updated in KIPS by a KPRC Supervisor, then the data will be transferred to FACTS. When the Initial Assessment Decision is reversed 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. Individuals on that case will also have a specific DCF client ID number. The DCF client ID is cross referenced on the High Level Client Index and is the same client ID assigned to the other DCF statewide information systems including discontinued systems (KAECSES, KS Cares, KanPay, and Child Support Services).

KEES may have a client ID assigned to a person only known to KEES. Duplicate ID's can be created if KEES is not searched before creating a new client ID in FACTS. Unique client ID's for each individual client allows for accurate reporting and tracking of agency involvement and services to that individual.

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. In the situation of a child coming into police protective custody (PPC) or DCF custody, then the case opening date would be the date the child went into PPC or DCF custody as custody may have occurred prior to case being accepted. 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, if appropriate.

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 18 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 on 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 principal 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.
Use the code for SOUL Family Legal Permanency (SOL) when the child has left the case to live with their SOUL family legal permanency custodian.

1883 Disability/Severity

Disability codes on MAC2 shall be entered for every child on a case. If an assessment has not been conducted to identify a disability, enter Not Conducted (NC). If a clinical assessment has been completed but results have not been received, enter Not Yet Determined (ND). If a child has been determined to not have a disability, enter None (NO). 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).

Disability codes on MAC2 shall be entered for specific special needs identified on ADOP. The special needs codes on ADOP that require MAC2 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

The Kansas Protection Report Center (KPRC) determines whether reported information meets criteria to assign for further assessment. Reports meeting criteria for further assessment are assigned for investigation and assessment with one of the following assignment types:

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. Family in Need of Assessment (FINA)

   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 (PWS)

   The purpose of the assessment is to determine the level of services needed and make referrals as needed.

D. Independent Living (IL)

   The purpose of the Independent Living program is to assist youth leaving foster care in transitioning to adulthood.

E. Interstate Compact on the Placement of Children (ICPC)

The purpose of the ICPC is to protect children by assuring placements are safe prior to placing children across state lines.

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 Specialist, Child Protection Investigator, or Law Enforcement, and will commonly involve several of the following activities:

A. Interviewing and observing the alleged victim. Per Adrian's Law, K.S.A. 38-2226, DCF is directly responsible in making visual observation of the child who is an alleged victim of abuse or neglect in an investigation. If there is a joint investigation with law enforcement and DCF, both agencies are responsible to make a visual observation of the alleged victim. Law enforcement's observation does not fulfill DCF's responsibility to observe the alleged victim. Preferably the child should be interviewed before the alleged perpetrator is interviewed. The child should not be interviewed in the presence of the alleged perpetrator except for good reason.

B. Interviewing the reporter and witnesses, if any, to the alleged maltreatment.

C. Searches of DCF, criminal, and sex offense history shall be completed (See PPM 2025).

D. Interviewing the child's parent(s) and other person(s) responsible for the care of the child.

E. Interviewing the alleged 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

When a CPS Specialist is assigned a report, an assessment shall be completed alongside the family to gain a greater understanding of what is working well, worries and determine potential next steps, such as a referral to community-based services or prevention services. Assessments may involve 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.

E. Considering DCF, criminal, and sex offense history indicating potential danger to the child(ren).

F. Reaching a tentative conclusion whether the alleged maltreatment occurred.

G. Assessing whether there is serious harm, likelihood of serious harm, or immediate danger to the child.

H. Considering alternative protection actions if necessary.

I. Assessing Lasting Safety.

J. Considering available community-based services or prevention services and make a referral in the best interest of the child(ren) and family.

All assessment information mentioned in this section shall be documented the PPS 2019 Kansas DCF Conversation Notes and PPS 2020 Kansas DCF Assessment.

2025 History Search for the Investigation and Assessment

A History search may be used to inform CPS Specialist and PPS Supervisor of DCF history relevant to the current concerns and worker safety on all case assignment types. The search may include, but not be limited to, the following systems:

1. FACTS may be searched to locate any prior DCF history and other cases in which an individual may be associated with. The following FACTS screens may be useful:

a. SCAN- The SCAN (Search Case and Name) screen is used to search the data base for the Automated Assistance (AE), Child Support Enforcement (CS), KanPay (KP), KsCares (KC), and FACTS (FA) systems for existing information on an individual or case. If an individual is associated with an Assessment and Prevention case, a “Y”

displays in the FA column and the case number(s) associated with the individual will be listed. Collaboration with other departments may assist with identifying other names or aliases an individual may be known by or using. Search by SSN, if available.

b. CERS- The Central Registry Search screen is used to display the names of substantiated perpetrators of abuse/neglect after the appeal period has ended or after an appeal decision has been upheld. WKRP may be substituted. Search by name and SSN, if available.

c. UNIS- The Unconfirmed / Not Involved Search screen is used to search for individuals who have an unsubstantiated finding. It can also be used to search for substantiated perpetrators listed on UNNI that are displayed during the appeal process. Search by name and SSN, if available. The UNIS screen may provide other case #s an individual is associated with.

D. CONF- The CONF (Update Confirmed Perpetrators) screen displays information about alleged perpetrators who are awaiting transfer to the central registry. 60 days after a substantiated finding has been entered on the FIND (Maintain Decision) Screen, the substantiated perpetrator information will display on CONF if no appeal has been filed, or if an appeal decision was upheld. The substantiated perpetrator's name displays on CONF for one day and is then automatically transferred to the Central Registry.

e. PLAN- The Maintain Plan screen displays all of the plans that have been entered on the case.

f. FAMS- The Family Case Decision Search displays a listing of all decisions associated to a case.

2. Kansas Department of Corrections website: http://www.dc.state.ks.us/kasper

3. Kansas Registered Offender website: http://www.accesskansas.org/kbi/ro.shtml

4. National Sex Offender website: http://www.accesskansas.org/kbi/ro.shtml

5. Local court databases where available.

2027 Parent Involvement During Investigation and Assessment

A. Child Protection Specialists (CPS) and Child Protective Investigators (CPI) shall make concerted efforts to include each parent throughout the duration of the case (assessment to case closure), unless it is determined contrary to the safety and well-being of the child. Children benefit from the positive, active involvement of each parent in their lives. Each parent's unique parenting style contributes to the healthy development of the child(ren). Custodial parents may also benefit from the increased support of a parent not previously involved in the child(ren)'s life.

B. During the investigation and assessment, the CPS or CPI shall make concerted efforts to locate absent parents by asking about all parents during interviews with the child(ren), other parents/caregivers, and other applicable family members. The CPS or CPI shall also check PPS systems for noncustodial parent information. The CPS or CPI shall include information gathered regarding other parents, as appropriate, in the Family Based Assessment. The CPS or CPI shall consider noncustodial parents and their family, as appropriate, during safety planning, and as placement resources prior to considering out of home placement of children. The CPS or CPI shall provide documentation of the efforts to locate noncustodial parents to the Child Welfare Case Management Providers (CWCMP) upon referral for Family Preservation Services (FPS), Family First Prevention Services, or Foster Care/Reintegration/Adoption Services (FC/RE/AD).

C. The CPS or CPI may use Appendix 3A and 3N as guides to locate, engage and empower parents.

2030 Child Protection Investigators

Child Protection Investigators (CPI) provide evidentiary information to support Child Protection Specialist's (CPS) decisions regarding immediate and lasting safety, and service action. They may assist with initial agency response to interview subjects involved in an abuse/neglect or FINA assessment or assist as a member of a joint investigative interview team with the CPS.

A. The following tasks may be conducted in accordance with policy by a Child Protection Investigator:

1. Interview the child alleged to be the victim or identified child(ren).

2. Interview the child's parent(s) or other persons responsible for the care of the child.

4. Interview the reporter and any collateral witnesses to the alleged maltreatment.

5. Visit the scene of the alleged maltreatment to document relevant environmental information; take photographs.

6. Document physical and behavioral observations of the alleged victim, witnesses and alleged perpetrators; the child's behavior in the presence of caregivers or the alleged perpetrator.

7. Provide information regarding immediate safety of the children involved in the abuse/neglect allegation or FINA concern to the CPS or supervisor who will make the safety determination.

8. Assist the CPS or supervisor with any course of necessary protective action.

9. Obtain relevant records from law enforcement, medical practitioners, or other relevant entities.

10. Prepare any narrative reports for affidavits.

11. Coordinate with the CPS, supervisor and other DCF program staff during the investigation/assessment to ensure agency service delivery for the family.

B. In consultation with and/or approval of the CPS and/or supervisor the Child Protection Investigator may:

1. Complete the Agency Response
2. Complete the PPS 2019 Conversation Note
3. Draft the PPS 2021 Immediate Safety Plan
4. Draft the PPS 2011 Case Findings for substantiated case findings.
5. Provide information to CPS for the Assessment Map for unsubstantiated findings.
6. Draft the PPS 2012 Notice of Department Finding
7. How to do something

2050 Plan of Safe Care

The enactment of the Comprehensive Addiction and Recovery Act of 2016 (CARA) added requirements to the Child Abuse Prevention and Treatment Act (CAPTA). CARA addresses the effects of substance abuse on infants, children and families with the intent of early identification and intervention, to support families affected by substance use disorders. To fulfill the CARA requirements, Child Protection Specialists (CPS) shall create a Plan of Safe Care for infants born affected by substance abuse, withdrawal symptoms, or Fetal Alcohol Spectrum Disorder, to ensure the safety and well-being of the infants in their home.

A. The Plan of Safe Care required by CAPTA differs from a safety plan which addresses the immediate safety. A Plan of Safe Care is a continuous and long-term plan for the family which focuses on the infant's ongoing health, development, safety and well-being. The Plan of Safe Care identifies the needs of the infant and family and the services to meet those needs. The Plan of Safe Care requires monitoring of referrals to and delivery of appropriate services for the infant and family. Plans of Safe Care may continue with service providers in addition to and after DCF involvement with the family. The Plan of Safe Care incorporates the following needs of the infant and family:

1. The physical health, substance use disorder treatment needs, general functioning, development, safety, and any special care needs of the infant who may be experiencing neurodevelopmental effects, physical effects, or withdrawal symptoms from prenatal exposure
2. The physical or mental health, social, and substance use disorder treatment needs of the parents or caregivers
3. Services and supports to strengthen the parent/caregiver's capacity to nurture and care for the infant

B. Criteria

1. The CPS shall determine whether criteria are met for a Plan of Safe Care within the assigned response time, documented on the PPS 1002, Section IX. The CPS shall consult with the health care provider with knowledge of the effects of any prenatal substance abuse on the infant.

2. A Plan of Safe Care shall be completed when;

a. a report is assigned as a FINA with the sub-type Infant Positive for Substances AND

b. a medical professional confirms the infant is affected by substance abuse, withdrawal symptoms or Fetal Alcohol Spectrum Disorder. When criteria is unknown or not met for a Plan of Safe Care, the assessment shall continue. If at any time, during the life of the case, additional information is available which meets criteria for a Plan of Safe Care, DCF or a service provider shall complete a Plan of Safe Care for the infant and family.

C. Engagement with the Family

1. The CPS shall inform the family that the purpose of the Plan of Safe Care is to identify the needs of the infant and family to provide services with the goal of maintaining the infant and any other children safely in the home.

2. The CPS shall provide the PPS 2008 What is a Plan of Safe Care to the family.

D. Plan of Safe Care

1. Prior to the infant's release from the hospital, DCF shall list the needs of the infant and family members on the Plan of Safe Care (PPS 2007). When DCF receives the report after the infant has been released from the hospital, the Plan of Safe Care shall be initiated as soon as possible, but no later than three working days from the initial contact.

2. Once the needs are identified, a referral for services with community programs, Family Preservation Services, or another prevention service provider shall be offered to the family to provide the services and/or assist the family in locating appropriate services to meet the needs identified in the Plan of Safe Care. Whenever possible, the service provider should be able to continue to monitor the Plan of Safe Care by identifying the services and make referrals for the services to meet the needs identified on the Plan of Safe care for the infant and family.

3. If the family chooses not to participate in services, the CPS should consult with their supervisor for next steps relevant to this family.

4. Depending on the circumstances of the case, Section III Services, and Referral Dates on the PPS 2007, the CPS or service provider shall complete the Plan of Safe Care based on the needs of the family to support successful engagement in services. The Plan of Safe Care is a continuous plan which is updated and monitored as needed.

5. The PPS 2007 Plan of Safe Care is completed with the family, and utilizes information gathered throughout the assessment from a multidisciplinary team. To develop a coordinated and comprehensive assessment of the needs of the infant and family, the multidisciplinary team may include, but not be limited to:

a. Child welfare
b. Medical
c. Substance use disorder treatment
d. Mental health
e. Early childhood intervention
f. Home visitors
g. Public health
h. Other community supports, as appropriate

6. The Assessment Map, UNCOPE PPS 2005, and CWCMP or community partner assessments shall be used to inform the Plan of Safe Care. Appendix 2L Factors to Guide the Plan of Safe Care may be used to assist in gathering information for the Plan of Safe Care.

7. If following concerted efforts of engagement, the family selects not to participate in the Plan of Safe Care, the CPS Specialist or the service provider shall document the family's decision not to participate in Section IV Signatures. The PPS 2007 Plan of Safe Care, containing the identified needs and recommended services, shall be provided to the family in the event the family seeks other community services on their own. The CPS specialist shall explain to the family, they may want to share the Plan of Safe Care with other community providers and resources to seek services on their own.

E. Monitoring the Plan of Safe Care

1. A Plan of Safe Care is a continuous plan for the family which focuses on the infant's ongoing health, development, safety and well-being. In addition, the Plan of Safe Care shall address the caregiver and other family member's physical/social/emotional health, substance use disorder treatment, parenting capacity, and preparation to care for the infant. The PPS 2007 Plan of Safe Care is updated as needed to monitor additional needs identified and referrals for services.

2. The needs related to the safety and risk concerns for the infant and family identified by the PPS 2007 Plan of Safe Care shall be incorporated in the PPS 3050 Family Service/Preservation Case Plan as the objectives and activities are developed.

3. The Plan of Safe Care shall be monitored to determine whether referrals are made to appropriate services, and whether services are delivered to the infant and family or caregiver.

4. Upon closure of a Family Service/Family Preservation case, the Plan of Safe Care PPS 2007 shall be provided to the family. The family has the option to continue services and monitoring by community services and resources

2070 Subsequent Reports on Open Assessment/Prevention Case

When a family already has an open assessment/prevention case and the department receives a subsequent report that does not meet criteria to assign for a new assessment, the information in the subsequent report shall be assessed and considered in the work happening with the child and family.

A. Reports forwarded to the region

All reports not assigned for further assessment by the Kansas Protection Report Center (KPRC) are forwarded to the regional intake email. PPS staff monitoring the regional intake email shall forward the report to the CPS Specialist with the open assessment case and to the PPS Supervisor. The intake (PPS 1000, 1001, 1000A, and 1002) shall be

uploaded into KIDS. The CPS Specialist with the open assessment shall consider the information contained in the report and include the information in the work with the child and family as appropriate. The CPS Specialist and/or the PPS Supervisor shall ensure the information contained in the report(s) is addressed in the open case.

B. If the family has been referred to a provider, the assigned CPS specialist has 3 working days from the date of the email to forward the event to the appropriate provider staff. If DCF has specific information to address, it shall be noted in the e-mail. See the following policies for DCF monitoring responsibilities:

1. Family services refer to PPM 4013 A.

2. CWCMP for family preservation services refer to PPM 5121 G. and 5122 DD. (1-3)

3. CWCMP for foster care refer to PPM 5211 B. (10) and 5212 B. (44).

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).

D. Documentation

The CPS specialist shall include all information addressing the event in the PPS 2019 Conversation Note or Case Activity Logs with the event number of the subsequent report identified.

E. Critical Incidents

If the information contained in the report meets definitions of a critical incident per PPM 0510, the CPS Specialist shall notify their immediate supervisor per PPM 0510.

2080 Assessment and Prevention Responsibilities When Child is Missing

The Federal Law Preventing Sex Trafficking and Strengthening Families Act provides requirements for when a child(ren) is missing from foster care, or with an open service case (Family Service or Family Preservation Services). This federal law is being applied to child(ren) involved in an open Assessment and Prevention case. When a child(ren) is missing from his/her residence, at any time during the open investigation/assessment (to include at the time of assignment), due to being a runaway, being abducted, or missing for an unknown reason, DCF/FFPS staff shall take the following actions:

A. When the Child Is Missing
    1. Immediately, and in no case later than 2 hours after being notified of the child's whereabouts being unknown, discuss with parent/caregiver, and assist (if needed), the parent/caregiver’s role in assisting in the efforts to locate and return the child home which includes the following two separate notices:
        a. Notice to Law Enforcement

b. File a missing person report with the appropriate law enforcement agency in the area in which the child has been residing (for law enforcement to enter into the National Crime Information Center-NCIC database of the Federal Bureau of Investigation), and

c. Notice to the National Center for Missing and Exploited Children (NCMEC)

d. Enter the child's name and picture on the National Center for Missing and Exploited Children (NCMEC) online or by calling 1-800-THE-LOST.

2. If the parent(s) is unwilling or unable to report the missing child to law enforcement or enter the child's information on the NCMEC website, discuss the importance of locating their child to ensure his/her safety. If after efforts are made, the parent continues to be unwilling or unable to report the missing or abducted child to law enforcement, the PPS Specialist/FFPS shall notify his/her supervisor, who shall notify the Assessment and Prevention Program Administrator to determine appropriate next steps, based on the best interests of the child.

3. DCF/FFPS staff may follow up with law enforcement, to ensure the report was made.

4. Assist (if needed) the parents/caregiver(s) in providing law enforcement agency and NCMEC with the following information (as available):
   a. A current photo/physical description of the child, to include a description of the clothing worn at the time the child was last seen, hair and eye color, height, weight, complexion, eyeglasses or contact lenses, braces, body piercings, tattoos and/or other unique physical characteristics;

   b. Contact information of the child; including information about cell phone numbers, email addresses, social networking contacts, aliases and nicknames;

   c. Information about suggested location, people, or direction where the child could be located, including parents and relatives;

   d. Medical or mental health condition and medication information that may impact the child's decision-making process and health, including any past suicidal attempts and/or any other endangerments or risks such as gang activity, online enticement, commercial/sexual exploitation;

   e. clothing child may be wearing and possessions the child may have with them.

5. Notify the court of the child's missing status, if applicable.

6. Request and assist (if needed) the parents/caregiver(s) 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.

7. Request and assist (if needed) the parents/caregiver in contacting individuals who may have information to assist in located the child. These individuals may include friends, relatives and others (teachers, counselors, coaches, CASA, etc.). Social media may be suggested as a method of searching for the child and contacting others who may assist in locating the child.

8. Provide emotional support to the parents/primary caregivers and siblings, in dealing with the child's missing status.

B. Ongoing Efforts

Efforts shall be made to complete the following actions to obtain updated information, as needed during the investigation and assessment case:

1. contact parents/primary caregivers and siblings;
2. assist the family with following up with law enforcement to check on the status of the investigation;
3. check social media (age appropriate) for any updates;
4. assist the family with contacting friends and other relatives of the child, through all available means including social media (age appropriate), to obtain updated information and assistance in locating the child;
5. assist the family with contacting the child's school to check attendance, and determine if any staff have information or knowledge of the child's whereabouts;
6. attempt to contact the missing child via mobile devices.

C. When the Child Returns

DCF/FFPS shall coordinate to complete the following:

1. Ensure the child's safety, placement, and treatment/services are re-assessed for possible human trafficking activities or other self-harming/danger-to-self behaviors. The assessment includes 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. Appendix 2I Interview Guide for Runaway and Truant Children may be used as a guide.
2. If the child discloses possible human trafficking activities, 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 of 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. Monitor Safety Plan to ensure all activities are being completed as required to ensure the child's safety.

For a child in the custody of the Secretary see PPM 5245 and for a child(ren) receiving Family Preservation Services see PPM 5123.

2090 Child With Sexual Behavior Problems

A child with sexual behavior problems means a person less than 18 years of age who has allegedly committed sexual abuse against another person less than 18 years of age (K.A.R. 38-2201). Sexual behaviors in youth may be a result of being a victim of sexual abuse or other issues such as impulsivity, social skill deficits, family trauma, etc. With education, support and treatment, children and youth can learn new behaviors that are healthy and safe. Utilizing a family assessment and services approach is intended to identify the child and family's treatment needs and to assure the safety of children impacted by the child's sexual behavior. Child sexual behaviors can be a difficult topic of conversation for many families. Families may be naturally defensive and protective of children who have exhibited problem sexual behavior. It is important staff be sensitive to terminology when engaging and working with families in which a child has been identified as having committed an act of sexual abuse against another child. Staff should refrain from using language such as perpetrator and sexual offender, especially when working with the family.

A. Determination

When a report assigned for further assessment with the allegation type of sexual abuse involving a minor alleged perpetrator, the CPS Specialist shall determine if both of the following are present:

1. The report requires a joint investigation with law enforcement.

This determination is made in accordance with K.S.A. 38-2226, which states a report of child abuse or neglect indicates: (1) That there is serious physical harm to, serious deterioration of or sexual abuse of the child; and (2) that action may be required to protect the child.

2. The child/youth engaged in a problematic sexual behavior.

First determine whether the identified child/youth engaged in a sexual behavior. Then determine whether the behavior was normal or problematic. The following may be used as guidance:

1. a. Normal sexual behaviors are a common occurrence in childhood. Includes showing private parts to other children and touching other children's private parts in an exploratory way. Characteristics of typical or normative sexual behaviors include:
    i. Occurs between playmates
    ii. Occurs between children of the same general age, physical size, social and emotional development
    iii. Is age and/or developmentally appropriate for the children involved
    iv. Is unplanned, not forced, and does not occur with frequency
    v. No physical or emotional trauma are suffered
    vi. Is redirected with adult intervention.

When a determination is made the child/youth engaged in normal sexual behaviors, information and resources should be offered to the parent/caregiver to provide them with information on how to respond to their child. The National Center on the Sexual

Behavior of Youth, Stop It Now, and the Association for the Treatment of Sexual Abusers, and other similar organizations have resources available for parents and caregivers.

1. b. Problematic sexual behaviors involve developmentally inappropriate and potentially harmful sexual behaviors to themselves or others. Characteristics of problem sexual behaviors may include one or more of the following (source http://ncsby.org/content/problematic-sexual-behavior):
    i. Occur frequently or more frequently than expected,
    ii. Take place between children of widely different ages or developmental stages (such as a 12-year-old who acts out with a 4-year-old, or a 15-year-old with a 10-year-old),
    iii. Occur between children of different capacity, for example, disparate physical size and strength or intellectual abilities or a position of authority,
    iv. Are associated with strong, upset feelings, such as anger or anxiety/fear,
    v. Cause harm or potential harm (physical or emotional) to any child,
    vi. Do not respond to typical parenting strategies (such as, instruction and supervision), and
    vii. Involve coercion, force, or aggression, or threats thereof, of any kind

Upon making a determination the child/youth has problematic sexual behaviors, the CPS Specialist shall immediately complete PPS 2014 B Referral for Services and refer the child/youth with sexual behavior problems and the family to a child advocacy center or other mental health provider. The PPS 2014 B shall be provided to FACTS staff for data entry.

Additional voluntary services shall be offered, as needed, to the child with sexual behavior problems and such child's family. If a determination is made this family may need DCF services, a FINA Child with Behavior Problems report shall be made to the Kansas Protection Report Center.

If the minor alleged perpetrator's family chooses not to participate in services and a determination is made the child is at high risk for future sexual behavior problems (consider whether the minor alleged perpetrator has prior affirmed or substantiated sexual abuse, allegations of multiple incidents, serious sexual behaviors, significant difference in age with the alleged victim, involves force and coercion) a FINA Child with Behavior Problems report shall be made to the Kansas Protection Report Center.

The FINA Child with Behavior Problems assignment includes further assessment of the identified child and family and attempts to engage the family in services for the Child with Sexual Behavior Problems. If the family continues to chooses not to participate in services and the FINA assessment determines the Child with Sexual Behavior Problems is at high risk for future sexual behavior problems, the CPS Specialist and PPS Supervisor shall determine appropriate intervention which may include a referral to the county/district attorney for court intervention.

B. Documentation

The CPS Specialist shall document:

B. 1. Offers by the department to provide voluntary services (PPS 1010 Social Service Case Activity Log);

2. The reason these services are important to reduce the risk of future sexual behavior problems by the child; (PPS 2020 Kansas DCF Assessment may guide this decision)

3. Whether services were accepted and provided (PPS 2030F Family Based Assessment Summary); and

4. The outcomes for the child and family (PPS 2030F Family Based Assessment Summary).

2100 Initiation of Investigative Interviews of Child Abuse/Neglect

The Kansas Department for Children and Families (DCF) 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).

An "Investigation" is the initial phase of the 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 assessment is to assist families, when needed, to live together safely and within the requirements of law.

A. Reports from Law Enforcement

Per K.S.A 38-2231(d) When a report from law enforcement is assigned to investigate allegations of suspected abuse or neglect, the Child Protection Specialist (CPS) or Child Protective Investigator (CPI) shall;

1. Initiate an investigation by completing a safety determination within 24 hours of the Kansas Protection Report Center receiving the report as set forth in PPM sections 2110 and PPM 2310, AND

2. Within 24 hours of contact with persons subject of the investigation, the CPS or CPI shall respond to the referring law enforcement agency with the status of the investigation.

The status update shall include the following:

a. The name and contact information of the assigned CPS
b. The event number of the assigned report
c. The allegations the CPS is investigating

d. The immediate safety determination per PPM 2310 (safe, safe with an immediate plan, or unsafe) or attempts made

B. Parent and Alleged Perpetrator Rights

At the initial contact with the family and alleged perpetrator, the DCF staff 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 abused or neglected. 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 what the possible next steps may be. 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.

C. 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

D. 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 Agency Response screens in KIDS.

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.

2105 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 when the interview or contact requires an in person contact and significant travel for the assigned office. A county or regional boundary does not automatically require a request for a courtesy interview (CI).

A. When the CI request occurs within normal business hours the office requesting the contact shall send an e-mail to the regional mailbox in the region responsible (as shown below in F), and provide the KIPS event number, if available. If the KIPS event number is not yet available, provide as much intake information available at the time of the request, such as a police report or JIAS report, etc. The subject line shall identify the urgency of the request.

1. When the CI request is for a law enforcement referral per K.S.A 38-2231(d), the office responsible for the CI request shall provide documentation of the interviews to the office requesting the CI within the 24-hour time period.

2. When the contact is for a safety determination, the office completing the contact shall communicate with the requesting office to facilitate a timely safety determination and safety staffing. Within 5 working days of completion of the courtesy interview, the worker completing the courtesy contact shall forward all applicable assessment documentation to the requesting office/worker.

B. When the CI request is for a law enforcement referral per K.S.A 38-2231(d) and is needed outside of regular business hours:

1. The office requesting a courtesy interview shall

a. Send an email to DCF.PPSAllStaff@ks.gov. The subject line of the email shall identify the request is for a 24hr response and the region where the courtesy interview is needed.

b. When the worker assigned to the CI is identified, the requesting office will provide to the assigned worker the KIPS event number, if available, and information and documentation as indicated below in C.

2. The office responsible for completing the request shall

a. Respond back to the individual requesting the courtesy interview by identifying the worker who will be completing the CI request.

b. Provide documentation of the contact to the office requesting the CI within the 24-hour time period.

C. The office requesting the contact shall provide documentation in the request to include:

1. Specific information the courtesy interviewer should gather from the person being interviewed

2. Information learned from any background checks or DCF history with the family

3. Information about family relationships, and other information known about the family

4. A summary regarding information gathered in the investigation to date

5. The response time for the requested interview

6. Identify if contact is needed for the safety determination

D. See PPM section 2800 for entering these cases in FACTS.

E. The following provides the regional e-mail addresses:

1. Kansas City Region: DCF.KCPRC@ks.gov

2. East Region: DCF.EastIntake@ks.gov

3. Wichita Region: DCF.WICIntake@ks.gov

4. West Region: DCF.WPRC@ks.gov

2106 Law Enforcement Courtesy Interviews

When the Kansas Protection Reporting Center (KPRC) screens a report as a Courtesy Interview from a law enforcement investigator, the assigned Child Protection Specialist (CPS) or Child Protective Investigator (CPI) shall contact the law enforcement investigator to determine how the agency could assist (i.e., forensic interview, interview at school). The assigned PPS staff shall make two attempts to contact law enforcement within three working days of receiving the courtesy interview request from KPRC.

The CPS or CPI shall consider a courtesy interview closed after approval from the PPS Supervisor. Case documentation shall be uploaded into KIPS.

If the assigned CPS or CPI determines the family would benefit from agency services, they shall make a report to the KPRC providing the family's information and requesting assignment of a Family In Need of Assessment case.

2110 Requirement to Interview or Observe Relevant Persons

A. Required Interviews and Observations

A Child Protection Specialist (CPS) or Child Protection Investigator (CPI) shall interview the following persons for all abuse or neglect investigations, unless they document allowable reasons not to interview the person per B.:

1. The alleged victim.

a. The interview of the alleged victim may be conducted by a CPS, CPI, or authorized collateral per PPM 2310, except reports from law enforcement. Reports from law enforcement require in person contact by a CPS or CPI, not an authorized collateral.

b. Per Adrian's Law, K.S.A. 38-2226 DCF is directly responsible in making visual observation of the child who is an alleged victim of abuse or neglect in an investigation. If there is a joint investigation with law enforcement and DCF, both agencies are responsible to make a visual observation of the alleged victim. Law enforcement's observation does not fulfill DCF's responsibility to observe the alleged victim.

i. The child's body shall be visually 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 the 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 or CPI may have another adult present or have a medical professional conduct the exam.

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, a CPS, CPI, or authorized collateral, per PPM 2310, shall observe the child.

4. The alleged perpetrator.

5. Adult sibling(s) living in the home.

6. Persons identified as having relevant information:

a. Non-residential parent;
b. Relatives;
c. Siblings not residing in the same home, facility or placement with the alleged victim;
d. Any adult who provides care or supervision of the victim or who lives in the home, whether related or not;
e. Other witnesses, regardless of their relationship to the victim or living arrangement;
f. Friends;
g. Neighbors;
h. Reporter;
i. Other individuals in the safety network determined relevant during the assessment

7. 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 (Concerted efforts shall be made to engage with all persons required to be interviewed. When a child refuses to talk with a worker, PPS staff shall explore ways to ensure the child feels safe and comfortable with the interview setting and/or the interviewer. PPS staff should consider whether a support person (school counselor, teacher, etc.) be present with the child during the interview, as appropriate. Additional supports may also be consulted for suggestions to assist in helping the child feel safe and comfortable.);

2. County or District Attorney or law enforcement officer requested DCF not interview;

3. Unable to locate or otherwise unavailable, for alleged victims refer to PPM 2315 Unable to Locate;

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.

D. Documentation (Family, Non-Family/Unregulated Caregiver and Facility Reports)

Documentation for all required persons listed in (A.) shall include attempts to interview, contacts made, interviews, observations and results. Documentation per 1-2 in this section, shall include the date of the contact/interview, how the interview was conducted (in-person, phone, observed, etc.), location and the results of the contact/interview for all required persons listed in (A.).

For any required persons listed in (A.) not interviewed, document the reason. 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 in KIDS on individuals who were located.

A CPS or CPI may complete documentation for all required persons listed in A.

1. For events assigned prior to July 1, 2017:

    a. Family Reports

    Documentation for all required persons listed in (A.) for family reports is completed on the PPS 2030A Agency Response, Section III.

    b. Non-Family/Unregulated Care Giver and Facility Assignments

    Documentation for all required persons listed in (A.) for Non-Family/Unregulated Care Giver and Facility Assignments is completed on the PPS 2025, Section III.

2. For events assigned on or after July 1, 2017 (Family, Non-Family/Unregulated Caregiver, and Facility Reports):

Documentation for all required persons listed in (A.) shall be completed per requirements in this section on the PPS 2019 DCF Kansas Conversation Note, and/or Appendix 2N My three Houses, Appendix 2P Fairy Wizard Template. For events assigned on or after January 1, 2021, use of the PPS 1010 Case Activity Log should be limited to information not able to be documented on the PPS 2019 or other Kansas Practice Model tools.

For any required persons listed in (A.) not interviewed, the documentation of the attempts to interview shall be documented on the PPS 1010. The results of these attempts are included in the consultation with the supervisor per PPM 2760, and the decision/conclusion from this consultation, shall be included in the consultation documentation.

2111 Minor Alleged Perpetrators (minor)

Prior to attempting to interview a minor alleged perpetrator, PPS staff shall inform the minor’s parent(s)/caregiver(s) of the Alleged Perpetrator Rights per PPM 2100 and provide the minor’s parent(s)/caregiver(s) the PPS 2010 “What You Need to Know About Investigations of Child Abuse or Neglect”.

It is not preferable to allow the parent(s) in the interview with the minor alleged perpetrator. PPS staff shall obtain written consent to interview the minor from the minor’s parent(s)/caregiver(s) prior to interviewing outside the presence of a parent.

The following methods may be used to document parental consent: (listed in order of preference)

1. 1. Signed PPS 2001 Parental Consent to Interview a Child at School

   2. Written email consent documented in case logs

   3. Text message (a screen shot of the text in case logs shall be used for documentation)

   4. Verbal consent may be used when the parent has been informed by PPS staff that his/her consent is being documented on the PPS 2001, on the parent/ caregiver signature line, with a date and time the verbal consent was provided.

   5. Inferred parental consent when the interview occurs in the presence of the parent with case log documentation of parental presence in the interview. When the interview is conducted in the presence of the parent(s), the consent is inferred until such time the parent ends the interview.

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.

A. If the minor is in the custody of the Secretary with parental rights not terminated the assigned CPS specialist shall make reasonable efforts to contact the parent(s) to explain the Alleged Perpetrator Rights and obtain written consent as outlined above. In addition, the CPS Specialist shall determine if the parent(s) would like to obtain legal counsel to represent the minor alleged perpetrator. The CPS Specialist shall inform the Guardian Ad Litem of the investigation and need to interview the minor alleged perpetrator.

B. If the minor is in the custody of the Secretary with Termination of Parental Rights (TPR), the assigned CPS specialist, in consultation with the PPS supervisor (or designee, see PPM 0140), Assessment and Prevention or Foster Care Contract Administrator and DCF regional legal, shall consider retention of legal counsel to represent the minor as an alleged perpetrator. The CPS Specialist shall inform the Guardian Ad Litem of the investigation and need to interview the minor alleged perpetrator.

2113 New Information Identified in an Open Case

A. New Report Needed

Anytime during an open case PPS staff become aware of a new incident of abuse or neglect, a new report to the Kansas Protection Report Center (KPRC) is required.

1. If the new report is assigned for abuse/neglect, and the current open case is assigned as a FINA or PWS, the PPS Supervisor shall submit a request an override per PPM 1700.

2. If the new concerns are FINA a new report to KPRC is not warranted and the concerns shall be continued to be addressed through the current open case.

B. Additional Allegation Types on a Current/Open Investigation

Upon investigation, if the facts and circumstances in the current assigned report indicate an additional abuse/neglect allegation type from the assigned allegation type identified on the PPS1002 Initial Assessment,

the CPS Specialist shall consult with the PPS Supervisor to determine further action:

1. If it is determined the new allegation type(s) is a result of a new incident of abuse or neglect, refer to PPM 2113 A.

2. If it is determined the new allegation type is related to the incident currently being investigated, the new allegation type shall be added to the current open case.

a. The new allegation type shall be added within 20 working days of the assignment.
b. The new allegation shall be added to the PPS 1002 Initial Assessment Section IV and V in KIPS by the PPS Supervisor.
c. The CPS Specialist shall add the additional allegation type(s), date and initial on the PPS 1002 and provide to FACTS data unit.

A finding shall be made on all allegation types assigned by KPRC as well as any additional allegation types added to PPS 1002.

C. Additional Children in the Family identified in an ongoing investigation

If during an investigation/assessment, there is reason to believe other children under the same care are possible alleged 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.

D. 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.

E. Additional Alleged Perpetrator Identified after an Initial Assignment

If during an investigation/assessment, there is reason to believe that there is another alleged perpetrator for the same allegation and incident reported, the additional alleged perpetrator shall be added to the current investigation and does not require a new report.

F. Human Trafficking

Human trafficking (HT) is a separate subtype of abuse/neglect 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 1A for guidance.

2115 Child with Danger to Self/Self-Harming Behaviors

Danger to self/self-harming behaviors may include, but are not limited to running away, suicidal thoughts/threats, self-mutilation (cutting, burning, scratching, hair pulling), substance misuse or substance use disorder, and sexual behaviors. Danger to self and self-harming behaviors may potentially be linked to other serious concerns, such as abuse/neglect, human trafficking, depression, being bullied, or other emotional/mental health issues, which may have very serious consequences.

When a report contains concerns for a child with self-harming behaviors, PPS practitioners shall make concerted efforts to engage the family in a comprehensive family-based assessment per PPM 2740.

When a conclusion is determined the child is a danger to self or others and the family strengths and resources are not adequate to meet the needs of the child without PPS intervention, the following PPS interventions shall be considered which may include, but are not limited to:

A. Family Services

B. Family Preservation Services

C. Interventions developed alongside the safety network and family to assist in mitigating imminent danger per PPM 2400.

D. Protective actions per PPM 2400.

2116 Requirements for Children Under the Age of One

Supporting families by connecting them with services, and information designed to promote the health and well-being of children under the age of one, is one way to help build lasting safety and prevent future maltreatment.

A. Parent Skill Building

When a family with a child under the age of one is involved in an assessment for Abuse/Neglect, Family In Need of Assessment (FINA) or Pregnant Woman Using Substances (PWS), the Child Protection Specialist (CPS) shall:

1. Engage the family in an assessment of the child’s developmental milestones and needs and document using the PPS 2019 DCF Conversation Note.

2. Inform the family of the benefit of available resources.

3. Request the family engage in services and document the family's initial decision for services on the PPS 2019 DCF Conversation Note.

4. When appropriate, assist the family with a referral to the program of the parent's choice using the PPS 2014 A Referral for Services. Families may choose to have the CPS submit a referral or the family may choose to self-refer.

Parent Skill Building programs involve community partners assessing the needs of the child(ren). These assessments include occupational and physical therapy, speech and language development, and educational needs. Parent Skill Building programs include Infant-Toddler Services or Home Visitor programs.

Resources include:

Kansas Department for Children and Families Child Care in Kansas child development resources: https://childcareinkansas.com/resource/child-development/

Kansas Early Childhood Developmental Services: https://www.kdhe.ks.gov/677/Kansas-Early-Childhood-Developmental-Ser

Healthy Families affiliate locator: https://www.healthyfamiliesamerica.org/map/

Early Head Start: https://www.kcsl.org/EarlyHeadStart.aspx

KCSL Parent Helpline: 1-800-CHILDREN (1-800-332-6378) or email/text 1800children@kcsl.org

B. Safe Sleep

When a family with a child under the age of one is involved in an assessment for Abuse/ Neglect, FINA or PWS, the CPS Specialist shall:

1. Assess the infant's sleep environment using guidance from Safe Sleep Kansas (https://safesleepkansas.kdhe.ks.gov/) and document observations on the PPS 2019 Conversation Note.

2. Engage the family in a conversation and provide information and resources to help support a safe sleep environment for the infant by informing the family of the ABCs of safe sleep; babies are safest when they are:

a. Alone,
b. on their Back and
c. in a Crib.

2125 Relative/Non-Related Kin Information

A. Gathering Relative/Non-Related Kin Information

The CPS specialist shall gather relative/non-related kin information during assessments for all case assignment types. This may include relatives or other adults whom the family has a close positive emotional attachment. 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 or family, and information about current involvement with the child(ren) subject of the report. The identifying information gathered shall be documented on the PPS 1000, Section IV for Relative/Non-related Kin and entered in FACTS.

B. Assessing Relative/Non-Related Kin Information

The Kansas Practice Model assessments and tools provide a method to consider relative/ non-related kin when assessing the family strengths and resources. The assessments consider the family's ability to use strengths and resources to manage concerns of danger to the child, presenting problems and contributing factors. The relative/non-related kin may provide a safety network resource to consider when a child has been placed in police protective custody per PPM 2473, to prevent out of home placement.

C. Providing Relative/Non-Related Kin Information at Referral

At the time of a referral for out of home placement relative/non-related kin information shall be provided to the Child Welfare Case Management Provider.

2140 Interviewing Children

DCF staff shall consider the following when interviewing children:

A. Parental Permission Abuse/Neglect Assignments:

Parental permission is not required to interview a child who is the subject of a report of suspected child abuse and/or neglect. If it is determined parental cooperation is essential to an adequate investigation of a report, parental permission to interview a child shall be sought. Circumstances in which a child may be interviewed without parental consent include:

1. The parent is alleged or suspected to be involved in the maltreatment.
2. The safety of the subject child or any other child in the same care might be jeopardized by delay or notice.

3. There is reason to believe that essential evidence would not be available if there is delay or notice.

4. Whenever it is necessary to interview a child without parental consent, attempts shall be made to notify the parent/caregiver the same day as the interview with the child and an explanation provided for the interview.

5. 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.

B. Interviewing in a Neutral Setting:

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 alleged 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).

C. Interviewing Children at School:

Whenever a child is to be interviewed at school the following guidelines should be followed:

1. Whenever possible, 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.

2. 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.

3. Form PPS 2000, Request to Interview a Child at School or PPS 2001 Parental Consent to Interview Child as School for Family in Need of Assessment (FINA) assignments, should be presented to the school administrator.

4. If possible, 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.

5. 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. School employee presence in the interview shall be at the discretion of the agency conducting the interview, giving consideration to the best interests of the child. [K.S.A. 38-2226(g)].

6. If a child needs to be taken off-premises, a law enforcement officer shall be requested to place the child in protective custody and transport the child. The child shall 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.

D. Interviewing Children in a Child Care Setting:

There are no statutes or regulations providing for interviewing children as alleged victims of abuse/neglect in a childcare 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. Licensed childcare providers are mandated to report suspected abuse or neglect of children in their care and are required to cooperate with investigations of suspected child abuse/neglect. K.S.A. 38-2223 and K.A.R. 28-4-118.

E. Interviewing Children Identified as Non-Familial Collateral Contacts:

1. If there is a need to interview non-familial children who are identified as potential collateral contacts in an abuse/neglect investigation, written parental permission shall be obtained in advance for children who need to be interviewed away from parents. See PPM 0317 for guidance on confidentiality.

2. Written parental consent is preferred and shall be documented on the PPS 2001 Parental Consent to Interview Child at School. When concerted efforts to obtain written parental consent have been completed and documented, the following methods of obtaining consent may be used: (listed in order of preference)
    a. Signed PPS 2001 Parental Consent to Interview Child at School
    b. Written e-mail consent documented in case logs.
    c. Text message (a screen shot of the text in case logs shall be used for documentation)
    d. Verbal consent may be used when the parent has been informed by PPS staff that his/her consent is being documented on the PPS 2001, on the parent/caregiver signature line, with a date and time the verbal consent was provided.

F. FINA and PWS Assignments:

FINA are for the purpose of assessing the needs of the child and family for services. Family involvement from the onset of the case assists in engaging the family in the assessment process. Concerted efforts shall be made to interview a child subject of a FINA with parental consent.

1. FINA Interviewing at School:
    a. Kansas Statute does not address interviewing children subject of a FINA at school without parental consent. Children subject of a FINA shall not be interviewed at school without parental consent.
    b. Written parental consent is preferred and shall be documented on the PPS 2001 Parental Consent to Interview Child at School. When concerted efforts to obtain written parental consent have been completed and documented, the following methods of obtaining consent may be used: (listed in order of preference)
        i. Signed PPS 2001 Parental Consent to Interview Child at School
        ii. Written e-mail consent documented in case logs
        iii. Text message (a screen shot of the text in case logs shall be used for documentation)
        iv. Verbal consent may be used when the parent has been informed by PPS staff that his/her consent is being documented on the PPS 2001, on the parent/caregiver signature line, with a date and time the verbal consent was provided.
2. FINA Interviewing in Other Settings (Excluding Schools)

When an interview is needed with a child(ren) subject of a FINA who is in a setting other than at school, such as police protective custody (PPC) or detention, it is allowable to interview without parental consent. Attempts shall be made on the same day as the interview with the child(ren) to notify the parent/caregiver that the interview took place, and to explain the purpose of the interview.

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.

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. This determination is made by the Kansas Protection Report Center and is documented on the PPS 1002. 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

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 alleged victims or alleged 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.

C. Communicate with DCF Foster Care and Residential Facility Licensing prior to making a case finding decision when there is a joint investigation. If there are disagreements regarding the investigative process, the CPS Specialist is strongly encouraged to consult with the PPS Supervisor to determine next steps.

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, for events assigned prior to July 1, 2017 and documented on the PPS 1010 Case Activity Log for events assigned on or after July 1, 2017. 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 (Utilized on events assigned prior to July 1, 2017)

B. PPS 2011, Case Finding

C. PPS 2012, Notice of Department Finding

D. The PPS 1010 Case Activity Log is limited to information not able to be documented on the PPS 2019 or other Kansas Practice Model tools

E. The PPS 2019 DCF Conversation Note or other KPM tools

F. PPS 2020 Kansas DCF Assessment is required only if the family is being referred for services.

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 childcare 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) and PPS 2020 are 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

It is the policy of the Department for Children and Families (DCF) 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. Per K.S.A. 38-2231(d), DCF will receive and investigate reports from law enforcement alleging abuse or neglect. 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. PPS 2025, Agency Response - Facility and Third-Party Reports (Utilized on events assigned prior to July 1, 2017)

B. PPS 2011, Case Finding

C. PPS 2012, Notice of Department Finding

D. The PPS 1010 Case Activity Log is limited to information not able to be documented on the PPS 2019 or other Kansas Practice Model tools

E. The PPS 2019 DCF Conversation Note or other KPM tools

F. PPS 2020 Kansas DCF Assessment is required only if family is being referred for services

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 Defining Danger, Risk and Safety

Safety and danger are not interchangeable terms as they are distinct and different concepts. Similarly, danger and risk are distinctly different. The probability, immediacy, specificity, and severity of the potential impact differentiate danger and risk.
Safety is created through the actions of natural and professional supports (safety networks), parents/caregivers and/or, children. It's important to note children should never be made responsible for their own safety but should be empowered in age-appropriate ways. Safety actions should change the everyday living arrangements in ways that build safety in relation to the identified danger and risk. As safety increases, danger and risk decrease. When families and their natural supports are not providing sufficient safety, professionals may need to take action to ensure Immediate Safety (see PPM 2462) or support families to build lasting safety.

A. Danger is an imminent likelihood of serious harm.

B. Risk is the possibility of future harm.

C. Safety is the condition of being protected from harm.

1. Immediate Safety is the condition of being protected from danger.
2. Lasting Safety is the condition of being protected from risk.

Related definitions:

A. Current and Past Safety: conditions, actions, and circumstances currently providing or that have provided protection in the past for children in relation to the worries (risk and/or danger).

B. Immediate Safety Scale: the 0 to 10 scale used by practitioners in collaboration with children (when possible), parents, network members, and other professionals to understand, document, and monitor the degree of danger. The practitioner's rating of Immediate Safety is a required element of the Safety Assessment which is an important part of making a Safety Determination.

C. Lasting Safety Scale: the 0-10 scale used by practitioners in collaboration with children (when possible), parents, network members, and other professionals to understand, document, and monitor the degree of risk. The practitioners lasting safety scale rating is required.

D. Risk Assessment: the process of gathering information to understand the presence of both risk factors and protective factors to determine whether child welfare case management services are needed. The key elements that make up a Risk Assessment include lasting safety ratings (especially the worker's rating), reasons for the ratings (factors that increase and/or decrease the rating), Future Danger statements, and the referral for services decision. The practitioner is expected to document their Risk Assessment, including their Lasting Safety Rating and their Referral for Services decision, for every event, utilizing the Assessment Map.

E. Safety Assessment: the process of gathering information to identify immediate safety threats and existing protections to determine whether children are safe, safe with a plan, or unsafe. The key elements that make up a Safety Assessment include immediate safety ratings (especially the practitioner's rating), reasons for the ratings (factors that increase and/or decrease the ratings), immediate safety threats (if applicable), and the safety

determination. The practitioner is expected to document their Safety Assessment, including their Immediate Safety Rating and their Safety Determination, for every event.

2310 Immediate Safety Determination

When a report alleging abuse or neglect has been assigned for investigation/assessment, the Child Protection Specialist (CPS) or Child Protection Investigator (CPI) shall determine the immediate safety of the child who is the subject of the report by completing an initial safety assessment within the response time established on the PPS 1002 Initial Assessment, Section VI- Response Time and Due Dates.

A. The immediate safety determination is the result of the initial safety assessment in which the child may be determined safe, safe with an immediate plan, or unsafe.

1. When the child is determined safe, they can remain in their current environment throughout the investigation/assessment without any immediate intervention from DCF.

2. When the child is determined safe with an immediate plan, various interventions and/or protective actions may be taken by the family, safety network, or DCF to ensure safety of the child throughout the investigation/assessment. The plan shall be documented on the PPS 2021 Immediate Safety Plan. The Immediate Safety Plan is developed alongside the family and safety network. The CPS Specialist's or PPS Supervisor's input and approval is required if the safety plan is being initiated by a CPS Investigator. See PPM 2462 for additional guidance regarding safety planning.

3. When the child is determined unsafe due to the current danger and the danger cannot be mitigated with an immediate safety plan, DCF shall initiate protective action to remove the child from the danger, which may include law enforcement or court involvement.

B. Factors to Consider for the Immediate Safety Determination

The Appendix 2H Immediate Safety Tips Sheet provides factors to consider for the immediate safety determination. The following appendices may be used to gather information for the safety determination:

1. Appendix 2F Six Areas of Family Life for Assessment.
2. Appendix 2J Caregiver Protective Capacity Factors may be used as a guide to gather information and assess the protective capacity of the caregiver(s).
3. Appendix 2I Interview Guide for Runaway and Truant Children may be used as a guide to gather safety and risk information when interviewing children.

C. Required Contacts

1. In-Person Contact with Child

a. The initial safety assessment requires an in-person contact with the alleged victim, in a location where it is reasonable to expect the child to be found, within the assigned response time.

b. In-person contact for the safety determination may be made by a CPS, CPI or authorized collateral, except reports from law enforcement. Reports from law enforcement require in person contact by a CPS or CPI, not an authorized collateral.

i. Authorized collateral may be any one of the following:

A. Law Enforcement Officers
B. Child Advocacy Center Forensic Interviewers
C. Child Welfare Case Management Providers

ii. The CPS shall ensure sufficient information has been gathered by the authorized collateral to consider the required factors and determine the safety of the child within the response time.

c. Per Adrian's Law, K.S.A. 38-2226, the secretary or the secretary's designee shall visually observe the child who is an alleged victim of abuse or neglect prior to case closure. In the case of a joint investigation with DCF and law enforcement, both agencies shall visually observe the alleged victim.

d. The CPS or CPI shall notify the parent/caregiver of the investigation/assessment the same day as the in-person contact with the child per PPM 2100.

2. Additional Contact(s)

Additional contacts and observations with parent/caregivers, siblings, alleged perpetrators, and others may be required to gather sufficient information to determine the safety of the child. 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 assess the required factors and determine the safety of the child within the response time.

D. Reasonable Efforts, Allowable Reasons and Exceptions for the Safety Determination

The following provides requirements for reasonable efforts, allowable reasons and exceptions for the safety determination. If the child(ren)/family are unable to be located, efforts shall continue to determine the safety of the child beyond the assigned response time. A supervisor staffing shall occur within the assigned response time. See PPM 2315 for further guidance.

1. Reasonable Efforts Requirements

Reasonable efforts are the minimum required attempts to determine the safety of the child within the assigned response time.

The CPS Specialist or authorized collateral shall make two attempts within the response time to complete the in-person contact with the alleged victim in a location where it is reasonable to expect the alleged victim to be found. To meet reasonable efforts requirements either:

a. two attempts within the response time set, OR

b. at least one attempt within the response time set, AND

i. a second attempt by the close of business the next working day for a “same day" response time OR
ii. within 72 hours, excluding weekends and state holidays, of the initial attempt on a 72-hour response time.

c. Child out of state

i. CPS Specialist shall, within the response time, make a request to the state's child protection report center/hotline, where the child is located.

2. Allowable Reasons to Delay the Safety Determination

Allowable reasons for delaying the safety determination of a child may include the following:

a. Child out of state (allowable only after a request to the other state has been made for a courtesy initial safety assessment, and the other state has not been able to locate the child).

b. DCF has been directed not to proceed by county/district attorney or law enforcement.

c. Child is unable to be located, see PPM 2315 for additional guidance.

i. Family does not allow access to the child.
ii. Scheduled appointments were not kept by the family.

e. Act of God (weather, road conditions).

f. Child is currently hospitalized and hospital personnel verified the child will not be dismissed prior to completion of the initial safety assessment. This allowable reason to delay shall consider the best interest of the child and is not solely for the convenience of the department or another entity.

g. Child is on runaway status.

h. A collaborative decision is made with the supervisor and Assessment and Prevention Administrator that making the in-person contact within the response time is contrary to the safety and best interest of the child and is not solely for the convenience of the department or another entity.

E. Reports from Law Enforcement

1. Per K.S.A. 38-2231(d), when a report alleging abuse or neglect is assigned and is from a law enforcement officer, the immediate safety determination shall be made by a CPS or CPI within 24 hours of the date and time the report was received at the Kansas Protection Report Center as listed on the PPS 1001.

2. Reasonable Efforts Requirements .

Reasonable efforts are the minimum required attempts to determine the safety of the child within twenty-four (24) hours for reports from law enforcement.

A CPS or CPI shall make a minimum of two (2) in person attempts to determine the safety of the alleged victim within twenty-four (24) hours of the date and time the report was received at KPRC. The attempts to make in person contact with the alleged victim shall occur in a location where it is reasonable to expect the alleged victim to be found. When the child can't be located, refer to PPM 2315 for additional guidance.

3. The CPS or CPI shall provide an update of the status of the investigation to law enforcement within twenty-four (24) hours of contact with the child and family. When the CPS or CPI cannot contact the child or family, they shall inform law enforcement of the attempts made to contact the child and family per PPM 2100.

F. Documenting the Immediate Safety Determination

Documenting the Immediate safety determination shall be completed in KIDS and on one of the following: PPS 2019 Kansas DCF Conversation Note, Appendix 2N My three Houses, or Appendix 2P Fairy Wizard Template.

1. PPS 2019 Kansas DCF Conversation Note, and/or the Appendix 2N My three Houses, and/or the Appendix 2P Fairy Wizard Template shall include:

a. Attempts to contact the child, if applicable,

b. The safety determination (safe, safe with an immediate plan, unsafe)

c. The date/time/location the immediate safety was determined.

i. The date and time of the safety determination is when the CPS, CPI or or authorized collateral has determined the child safe, safe with an immediate plan or unsafe.
ii. If the in-person contact was completed by an authorized collateral contact the date and time of the safety determination is the date and time the CPS, CPI or has reviewed the information and determines the child is safe, safe with an immediate plan or unsafe.

d. If unable to determine the safety of the child within the assigned response time, the documentation shall include:

i. The reason the contact was not made
ii. The attempts to locate the child (date and results)
iii. Reasonable efforts, allowable reasons and exceptions, if applicable

2. KIDS Documentation shall include:

a. The date/time/location of the first attempt to contact the first alleged victim shall be documented on the Agency Response screen in KIDS for all abuse/neglect assignments.

b. The date/time/location of the safety determination for each alleged victim shall be documented on the Agency Response screen in KIDS for all abuse/neglect assignments. If an alleged victim was not able to be located, check the "unable to locate" box.

G. Safety Staffing with Supervisor

1. An immediate safety staffing shall take place when one or more of the following occur

a. When the safety determination is unsafe.

b. When the safety determination is safe with an immediate plan.

c. If after reasonable efforts have been met and the child is still unable to be located or the parent/caregiver(s) do not allow access within the response time. The safety staffing shall occur within the assigned response time. See PPM 2315 for additional guidance.

d. Anytime supervisor advice is needed to assist in determining whether additional in-person safety contacts are needed.

2. Team Decision Making (TDM)

If during the safety staffing it is determined a child has been or is likely to be separated from their parent or caregiver, the CPS and supervisor shall determine if the family meets criteria for a TDM per the Appendix 0D Initial TDM Protocol.

3. Documentation

a. Safety Staffing: The date and time of the safety staffing with the supervisor shall be documented on the Agency Response screen in KIDS as the “Safety Staffing” date and time. When the child(ren) is not located/has not been seen in-person and the safety determination has not occurred, leave the field blank.

b. Additional In-Person Safety Contacts: The determination, date, and time of the ongoing safety assessment, if applicable, shall be documented for each alleged victim on the Agency Response in KIDS.

2315 Unable to Locate

A. Unable to Locate Supervisor Staffing Requirements

1. Initial Safety Determination Staffing

a. When a report alleging abuse or neglect has been assigned for investigation/assessment reasonable efforts as outlined in PPM 2310 shall be made to determine the initial safety of a child. If the child(ren) is unable to be located or the parent(s)/caregiver(s) do not allow access to the child(ren), an initial safety staffing shall occur within the assigned response time.

2. Ongoing Supervisor Staffings

a. Ongoing supervisor staffings shall occur every 3 business days to discuss ongoing efforts to locate the child(ren) and family until:

i. Child(ren) is located or;
ii. Case closure due date and;

iii. Supervisor agrees sufficient efforts have been made to locate the child(ren) and family.

b. The CPS Specialist/CPS Investigator and PPS Supervisor shall discuss worries for imminent danger to the child and determine next steps for ongoing efforts. Appendix 2B, the PPS 2019 Immediate Safety Scale and Appendix 2H Immediate Safety Tips Sheet may be used as a guide to consider next steps. Also see PPM 2310. for more information.

B. Ongoing Efforts
Ongoing efforts to locate the child shall continue outside the initial response time.

1. Ongoing efforts to locate the child(ren) in-person may include but are not limited to the following:

a. A search for the child(ren) and/or parent/caregiver(s) using internal sources such as CLEAR, KEES, FACTS, etc.

b. A search for the child(ren) and/or parent/caregiver(s) using external sources such as law enforcement, child's school, neighbors, known friends/ extended family, service providers, reporter, collateral contacts, etc.

c. CPS Specialist and/or CPS investigator shall make attempts to contact the child(ren) and/or parent/caregiver(s), including the non-residential parent/ caregiver(s), at all addresses/phone numbers found in the above searches which may include attempts outside of business hours.

2. If a child has not been located after 3 business days have elapsed from the required response time and law enforcement is not already involved with the assigned report, contact law enforcement to provide what actions have been taken by DCF to locate the child, known potential locations of the child, details of the case known to DCF, worries for the child reported to DCF, and to continue to jointly search for the child.

C. Unable to Locate Case Closing Requirements
Before a case can be closed as unable to locate the following criteria shall be met:

1. The alleged victim child(ren) are unable to be located; AND

2. CPS Specialist/CPS Investigator has exhausted all available resources including contacting law enforcement per PPM 2315 B; AND

3. PPS Supervisor agrees that sufficient efforts have been made to locate the family.

D. Documentation
Documentation of all unable to locate supervisor staffings and the ongoing efforts to locate the child(ren) and/or parent/caregiver(s) shall be completed per PPM 0420 and PPM 2760. The date and time of the safety staffing with the supervisor shall be documented on the Agency Response screen in KIDS as the "Safety Staffing" date and time. When the

child(ren) is not located or has not been seen in-person and the safety determination has not occurred, leave the field blank.

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 Lasting Safety Assessment

A Lasting Safety Assessment shall be completed by a CPS specialist for all cases assigned for further assessment. If unable to complete the Lasting Safety Assessment for allowable reasons, document the attempts to complete the assessment. Allowable reasons for not completing the safety assessment include:

A. Family chooses not to engage with the assessment 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

The Lasting Safety assessment is completed alongside the family using the PPS 2019 Conversation Note focusing the discussion on safety specific information for the assessment. The Appendix 2K Lasting Safety Tips Sheet provides factors to consider and discuss during the Lasting Safety scaling conversations alongside the family. Lasting Safety (Risk) is whether the children will be safe long-term. Services may be identified to mitigate concerns for risk of future maltreatment.

The Lasting Safety assessment involves analyzing all information gathered from family members, along with other information gathered during the assessment, to complete the PPS 2020 Kansas DCF Assessment Map. The Assessment Map documents the Lasting Safety (Risk) rating to assist in the determination for whether further DCF involvement with the family is needed, such as a referral for Family Services, Family Preservation Services, and Family First Prevention Services. When the worries indicate lasting/serious negative effects if something does not change, next steps are developed with the family identifying what willhappen to mitigate the risk and build lasting safety.

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 PPS 2020 Kansas DCF Assessment Map is completed based on the information available.

2450 CARE Referral and Medical Examination or Treatment Related to Abuse/Neglect

The Child Abuse Review and Evaluation (CARE) is a referral process from DCF to an established medical network to improve services provided to a child alleged to be a victim of abuse or neglect while supporting the DCF Teams in assessing immediate and lasting safety. (K.S.A Chapter 38, Article 22)

A. Upon assignment of investigation listed for physical abuse or physical neglect of children under the age of 6, the CPS Specialist shall make a Child Abuse Review and Evaluation (CARE) referral for each child listed as an alleged victim or later determined and added as an alleged victim. The CARE referral shall be made within three business days from the date of when the CPS Specialist or Designee first observes the child. In situations where the child is unable to be located, the referral is still required.
    1. Criteria for a required CARE referral:
        a. Child under age 6; and

        b. Allegation of Physical Abuse; and/or

        c. Physical Neglect

    2. A CARE referral may be completed for any child listed as an alleged victim of allegations other than physical abuse or physical neglect at the discretion of the CPS Specialist and or CPS Supervisor.

B. Upon receipt of the recommendations from the Medical Resource Center and/or CARE provider, the CPS Specialist shall:
    1. Discuss the recommendations with the caregiver of the child

    2. If recommended, connect the family with a CARE provider and forward the recommendations to the CARE provider
    3. Consider the recommendations and outcome of a CARE referral when making assessment decisions.

C. The Integrated Referral and Intake System (IRIS) shall be used to make the CARE referral. Parents and/or caregivers of the child shall be provided the CARE Referral Handout Form PPS 2451 and the CPS Specialist shall have a conversation with the parents and/or caregivers obtaining consent to the usage of IRIS.
    1. Form PPS 2450 shall only be used in the following situations via an encrypted email to the Medical Resource Center:
        a. Parent and/or caregiver does not consent to usage of the IRIS Referral System

        b. Concerted efforts to obtain consent from the parent and/or caregiver have been unsuccessful

        c. Report is a conflict of interest and needs to be confidential

D. Medical Treatment
    1. 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.

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.

CPS Specialist shall document on the PPS 2019 Kansas DCF Conversation Note If the child(ren) required medical treatment due to abuse/neglect, and reasonable actions taken to provide the medical care.

2462 Immediate Safety Planning

The Child Protection Specialist (CPS) or Child Protective Investigator (CPI) shall use an Immediate Safety Plan to address immediate threats of danger to the child(ren) during the assessment. The Immediate Safety Plan is a temporary, short-term plan to keep the child(ren) safe while building lasting safety.

A. Development of the Immediate Safety Plan

The CPS or CPI may consider the following when developing the Immediate Safety Plan:

1. Immediate Safety Scale

2. PPS 2020 Assessment Map

3. Appendix 2H Immediate Safety Tips Sheet

4. Appendix 2J Caregiver Protective Capacities

5. Appendix 2N Three Houses

6. Child(ren), parent or caregiver, family, and safety network engagement

7. Harm to the child caused by removal of the child(ren) from the care of the parent or caregiver

8. "The Four Questions" sourced from: *4 Questions, 7 Judges*, an Iowa based Judicial Pilot Program:

    a. What can we do to remove the danger instead of child?

    b. Can someone the child or family knows move into the home to remove the danger?

    c. Can the caregiver and child go live with a relative or non-related kin?

    d. Could the child move temporarily to live with a relative or non-related kin?

B. Engagement

Engagement is critical to the success of building and maintaining safety. The CPS and the family will determine who should be engaged in the safety planning process. Lack of engagement shall be a factor to consider when assessing the viability of the safety plan. The CPS will consider engaging the following in the safety planning:

1. Child(ren)

2. Parents or Caregivers

3. Safety Network

C. Documentation

1. PPS 2021 Immediate Safety Plan

The CPS or CPI may document the Immediate Safety Plan on the PPS 2021 Immediate Safety Plan. When another tool or form is used to document the Immediate Safety Plan (e.g. Advanced Safety Plan PPS 2022, Words and Pictures), it shall be identified as the Immediate Safety Plan and shall consider the same elements and actions of Immediate Safety Planning practices. The CPS or CPI shall give parent or caregiver the original safety plan. The CPS or CPI shall copy the original and upload it into KIDS and provide it to the FACTS Data Unit. With permission from the parents or caregivers, the CPS or CPI may provide a copy of the Immediate Safety Plan and to the safety network and child(ren) (if appropriate).

2. Agreement

The CPS or CPI shall ask all individuals engaged in the development of the safety plan to sign indicating agreement in following the safety plan. The Child Protection Specialist or the Child Protective Investigator may document a verbal agreement.

3. Engagement Efforts

All attempts to engage the child, parent or caregiver, family and safety network in the immediate safety planning process shall be documented.

D. Monitoring and Timelines

1. Monitoring

The Child Protection Specialist or the Child Protective Investigator shall include the frequency and method for how the safety plan will be monitored and by whom to ensure the child(ren), parent or caregiver and safety network remain engaged in the action steps of keeping the child safe. The ongoing assessment and evaluation of the safety plan shall be documented.

2. Timeline

Immediate safety plans are short-term plans and shall not exceed beyond the FBA due date. Plans may 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.

E. Per Claire and Lola's law enacted July 1, 2019, the department shall not initiate any child protection action (safety planning) or proceeding based solely upon the parent's or the child's lawful possession or use of cannabidiol treatment preparation. K.S.A. 65-6235 (c). See PPM 0255 Claire and Lola's Law.

2463 Removal of the Alleged Perpetrator

When the safety of a child cannot be reasonably assured, removal of the alleged perpetrator from contact with the child should be considered before removing the child. Removal of the alleged perpetrator can be voluntary or obtained through provisions of the Kansas Protection From Abuse Act, or Code for Care of Children.

A. Voluntary Removal of the Alleged Perpetrator

Voluntary removal of the alleged perpetrator can be considered when it is a part of a family safety plan and:

1. There is reason to believe the alleged perpetrator will honor the agreement for removal;
2. 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
3. The safety plan includes actions which will be taken if the agreement is not kept.

B. 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

Only a law enforcement officer, court services officer, or the court has the authority to place a child in 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 alleged 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 Child Protection Specialist and Supervisor shall consider whether they can hold a Team Decision Making (TDM) meeting. The TDM meeting shall be held by the next working day or before the initial court hearing occurs if a determination is made the child is in imminent danger and the meeting cannot be held prior to the need for police protective custody. Police protective custody resulting in the court holding a court hearing shall not be a reason a TDM is not held. Refer to Appendix 0D for guidance on TDM.

Per Claire and Lola's law enacted July 1, 2019, the department shall not initiate proceedings to remove a child from the home of the child's parent or guardian (request PPC or an Order of Protective Custody) or initiate any child protection action (safety planning) or proceeding based solely upon the parent or guardian or the child's lawful possession or use of cannabidiol treatment preparation (K.S.A. 65-6235 (c)).

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.

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 the child is unsafe by the CPS Specialist with approval of a PPS Supervisor or designee. A child may be determined unsafe when danger (serious harm from maltreatment) is present, or the threat of serious harm to the child is imminent (will occur without delay unless there is prompt intervention), and efforts to ensure the safety of the child through development of the PPS 2021 Immediate Safety Plan alongside the safety network and the parent/caregiver(s) has been unsuccessful. The CPS Specialist and PPS Supervisor shall consider whether criteria are met requiring a Team Decision Making (TDM) meeting per the TDM Protocol Appendix 0D. (Refer to Appendix 0D for guidance on TDM).

Per Claire and Lola's law enacted July 1, 2019 the department shall not initiate proceedings (request police protective custody or an order for protective custody) to remove a child from the home of the child's parent or guardian or initiate any child protection action (safety planning) or proceeding based solely upon the parent's or the child's lawful possession or use of cannabidiol treatment preparation. K.S.A. 21-5706 (c). (See PPM 0255 Claire and Lola's Law)

A. Requesting Protective Custody

When the CPS Specialist and PPS Supervisor alongside the family and the family's safety network determine through the TDM process the child(ren) is unsafe, the CPS Specialist shallrequest an ex parte or temporary custody order from the County or District Attorney. The CPS Specialist shall include with the request a copy of any current PPS 3050 Family Service/Preservation Plan, PPS 4000 Prevention Plan or PPS 2007 Plan of Safe Care related to the request for custody and required per K.S.A.

38-2234 to be filed with the petition for a child in need of care case. The Team Decision Making meeting summary form is not a plan and shall not be attached.

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 the PPS Supervisor. The CPS specialist and PPS 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 PPS 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 a critical incident in PPM 0510.

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:

A. removal of the perpetrator,

B. a safety plan to address the identified safety factors,

C. identifying relatives or kinship resources,

D. referral to family services or family preservation services.

The assigned CPS specialist shall complete a safety and risk assessment for abuse/ neglect allegations or a FINA assessment for FINA 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 the family's history with DCF, 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.

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, Kinship Caregiver 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, kinship caregiver, 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 alleged 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 Child Protection Specialist (CPS), in consultation with a supervisor or designee shall make the finding decision based on information gathered by the CPS or Child Protection 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 Family in Need of Assessment (FINA) 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. Substantiated

When a determination is made the facts and circumstances meet abuse and/or neglect definitions per PPM 0160, 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. A determination is made the facts and circumstances meet one of the required definitions per PPM 0160 for abuse, neglect, and/or abandonment of a child; and

2. A determination is made the perpetrator's actions, behaviors, or omissions occurred and meets 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 required 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. Failure of a parent, guardian, or person responsible for the care of a substance affected infant to use resources available to meet the health and substance use disorder treatment needs of such infant and a medical professional predicts significant physical harm and/or developmental/cognitive delays of an infant (birth to 1 year of age), due to prenatal substance abuse.

f. Outcomes listed above in a.-d. would likely have resulted except discovery or intervention or accidental circumstances occurred prior to such outcomes.

g. 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.

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 a 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 substantiate abuse/neglect of a child occurred, and a preponderance of evidence the alleged perpetrator caused the abuse/neglect, a substantiated finding is made for the child and the alleged perpetrator. If there is no substantiated finding regarding a child, no substantiated finding can be made regarding an alleged perpetrator.

B. Contact with Alleged Victim Required For Finding:

A finding of unsubstantiated 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 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.

C. Time frame:

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 information from law enforcement, county or district attorney, the court, health care professionals, mental health professionals, or any other information from relevant professionals or individuals 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. See PPM 2530 for additional information on documenting case finding decisions. The supervisor’s electronic signature in KIDS verifies the approval of the case finding.

D. Due Process for Alleged Perpetrator:

A substantiated finding on the alleged 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 are unknown, the opportunity to be interviewed may be documented by sending a letter offering an interview to the alleged perpetrator's last known address.

E. Location of Incident and Victim:

A finding of abuse or neglect may be made on the alleged 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 alleged perpetrator is currently found or resides, or
3. The child resides in Kansas or is found in Kansas, regardless of where the incident occurred.

F. Minor Case Finding:

All investigations of a case with an alleged perpetrator who is a minor and case finding is recommended as substantiated shall be reviewed by the Regional Director prior to completion of the finding. A minor shall be substantiated only if the criterion for substantiation has been met and the alleged perpetrator is at least 10 years old.

G. Addition of a Different Allegation Type:

Upon investigation, if the facts and circumstances indicate a substantiated finding on a different allegation type from the allegation type identified on the PPS 1002 Initial Assessment, a substantiated finding shall be made on the allegation type that best describes the facts and circumstances. The allegation type resulting in the substantiated finding shall be added into KIDS by the CPS Supervisor.

See PPM 2842 for FACTS instructions.

2521 Case Finding Decision Points for Facility Reports

A. Facilities include homes and childcare providers regulated/licensed by the Department for Children and Families (DCF) Foster Care and Residential Facility Licensing, Kansas Department of Health and Environment (KDHE) or Kansas Department for Aging and Disability Services (KDADS). Facilities may also include homes and providers legally exempt from regulation and homes or providers which are operating as unregulated services.

B. Facilities includes:

1. DCF Foster Care and Residential Facilities

    a. Family Foster Homes

    b. Family Foster Homes Relative/NRKIN

    c. Attendant Care Centers

    d. Group Boarding Homes

    e. Residential Centers

    f. Detention Centers

    g. Secure Care Centers

    h. Staff Secure Facilities

    i. Secure Residential Treatment Facilities

    j. Juvenile Crisis Intervention Centers

    k. Child Placing Agencies
        i. Host Families

    l. Unregulated Facilities

        i. Transitional Living Programs
        ii. Community Integration Programs
        iii. Agency approved homes

2. KDHE licensed facilities

    a. Daycare homes or Centers

b. School-age Programs

c. Drop-in Programs

3. KDADS Licensed Facilities

a. Psychiatric Residential Treatment Facilities (PRTF)

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.

C. 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.

D. All investigations of a case involving staff of a facility and the case finding is recommended as substantiated, the Regional Director shall review prior to completion of the finding.

E. If a person voluntarily surrenders a license or registration to provide childcare 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 DCF investigation shall be forwarded to KDHE or DCF Foster Care and Residential Facility Licensing.

F. During the investigation, if 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 to assist KDHE or DCF Foster Care and Residential Facility Licensing in determining appropriate action regarding the license.

2522 Case Findings on Alleged Perpetrators in Licensed Facilities

A finding pertaining to an alleged 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, shall make the finding decision. The case finding shall be documented as follows:

A. Third party and facility case findings shall always be documented on the PPS 2011 in KIDS whether the case finding is substantiated or unsubstantiated.

B. Unsubstantiated Case Findings

1. Assessment Map in the Guided Practice App (GPA)

a. The basis for finding shall be documented in the following sections of the Assessment Map:

i. Current and Past Harm
ii. Current and Past Safety
iii. Complicating Factors
iv. Family Resources

b. The rationale for the case finding shall be documented in the Rationale setion of the Assessment Map.

2. PPS 2011 Case Findings in KIDS

a. Sections I, II, III, V shall be completed in KIDS.

b. Section IV

i. Date of Finding shall be filled out on the PPS 2011.

ii. Basis for finding shall state "See Assessment Map."

C. Substantiated Case Findings

1. All sections shall be completed on the PPS 2011 in KIDS.

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.

A. 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 alleged 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.

B. Refer to Appendix 2B for suggested documentation per allegation type.

C. Unable to locate

If a finding hasn't been made due to not being able to locate the child or alleged perpetrator, the basis for finding should summarize attempts made to locate the involved parties.

D. 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 PPS 2012 Notice of Department Finding informs people who have a need to know 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 the Notice of Department Finding:

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 danger to the child or family, a determination may be made to not send the notice due to the danger to the child or family.

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. If the location of the alleged perpetrator is unknown, a copy shall be mailed to the last known address and maintained in the case file.

5. Child Welfare Case Management Provider (CWCMP) if the family is receiving services from a (CWCMP).

6. Director of the facility or the child placing agency of a foster home if abuse occurred in a facility or foster home.

7. Kansas Department of Health and Environment (KDHE) if the investigation of abuse/neglect involved a facility licensed or regulated by KDHE.

8. Director of Psychiatric Residential Treatment Facilities (PRTF) if abuse/neglect occurred in such Certified Facility.

9. Regional Mental Health Program Improvement field staff if abuse/neglect occurred in a Licensed or Certified Facility.

10. DCF Foster Care and Residential Facility Licensing if the investigation of abuse/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
To be considered adequate notice, the Notice of Department Finding 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 of the evidence.”

D. Notice of Department Finding on Substantiated case findings
If the case finding decision is 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 involving 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 alleged or substantiated perpetrator's children.

B. Finding involving an alleged or substantiated perpetrator who is not a parent, care giver or residing in the home of the child. Send separate notices to the alleged or substantiated perpetrator if services are recommended. The notice to the alleged or substantiated perpetrator shall not include the services recommended to the family.

C. Finding involving multiple alleged or substantiated perpetrators who do not reside in the home shall receive separate PPS 2012 to includes the finding related only to that alleged or substantiated perpetrator. The notice shall not include the services recommended to the family.

D. Finding involving multiple perpetrators in a facility shall receive separate PPS 2012 that includes the finding related only to that alleged or substantiated perpetrator.

E. Finding involving an alleged or substantiated perpetrator who is not a parent, care giver perpetrator or residing the home of the child and the alleged or substantiated perpetrator does not know the identity of the victim. Send separate notices to the alleged or substantiated 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, the full PPS 2020 Kansas Assessment Map 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 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 PPS 2015 Referral to Infant-Toddler Services 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. Information for the local Infant Toddler Services.

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 PPS 2015 Referral to Infant-Toddler Services shall include the location of the child. If the parents are unaware of the child's location, this information shall be removed from the parent's copy.

The PPS 2015 Referral to Infant-Toddler Services shall also be sent to the child welfare case management provider (CWCMP) 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 case finding is substantiated, and the victim is a child under the age of three. If the child is currently receiving Infant-Toddler services or if the child has been previously referred as a result of a 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
Kansas Department of Health and Environment (KDHE) maintains the local list of Infant-Toddler Service providers. The current list can be found on the KDHE website.

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. Substantiated Case Finding Notification to DCF Administration
When a case finding is substantiated on a foster parent or employee of a facility, notice shall be promptly provided via email to the PPS Director, PPS Deputy Directors, PPS Legal Counsel, and the Case Review and Critical Incident Administrator. The notice shall include the PPS 2011 Case Findings.

B. 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 PPS 2012 Notice of Department Finding.

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

The subject line of the e-mail shall contain the following:

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

C. 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 PPS 2012 Notice of Department Finding.

The forms shall be sent to: DCF.CCLReports@ks.gov

The subject line of the e-mail shall contain the following:

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

D. 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 PPS 2012 Notice of Department Finding.

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

The subject line of the e-mail shall contain the following:

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

E. Abuse/Neglect of or by a Youth Adjudicated as a Juvenile Offender Electronic Notification of Reports to Kansas Department of Corrections-Community Based Services (KDOC-CBS)
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-CBS electronically according to the following procedures. The notice shall contain the PPS 2012 Notice of Department Finding.

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

The subject line of the e-mail shall contain the following:

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

F. Violations of Regulations Discovered During Abuse or Neglect Investigation
All substantiated 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 decision. An investigation which does not substantiate 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.

G. 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 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 decision. The PPS-2012 Notice of Department Finding shall be used for this purpose.

H. 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 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 PPS 2011 Case Finding,
2. PPS 2012 Notice of Department Findings, and
3. Page 1 of the PPS 1000 Face Sheet.

The PPS 2017 Notification of Substantiated Case Finding 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 Notification of Substantiated Case Finding 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 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 their Regional Program Administrator.

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 or neglect did occur, the Attorney General shall be notified within 10 working days. Prior to notifying the Attorney General, the CPS supervisor shall promptly contact the PPS Assessment/Prevention Deputy Director and Assessment/Prevention Administrator 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.
The Attorney General's Abuse/Neglect and Exploitation Unit can be contacted at:
120 SW 10th Ave, 2nd Floor Topeka, KS 66612-1597
(785) 296-5299 (785) 296-6795 (Fax)

2547 Notification to County or District Attorney of DCF Finding of Abuse or Neglect

When the case finding is substantiated, notice shall be provided to the county or district attorney.

A. The CPS specialist shall document on the PPS 2011 Case Finding, Section III:

1. the report was sent to the county or district attorney,

2. the date sent, and

3. DCF recommendation regarding CINC case:

    a. No recommendation,
    b. Recommend no CINC, or
    c. Recommend CINC

B. The notice shall include copies of the following:

1. PPS 2011 Case Finding,

2. PPS 2012 Notice of Department Findings,

3. Page 1 of the PPS 1000 Face Sheet, and

4. PPS 2017 Notification of Substantiated Case Finding.

C. A request that a child be placed in the custody of the Secretary of DCF shall meet policy requirements in PPM 2472.

D. Additional information may be required based on requests from the 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 Substantiated Case Finding of a Youth Who Has Been Adjudicated a Juvenile Offender

Upon a case finding of 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 Kansas Department of Corrections-Community Based Services (KDOC-CBS) via e-mail address: KDOC_JS_DCF_Incident@ks.gov 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 substantiated perpetrator's behalf, notices of agency findings will be sent to the substantiated perpetrator's last known address or the substantiated perpetrator's estate when the substantiated 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.

A. 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 substantiated 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.

B. Native American Tribal Agency Tribes with Whom DCF Executed a Memorandum of Understanding:

DCF may have a memorandum of understanding with the Iowa Tribe of Kansas and Nebraska 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 their respective tribes.

Substantiated findings by NAFS, PBPSS, KSS, and SFSS will be accepted and the substantiated 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.

C. 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.

D. 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 substantiated victim finding within six months from the initial substantiated finding date. This may also include second substantiated victim findings within six months from the initial affirmed finding date if the case finding decision was affirmed prior to January 1, 2025.

Cases with a second 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 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 Substantiated Perpetrator

If the case finding is substantiated, the substantiated perpetrator may appeal the DCF finding decision. Requests for fair hearing pursuant to K.A.R. 30-7-68 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 substantiated perpetrators may have legal counsel or others to represent them at the hearing. If a person identified as a substantiated 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 by Kansas Department of Health and Environment (KDHE) 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 PPS 2011 Case Finding needs to reflect the change in finding and the reason for the change in finding. A new PPS 2012 Notice of Department Findings shall be sent to all the same parties receiving the original PPS 2012 Notice of Department Findings, as appropriate. The notice shall indicate the case finding as directed by the decision of the Administrative Hearings 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 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 home 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 07/01/1997) or validated (on and after 07/01/1997) or substantiated (on or after 07/01/2004) 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 aforementioned perpetrator's name was entered on the central registry, and

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 by by writing to the Secretary of DCF stating the basis for their request. The letter need not follow any particular form and can be emailed to DCF.ChildRegistryExpungements@ks.gov , or by posting a letter to the Secretary of the Department for Children and Families, attention: Prevention and Protection Services, 555 S. Kansas Ave. Topeka, KS. 66603.

2600 Assessment Map

The Assessment Map is the assessment summary which shall give a clear understanding of what was learned through the assessment and the rationale for decision. The

Assessment Map shall be developed by the CPS Specialist on all cases within 30 working days of the intake assignment. Certain sections of the Assessment Map are required depending on the immediate and lasting safety ratings, rationale, and service referral decision. The Assessment Map shall be completed in the Guided Practice App (GPA).

A. Service Referrals

1. If the lasting safety scale indicates child welfare intervention is not needed, the following sections of the Assessment Map are required:

a. Genogram

b. Current & Past Harm

c. Current & Past Safety

d. Lasting Safety Scale

2. If referring for DCF services (Family Services, Family First Prevention Services, Family Preservation Services or Foster Care), at minimum, the following sections of the Assessment Map shall be completed:

a. Genogram

b. Current & Past Harm

c. Current & Past Safety

d. Future Danger

e. Safety Goal

f. Lasting Safety Scale

C. Unsubstantiated Case Findings

In addition to other sections of the Assessment Map, as applicable, if making a finding of unsubstantiated, the Child Protection Specialist shall complete the Rationale section on the Assessment Map. See PPM 2530 for additional instructions.

D. The Assessment Map is not required on the following type of cases:

1. Facility

2. Third Party

3. Unable to Locate

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 FINA. It is not necessary for the contact with all family members to occur at the same time.

2700 Assessment of Reports Assigned as Family in Need of Assessment

Family In Need of Assessment (FINA) assignments involve children with behavior problems, truancy, runaway, less than 10 years of age committing an offense, child substance use, caregiver substance use, and infant positive for substances. Refer to PPM 0160 Glossary for definitions.

Family in Need of Assessment (FINA) assignments may involve danger to self and/or self-harming behaviors. These behaviors may potentially be linked to other serious concerns, such as abuse/neglect, human trafficking, depression, being bullied, or other emotional/ mental health issues, which may have very serious consequences. See PPM 2115 Child with Danger to Self/Self-Harming Behaviors.

Reports assigned as FINA require a family-based assessment per PPM 2740 and are subject to the same timelines. When the report is assigned as a FINA to assess an Infant Positive for Substances, the need for a Plan of Safe Care shall be determined per PPM 2050. Completing Person's Contacted (FAPC) screen in the FINA Assessment is required for FACTS data entry. The additional screens for the presenting problem, Child and Caregiver Contributing Factors and Conclusion are not required. The PPS 2030 F Family Based Assessment Summary is required per PPM 2740.

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. Individuals listed as Collateral Contacts shall be entered into FACTS.

If the report is not a request from the family, the CPS Specialist or CFSP shall inform the family that the Kansas Code for Care of Children requires DCF to make an inquiry. The

CPS Specialist or CFSP shall advise the family they are not required to cooperate with the agency and provide information to the family outlining possible next steps if the family chooses not to participate with the agency.

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.

2703 Reasonable Efforts to Meet Response Time for FINA Assessment

When a report has been assigned as Family in Need of Assessment (FINA), contact by the CPS specialist or CPS Investigator is required with the parent/caregiver within the assigned response time established on the form PPS 1002, Response Determination. The identified child(ren) is the child(ren) indicated in the report as needing an assessment for services to address at-risk behaviors such as, truancy, runaway, delinquency, etc.

A. Engagement with the parent/caregiver:

The CPS Specialist or CPS Investigator shall use at least one of the following methods to engage with the parent/caregiver.

1. In-Person
2. Telephone
3. Text message
4. Email
5. Letter contact

In-person contact with the parent/caregiver is not required if the parent/caregiver chooses a different method of engagement. Permission to speak with the identified child(ren) shall be obtained within the response time. See 2140 for guidance on the interview setting and parental permission.

B. Child(ren) Under Age 6

If parental/caregiver permission is obtained, the CPS Specialist or CPS Investigator shall have in-person contact with any identified child(ren) under the age of 6, to complete the assessment.

If parental/caregiver permission is not obtained, the CPS Specialist or CPS Investigator shall staff with the PPS supervisor for a discussion that fosters critical thinking by considering the information gathered collectively and to determine any additional action steps. The staffing shall occur immediately when worries for danger to the child are present.

C. Child/ren Age 6 and Older

If parental/caregiver permission is obtained and the child is age 6 and older, the CPS Specialist or CPS Investigator has discretion whether to consider if in-person contact with the identified child(ren) is necessary or if telephone contact with the child suffices to complete the assessment. Consultation with a supervisor may occur if necessary.

D. Reasonable Efforts to Meet Response Time

Two attempts must be made to satisfy the reasonable effort requirement.

1. Two attempts must be made within the response time set for a 7 working-day assignment.

a. One in-person attempt during the response time is required if other methods (A. 2-5) are unsuccessful.

2. For same day and 72-hour assignments either:

a. two attempts within the response time set, OR

b. at least one attempt within the response time set, and

i. a second attempt by the close of business the next working day for a “same day" response time, or

ii. within 72 hours, excluding weekends and state holidays, of the initial attempt on a 72-hour response time.

c. One in-person attempt during the response time is required if other methods (A. 2-5) are unsuccessful

E. Allowable reasons for not making contact with the parent/caregiver within the response time include the following:

1. Family left the state

Consider if worries for danger warrant a report to the other state’s child protection report center/hotline to request a courtesy in-person contact/interview within the assigned response time. Provide information from PPM 2105 A.-F. to assist the other state with the courtesy interview.

2. DCF has been directed not to proceed by county/district attorney or law enforcement

3. Family does not give permission for DCF to contact the identified child(ren). See guidance on supervisor staffing per B and C depending on the age of the identified child(ren).

4. Appointments were scheduled but the person(s) failed to keep the appointment

5. Act of God (weather, road conditions, etc.)

F. Documentation

The following information shall be documented on the Persons Contacted screen in KIDS:

1. The date and time of the first attempt to contact the parent/caregiver shall also be used as the date and time of the first attempt with Identified child(ren) on the FAPC screen.
2. The date(s) and time(s) of initial contact with each identified child(ren). If contact with an identified child has not occurred, the date and time fields shall be blank. The additional fields shall be completed to document the reason.

2721 Reasonable Efforts to Initiate Contact in a Pregnant Woman Using Substances Case

In-person contact shall be made with the pregnant woman within 7 working days, 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 7 working days of the original attempt, excluding weekends and state holidays.

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. Individuals listed as Collateral Contacts shall be entered into FACTS.

2722 Pregnant Woman Using Substances Assessment

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, PPS 2019 Kansas DCF Conversation Note and PPS 2020 Kansas DCF Assessment shall be gathered to determine if a referral for Family Preservation Services may be made per criteria in PPM 2746. When the report is assigned as a Pregnant Woman Using Substances (PWS), the need for a Plan of Safe Care shall be determined per PPM 2050. Any decision regarding prevention services shall be made in consultation with the supervisor (excluding Family First Prevention Services).

The CPS Specialist shall complete the UNCOPE screening tool PPS 2005, with each woman to inform the decision for Family Preservation Services referral. See PPM 5034 Substance Use Disorder Services for additional information regarding the UNCOPE screening tool. Each "Yes" response recorded on the UNCOPE with information received either from the pregnant woman or from a collateral contact is documented on the PPS 2019 Kansas DCF Conversation Note. The UNCOPE form will be attached to the PPS 2019 in the paper file. Description of the current crisis being experienced by the pregnant woman shall be documented on the PPS 2019 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 PPS 2019.

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.

Completing the Person’s Contacted/Interviewed box on the (PACO) Conclusion screen in the Pregnant Women Using Substances Assessment is required for FACTS data entry. The additional screens for the presenting problem, Child and Caregiver Contributing Factors and Conclusion are not required.

2731 School Non-Attendance

The Kansas Code for Care of Children in the definition of child in need of care [K.S.A. 38-2202(d)(6)] includes children who are not attending school as required by law [K.S.A. 72-3120]. The statutes related to compulsory school attendance [K.S.A 72 -3120] place responsibility with school boards of education to determine the validity of excuses for absences.

DCF offices may develop written procedures and coordination concerning the reporting of school non-attendance with each school district. DCF is authorized to enter into an agreement with a county/district attorney to allow all reports of school non-attendance to go directly to the county or district attorney's office. The PPS 1006 Reports of Unexcused Absences is available for schools to utilize when reporting unexcused absences to DCF.

DCF is responsible for completing an assessment alongside the family and their network when a report of school non-attendance is assigned for further assessment.

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 or the Community Family Service Provider (CFSP) shall determine whether the private/home school is registered with the Kansas Board of Education. Verify home schooling by calling the Kansas Board of Education at 1-(785)296-3743.

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 or the CFSP is required to follow-up to verify registration. DCF staff shall inform the family of the requirement for DCF to notify the county/district attorney if the family has not registered. The CFSP shall inform the family of the requirement to notify DCF if the family has not registered and DCF is required to notify the county/district attorney.

DCF or the CFSP 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, DCF shall notify the County/District Attorney. The CFSP shall notify DCF per PPM 4017. 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. If at any time the CFSP believes the child may otherwise be a Child In Need of Care, the CFSP shall notify DCF per PPM 4017.

2740 Family Based Assessment

The purpose of the Family Based Assessment (FBA) is to complete an active assessment alongside the family and their safety network. The FBA is a process that includes reviewing and assessing information gathered during the assessment to help the CPS Specialist and family determine the immediate and lasting safety of the children and identify needed services or supports.

A. The FBA shall be completed for all cases accepted for further assessment except for the following:

1. Facility
2. Third Party
3. Unable to locate

B. FBA KIDS Requirements

The 2030F Family Based Assessment Summary is used to document decisions in KIDS and includes the following:

1. Results Tab: Section I. Assessment Results and Summary of Findings

    a. Safety Decision, Risk Level, Risk Conclusion and Assessment Conclusion from a FINA assessment fields are no longer required as of January 1, 2021.
    b. Investigation Findings from Case Findings auto-enters.

2. Results Tab: Section II. Summary of Assessment Conclusion

    a. Not required in KIDS; documented on Assessment Map.

3. Prevention Services Tab: Section III Family Preservation Screen

    This section provides criteria for the CPS Specialist to consider Family Preservation Services (FPS), Family Services (FS), or Family First Prevention Services (FFPS) referral.

    a. CPS Specialist shall consult with a supervisor regarding Family Preservation Referral criteria and answer questions 1-7 in KIDS. See PPM 2746 for further referral criteria information.
    b. The CPS Specialist shall document the date and time of the supervisor approval in the Date Decision Made and Time field.

4. Service Plan Tab: Section IV Case Action/Initial Service Plan

    a. Family Strengths and Needs are no longer required as of January 1, 2021.

    b. Case Opened for Services

    Completion of the FBA shall not delay a referral for services when a family is in crisis. The CPS Specialist shall update the FBA with as much information as is available by the next working day from the date of the referral for services. The CPS Specialist may make a referral to services before the FBA is closed for abuse/ neglect assignments when the investigation is ongoing, and the case finding is not complete. When services are accepted, the CPS Specialist shall document the

Case Action Plan and Initial Permanency Goal in KIDS. Case Action Plan decisions may be:

i. Family Services

The CPS Specialist will consider providing family services when there is a need for DCF assistance beyond the initial 30 working days of intake assignment. During the FBA, if the CPS Specialist identifies specific services which may help the family alleviate the risk of removal for the child(ren), the CPS Specialist shall:

1. Consult and seek CPS Supervisor approval of DCF Purchasing Services and
2. Complete the PPS 4005 Family Service Case Status and provide it to FACTS, see PPS 4005 instructions for additional guidance.

ii. Family Preservation

When the family expresses willingness to accept services and CPS Supervisor has approved the referral, the CPS Specialist shall make the referral within 24 hours of the Date Decision Made and Time documented on the Prevention Services Tab. Refer to PPM 2748 DCF Responsibilities at Referral to Family Preservation Services.

iii. Family First Prevention Services (FFPS)

The CPS Specialist may make a referral to FFPS without consultation with a PPS Supervisor. Refer to PPM 4000 Prevention Services for referral criteria.

iv. Foster Care

The CPS Specialist shall make a referral to foster care when the case action plan is identified as foster care in KIDS. Refer to PPM 2750 for DCF Responsibilities at Referral to Foster Care Services

v. Adoption

c. Reasons for agency intervention: Not Required in KIDS

d. Initial Permanency Goal

When the CPS Specialist refers for services, they will document an Initial Permanency Goal. Initial Permanency Goals may be any one of the following:

i. Maintain at Home
ii. Reintegration
iii. Adoption
iv. Guardianship
v. Independent Living

e. Child Protection Objectives: Not Required in KIDS

f. Close Case

The CPS Specialist shall document the reason for case closure as one or more of the following reasons:

i. DCF services not indicated: The investigation and assessment is complete and DCF services are not indicated.

ii. Family refused services: The department may close the case if the family refuses services and there are no unaddressed child safety needs.

iii. Family moved, cannot be located. Medical needs were unable to be determined: The family cannot be located or has moved out of state, the case may be closed.

iv. Another community agency is currently providing 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.

v. Assessment Complete - Current 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.

5. Timeliness Tab: Section V Timeliness of Family Based Assessment/Initial Service Plan

The CPS Specialist shall complete the FBA within 30 working days of intake assignment, unless making a referral for services. The CPS Specialist shall complete the FBA with the information known to the agency, when the case finding is late. If the CPS Specialist cannot complete the FBA timely, they shall document the reason in KIDS.

6. Required Signatures: Section VI Required Signatures

The FBA is completed when the CPS Specialist and supervisor sign and date the Family Based Assessment Summary electronically in KIDS, unless a referral for services is made, causing the CPS Specialist’s signature to be entered on a date prior to the FBA completion.

The CPS Specialist shall sign on the date the Assessment Map has been updated with as much information available, by the next working date of the referral to the CWCMP or contracted service provider, to document the timeliness of the FBA upon a referral. The supervisor’s signature is not required to initiate family services or a referral to the CWCMP. Upon closure of the FBA, when a referral has been made to a CWCMP, the CPS Specialist shall add the FBA completion date in the CPS Specialist Signature text box next to his/her original signature from the date of the referral. The date field next to the CPS Specialist Signature box will remain the date the FBA was updated upon referral.

For example:

CPS Specialist Signature: Worker Name, 2/1/2018 (Date of FBA Completion)

Date: 1/10/2018 (Date of referral to CWCMP remains the same)

Supervisor Signature: Supervisor Name

Date: 2/1/2018 (Date of FBA Completion and matches the date entered in the CPS Specialist signature line)

C. The CPS Specialists shall use the following tools to guide conversations with the family and document the assessment:

1. Face Sheet, PPS 1000
2. Report/Request for Services, PPS 1001
3. Initial Assessment, PPS 1002
4. Kansas DCF Conversation Note, PPS 2019 (may include Appendix 2N, My Three Houses, Appendix 2P, Fairy Wizard Template and Appendix 2W, Ecomap Template)
5. Kansas DCF Assessment Map, PPS 2020
6. Case Finding, PPS 2011 (Abuse/Neglect)
7. Family Based Assessment Summary, PPS 2030F

D. Allowable reasons for not completing the FBA within the time frame include:

1. Cannot locate family; or the child is missing, and additional time is needed to provide information and assist the parent/caregivers with reporting the child as missing to law enforcement and NCMEC (see PPM 2080 Assessment and Prevention Responsibilities When Child is Missing)
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 (see PPM 2315 Unable to Locate)
7. Child out of state i.e., staying with relatives

2741 Social Services Child Care

Social Services Child Care is available for families who need temporary emergency child care. A family may be eligible for Social Service Child Care, whether or not they are receiving services through Prevention and Protection Services (PPS). Refer to the Kansas Economic and Employment Services (EES) Manual for policies on Social Services Child Care for both Income Eligible (Non-TANF) and for TANF recipient families.

Children receiving Social Services Child Care shall receive child care services that meet state regulations. The Kansas Department of Health and Environment (KDHE) provides the guidelines regulating licensed child care in Kansas. Individuals providing care for children receiving Social Services Child Care shall meet the guidelines established by KDHE for licensed child care and have a DCF Agreement to accept subsidy payments. Licensed providers need to have a written authorization for an exception from KDHE Child Care Licensing to provide more than 18 hours of care per day by the same person. Relative child care providers, who meet the guidelines below, do not have to be licensed, but must have a DCF Agreement to accept subsidy payments.

Social Services Child Care is primarily based upon the parent/caregiver's need and may be authorized for up to twelve (12) months except as noted below. No family share deduction is assessed. Twenty-four (24) hours of care per day may be available for a period not to exceed 30 days, dependent upon the situation. Families receiving Social Services Child Care must have a qualifying social service need which may include:

A. Parents with a Crisis including but not limited to:

1. Parent hospitalized or otherwise temporarily unable to provide adequate care for the child. This could include inpatient or outpatient treatment for physical health, mental health or substance use disorder. There is no alternative adult to care for the child and the parent is unable to take the child to inpatient treatment with him/her.

   Additional examples of a need include homelessness or at risk of becoming homeless.

2. Family is in the process of a DCF Intake and Assessment by Child Protective Services.

3. Family is receiving services through a Family Preservation Services provider and the provider documents the family's need for child care and includes it in the Family Case Plan.

4. Family is receiving Family Services through a DCF Child Protection Services Specialist or Family Services provider and the provider documents the family's need for child care and includes it in the Family Case Plan.

B. Children whose parent /caregiver has placed them with an individual or family who provides temporary care of children per a program created pursuant to the Host Families Act, K.S.A. 38-2401 et.seq. Child care for these children must be needed due to the employment or education/training of the adult caregivers in the host family.

If a family has a qualifying need, a request for Social Services Child Care, form ES-1627, must be completed by the PPS worker or the Child Welfare Case Management Provider and must be signed by the EES/Social Service Program Administrator or designee in the regional DCF Service Center. If the child has been placed with a host family pursuant to a program created under the Host Families Act, such as the "Safe Families for Children" program, by a parent/caregiver, and the host family qualifies as defined in B. above, form ES-1627b is required. The family must also complete an Application for Benefits form, ES-3100, providing identifying information. The forms are available in the EES policy manual and may be printed and filled out or completed online.

The application must include the number of hours of child care that are being requested as part of the plan. The family must find or choose a child care provider that is a licensed and DCF approved provider or who will become a DCF approved provider. A relative may become an approved provider if they complete the DCF process to become approved. The relative must live in a separate home and meet the degree requirements for a relative, which include grandparents, great grandparents, adult siblings, aunts or uncles. Each person age ten and older in the approved home must pass a background check. The relative provider may become licensed if they apply through KDHE and meet the qualifications. If the family does not know who they want to provide the child care or have a relative who may be approved by DCF, they can access the list of licensed and

DCF approved providers in their community through Child Care Aware at KSQualityNetwork.org.

At the end of the twelve (12) month time frame, a family receiving Social Service Child Care due to a “Parent with Crisis” reason as described above must meet another qualifying reason per EES Income Eligible (Non-TANF) Child Care or EES TANF Child Care, for child care assistance to continue.

2746 Family Preservation Referral Criteria

A. Family Criteria for Referral

A family is eligible for a referral to Family Preservation Services, if the answer to questions 1-3 below is “yes”; and questions 4-7 are either “yes” or “Not Applicable”. The Prevention Services screen is documented on the Family Based Assessment Summary PPS 2030F, Section III.

1. The family is at risk of having a child(ren) removed; and
2. A parent/caregiver is available to protect the child; and
3. A parent/caregiver is willing and able to participate in services.
4. A family with chronic problems has experienced a significant change which makes them able to progress.
5. A parent/caregiver with mental/emotional health issues has been stabilized.
6. A parent/caregiver with limitations demonstrates an ability to care for self and children.
7. A parent/caregiver with substance abuse issues functions adequately to care for children.

B. DCF Custody Maintenance at Home

When a child(ren) is in custody placed at home and is not being served by a Foster Care/ Reintegration/Adoption Child Welfare Case Management Provider, a referral may be made to Family Preservation Services.

C. Pregnant Woman Using Substances Criteria for Referral

A Pregnant Woman Using Substances is eligible for Family Preservation Services when she is actively using substances or is at imminent risk of relapse; and at least one of the criteria below is met:

1. A crisis exists, which increases the need for frequent contact and intensive services, or

2. Other children in the home have needs related to their mother’s substance use, or

3. Mother is experiencing perceived barriers to treatment, such as but not limited to: mental health, housing, domestic violence, health related concerns, or transportation issues.

D. Substance Affected Infant

A family is eligible for a referral to Family Preservation when criteria for a Plan of Safe Care has been met. See PPM 2050, Plan of Safe Care.

E. Adjudicated Juvenile Offender Criteria for Referral

A family with a youth who is an adjudicated juvenile offender or has charges pending is eligible for Family Preservation Services when one of the following criteria is met:

1. If there are other children in the home who meet criteria for Family Preservation Services, a referral can be made, or the service can continue if the adjudication and custody occur before or after the FPS referral. The youth who is adjudicated as a juvenile offender and is in the custody of the KDOC-JS may participate in these services, as a member of the family.
2. If a juvenile offender needs services related to abuse/neglect or Family in Need of Assessment (FINA) concerns, which are separate from the juvenile offender issues. Such services would result from an Abuse/Neglect investigation or FINA assessment completed by DCF.

F. Special Circumstances

1. If a child or children of a family receiving Family Preservation Services changes residence, the need for Family Preservation Services shall be assessed independently for a possible family preservation referral. This may arise when a child changes residence to live with the other parent, a relative or other kin.

2. Family Preservation Services may 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 provided to the custodial/ residential family. A separate referral to Family Preservation Services for the non-custodial/non-residential parent family will be assessed on its own merit.

G. Exclusions from Family Preservation Services

A family is not eligible for a referral to Family Preservation Services when one of the following criteria is met:

1. Families having at least one child in out of home placement through a Reintegration, Foster Care, Adoption Case Management Grantee with a goal of reintegration, are not eligible for Family Preservation.

2. Adoptive families who are within a six-month post finalization period are not eligible for referral to Family Preservation.

3. A youth is adjudicated as a juvenile offender and is in the custody of KDOC-JS or is on probation, and the court has ordered another entity to provide services or KDOC-JS has purchased or is providing services which are similar to the services provided by Family Preservation Services.

H. Child(ren) in Out of Home Placement Criteria for Referral Exceptions

A family with one or more children in out of home placement may be eligible for Family Preservation Services when the following criteria is met:

1. There is currently one or more children in the home, and the family meets the criteria for referral in Section A. above, and

2. Meets one of the criteria below and an exception has been requested and approved by the PPS Administration Family Preservation Services Program Manager or designee:

a. All child(ren) in out of home placement have a case plan goal other than reintegration and/or the parental rights of these child(ren) have been terminated, and
b. The family has safety concerns and the court has ordered Family Preservation Services.

2748 DCF Responsibilities at Referral to Family Preservation Services

A. Referral

When a family expresses willingness to accept Family Preservation services, a consultation with a supervisor is required to determine if the family meets criteria per PPM 2746. If the supervisor approves the referral, the date and time of the supervisor's approval is documented on the PPS 2030F, Section III Prevention Services Screen. The following information shall be sent to the Family Preservation Service Child Welfare Case Management Provider (CWCMP) within 24 hours of the "Date Decision Made" and "Time":

Family Preservation Referral, PPS 4200.
PPS 1000, face sheet.
PPS 2021, Immediate Safety Plan, if applicable.
PPS 2007, Plan of Safe Care, if applicable.
PPS 2020, Assessment Map.
The CPS Specialist shall be available to answer any questions the provider may have regarding the referral for two hours following the transmission of the information/referral.

B. At the time of referral, but by no later than the next working day from the date of the referral, the Family Based Assessment shall be sent to the CWCMP with as much information available, including case planning documents and court orders.

C. Referral Outside of the Region

When a situation requires an initial Family Preservation Services referral be made outside of the Region, the new Region shall be contacted to assist with the referral. The new region is responsible for payment for the new referral.

D. Case Plan Completed by DCF

DCF shall complete the custody case plan, per section 3200, with the family, if the case plan is due to the court within 15 calendar days of a referral for Family Preservation services. DCF shall invite the Family Preservation Services CWCMP and discuss the activities to be included in the case plan.

2750 DCF Responsibilities at Referral to Foster Care Child Welfare 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 non-related kin, and provide to the Child Welfare Case Management Provider (CWCMP) on the Foster Care Referral, including a review of the history of the relative/non-related kin in FACTS/KIDS to assess prior reports, and the nature and outcome of those reports;

4. Notify the CWCMP of relatives/non-related kin 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". 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.

   a. If DCF has requested the removal, the primary removal reason should be an abuse/neglect reason over a FINA 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. Send the "Initial Referral to Out of Home Placement Provider";

8. DCF shall take physical custody of the child and transport the child to the CWCMP office. An alternate transportation plan may be arranged if in the best interest of the child and the decision is made collaboratively with the CWCMP.

9. A DCF employee transporting the child shall have agency photo identification available indicating they are a DCF employee and have authority to transport the child;

10. Assist the child in processing their transition to the CWCMP. DCF shall stay and help with transition, explain to the child why they are in out-of-home placement, ensure any immediate needs are relayed, help ensure the child is comfortable and the provider has the needed information and documentation to begin working with the child and family.

11. 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 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 a screen print from KEES 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. 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. At the time of referral, but by no later than the next working day from the date of the referral, the Family Based Assessment including the PPS 2020 Assessment Map shall be sent to the CWCMP with as much information available.

E. At the time of referral, but by no later than 2 working days from the date of the referral, DCF shall provide a copy of the following additional information, if available. Such information includes:

1. Other 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. PPS 2021 Immediate Safety Plan

11. Current photo of youth, uploaded into CareMatch

12. If a child(ren) is missing from placement at the time of the referral DCF staff shall provide information regarding attempts to locate and completion of requirements per PPM 5245 to the CWCMP.

F. If DCF has any case file from a prior out of home placement, it shall be given to the CWCMP.

G. 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, except for 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).

2751 Foster Care Initial Service Plan

The Foster Care Initial Service Plan (ISP) shall be completed by the DCF CPS Specialist during the Initial Family Meeting (IFM) held 3 business days from the time of the referral for out of home placement. (For information on the IFM, see PPM 5220.)

A. The purpose of the Foster Care ISP is for DCF to introduce the family to the Child Welfare Case Management Provider (CWCMP). The DCF CPS Specialist shall explain to the parent(s)/caregiver(s) what to expect in the next 30 to 45 days while they work with the CWCMP. The DCF CPS Specialist and CWCMP are to coordinate with each other and work in conjunction with the parent(s)/ caregiver(s) through the ISP meeting and process.

B. The Foster Care ISP shall include the reason for referral, results of any assessments completed by either one or both the CPS Specialist or CWCMP, and the risk and safety factors identified. The PPS 2020 Kansas DCF Assessment Map shall be attached to the PPS 3031 when replacing the documentation in Section 2.

C. The ISP shall include immediate next steps for reintegration to address the safety and risk factors. A visitation plan shall be included and coordinated with the CWCMP and parent(s)/caregiver(s).

D. The Foster Care ISP shall be documented on the PPS 3031 (Child's Name) Foster Care Initial Service Plan, and a copy given to the parents/caregiver, DCF and the CWCMP at the conclusion of the IFM. Distribution of the ISP form shall be coordinated amongst DCF and CWCMP.

2753 Eligibility and Criteria for Referral to Family First Prevention Services

The Family Based Assessment, per PPM section 2700, assists in identifying needed services for families. The following provides criteria to consider a referral to Family First Prevention Services for families.

Child(ren) and Families Eligible for Family First Prevention Services:

A. There must be a Candidate(s) for Care, which is determined when any one of the following situations apply: (See 0160 Glossary Candidate for Care)

1. a child or youth who PPS determines is at imminent risk of foster care and out of home placement but can be safe at home with prevention services;
2. a child or youth who exited foster care to adoption or permanent custodianship/ guardianship, or who was reunified with parents is at risk of entering foster care and out of home placement;
3. a child or youth temporarily or permanently residing with a relative or kin caregiver;
4. a child or youth living with parents but needs to be with a relative caregiver with prevention services in place;
5. pregnant or parenting youth in foster care and in an out of home placement.
6. a child/youth remaining in the home whose siblings are in foster care.

B. Immediate Safety and Lasting Safety criteria from the following practice model tools may help guide the decision for Candidacy of Care and service referral eligibility:
    a. PPS 2019 Mapping Conversation Notes
    b. PPS 2020 Risk Assessment Map
    c. PPS 2021 Immediate Safety Plan

If DCF and the family are agreeing to actions the family will take to build lasting safety within the family, a referral may be made.

C. Family Criteria for Referral

A family is eligible for a referral to Family First Prevention Services, if the family meets eligibility criteria outlined above and the answer to questions 1-3 below is “yes”; and questions 4-7 are either “yes” or “NA.” The Prevention Services screen is documented on the Family Based Assessment Summary PPS 2030F, Section III.

1. The family is at risk of having a child(ren) removed; and
2. A parent/caregiver is available to protect the child; and
3. A parent/caregiver is willing and able to participate in services.
4. A family with chronic problems has experienced a significant change which makes them able to progress.
5. A parent/caregiver with mental/emotional health issues has been stabilized.
6. A parent/caregiver with limitations demonstrates an ability to care for self and children.
7. A parent/caregiver with substance abuse issues functions adequately to care for children.

D. Completion of PPS 4311 Family First Prevention Plan and Service Referral

Utilizing the guidance provided above and the service needs of the family, Child Protection Specialists should determine whether the family would be best served by Family First Prevention Services or Family Preservation Services. (reference PPM 4000). If the decision is made to refer to Family First Prevention Services, and the family is in agreement, the Child Protection Specialist (CPS) shall complete the (PPS 4311) The form shall include:

1. Candidate for Care determination for all children. At least one child must be identified as a candidate for care to refer to Family First Prevention Services, unless the prevention plan is for a pregnant or parenting youth in the custody of the Secretary.
2. The foster care prevention strategy for the child(ren) so the child may remain safely at home, live temporarily with relative or non-related kin caregiver until the child can safely return to their parent(s)/caregiver(s), or live permanently with a relative or non-related kin caregiver.
3. The services or programs to be provided to or on behalf of the child is clearly documented to ensure the success of that prevention strategy.

E. Updating Prevention Plans When the Family is Engaged in Services

The PPS 4311 Family First Prevention Plan and Service Referral is a living document and should reflect all selected services identified by the family.

If the prevention plan has not exceeded 12 months from initial completion date, the plan shall be updated by the CPS, reflecting the revised prevention plan reason. Circumstances which require a revision include, but are not limited to:

1. A new family first service is identified with the family. The CPS shall also complete and send the referral to the service provider.
2. An adult “family member” not originally identified on the plan is needing the current service.

The revised PPS 4311 shall be submitted to FACTS. The initial Prevention Plan date will remain in effect.

F. Creating New Prevention Plans When the Family is Engaged in Services

Family First Prevention Services can be provided for up to 12 months beginning on the date the child(ren) are identified as a “candidate for care” on the PPS 4311.

If the Prevention Plan is approaching 12-months from the initial date it was completed and it is determined the family still has a need for Family First Prevention Services, a new PPS 4311 shall be completed, identifying it as an extended prevention plan in Section III. 1B. The child(ren) shall be redetermined as a candidate for care. The new prevention plan will identify continuing services and a new prevention plan start date, matching the previous end date. (See PPS 4320 DCF Responsibilities for Open Family First Prevention Services and PPS 4370 Duration of Family First Prevention Services)

2755 DCF Responsibilities at Referral to Family First Prevention Services

A. Referral

If the Child Protection Specialist (CPS) determines the family meets eligibility criteria per PPM 2753 and the PPS 4311 Family First Prevention Plan and Service Referral form completed outlining the Candidacy for Care, foster care prevention strategy, and services/programs to be provided, a referral may be made to Family First Prevention Services. The date and time it was determined to refer the family to Family First services is documented on the PPS 2030F, Section III Prevention Services Screen, in the “Date Decision Made” and “Time” fields. The following information shall be e-mailed to the Family First Prevention Services Grantee within 24 hours of the “Date Decision Made” and “Time”:

1. Family First Prevention Plan and Service Referral/Case Status Form, PPS 4311;
2. PPS 1000 face sheet;
3. PPS 2020 Kansas DCF Assessment Map;
4. PPS 2030F Family Based Assessment Summary;

5. PPS 2021 Immediate Safety Plan, if applicable;

6. PPS 2007, Plan of Safe Care, if applicable.

The CPS shall be available to answer any questions they may have regarding the referral for a minimum of two hours following the referral.

B. At the time of referral, but no later than the next working day from the date of the referral, the Family Based Assessment and Kansas DCF Assessment Map shall be sent to the Grantee with as much information available.

C. Additional Information:

No later than 2 working days from the date of the referral, DCF shall provide a copy of the following additional information, as applicable, including, but not limited to:

1. Case planning documents

2. Court orders

3. Releases of information

4. 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 First Prevention Services Grantee shall be informed of the existence of the evaluation from the psychologist.

2760 Supervision

The purpose of supervision is to coach and support practitioners' learning and growth within the Kansas Practice Model framework of engagement, safety planning and decision-making with families, children, safety networks and communities. Supervision uses coaching methods to build practitioner competencies, encourage self-reflection and critical thinking skills, build upon training to enhance performance and to support the practitioner through decision-making and gaining knowledge to apply throughout their practice.

Supervision may be provided through individual and group consultation(s), case staffing, and case review. The method, frequency and content of supervision is determined by the PPS Supervisor and practitioner. When a case specific consultation occurs the supervisor consultation tool shall be used. Case decisions and situations which require a supervisor consultation include:

A. When the parent/caregiver decides not to allow access to the alleged victim per PPM 2310. or identified child per PPM 2703.

B. When requirements for an immediate safety staffing are met per PPM 2310.

C. Case Action/Initial Service Plan Decision, which includes referrals for family services or family preservation services, per PPM 2740.

D. Case finding decision per PPM Section 2500. See Appendix 2B Guide for Assessment and Decisions.

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. Agency Response
2. PPS 2030B Safety Assessment (Prior to 2019)
3. PPS 2030C Risk Assessment (short form) (Prior to 2019)
4. PPS 2030D Risk Assessment (Prior to 2019)
5. PPS 2011 Case Findings
6. PPS 2030E Family In Need of Assessment
7. PPS 2030F Family Based Assessment Summary
8. PPS 2015 Referral to Infant and 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. All PPS 2019 Mapping Conversation Notes shall be uploaded on all cases.

2. PPS 1010 Social Service Case Activity Log; when utilized, shall be uploaded.

3. When the case finding is substantiated the following shall be uploaded:
    a. PPS 2012 Notice of Department Findings
    b. PPS 2017 Notification of Substantiated Case Finding, as requested by the Attorney General's Office
    c. Appeal information, if applicable.

4. Team Decision Making Summary; if applicable

5. Kansas Practice Model tools

6. PPS 2020 Assessment Map

7. PPS 2021 Immediate Safety Plan; if applicable

8. Reports, including but not limited to the following, shall be uploaded if the report is not already in Kansas Intake/Investigation Protections Systems (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

9. Emails, images, etc. may be uploaded if they are relevant to the case finding or service decision.

10. 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.

11. Referrals for services, if applicable.

12. The following documents shall not be uploaded to KIDS:

a. PPS 0500 State Child Death Review Board Case Information Summary
b. PPS 0550 Critical Incident Notification and related documents
c. Legal staffing and correspondence

13. It is not necessary to upload the following documents:

a. Emails and correspondence to/from the Attorney General's Office
b. PPS 0100 Authorization for Release of Confidential Information
c. Background check related documents
d. Family Preservation Referral
e. Foster Care Referral
f. Petitions, Journal Entries/Court orders
g. PPS 2018 Review of Recurrent Maltreatment in Six Months
h. PPS 4005 Family Service Case Status

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 1000 Section IV Relative Non/Related Kin.

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 (Victim Profile).

Specific information regarding a particular perpetrator is located on UNNI (Unconfirmed/ Not Involved Profile) until all appeal time has been exhausted. After the appeal time has become exhausted, the perpetrator information for a substantiated finding will appear on PERP (Perpetrator Profile).

PERP and UNNI include information to indicate if 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).

2820 Entering Case Assessment Information

Case Assessment information shall be maintained on the Maintain Case Assessment, MAAS, screen. This information shall include the Work Start Date and Time; Initial End Date and Time, if applicable; Safety Determination or Contact with Child Date and Time and Ongoing Assessment.

A. The Work Start Date and Time reflects the Child Protection Specialist or Investigator's first attempt to contact the first alleged victim or first identified child in the assigned report. If the date and time of the first attempt is prior to the Screen-In date and time, the Screen-In date and time will be used. The Work Start Date and Time shall be present for all case types assigned for investigation or further assessment.

B. The Safety Determination Date and Time shall reflect the respective tool code of SAD (Safety Determination) or NSD (No Safety Determination) for each alleged victim. If the Safety Determination occurred prior to the Screen-In date and time, the Screen-in date and time will be used. The SAD or NSD tool codes are required for all Abuse/Neglect, Third Party, and Facility case types.

C. The Ongoing Safety Assessment shall be recorded for all Abuse/Neglect, Facility or Third-Party case assignment types. The OAN (Ongoing Assessment) tool code shall be used when no ongoing assessment is determined. The OAN tool code shall match the date and time of the SAD tool code. When an Ongoing Safety Assessment is determined, the tool code SFI (Structured Family Assessment) will be used with the date and time of the second face to face contact. If the Ongoing Assessment is determined, but unable to be completed, the TIM (Timeline Exceeded) tool code shall be used with the Work Start Date and Time.

D. The CWC (Contact with Child) tool code shall reflect the date and time the Child Protection Specialist or Investigator made contact with the identified child. If contact was not made, use the NCC (No contact with Child) tool code. If contact occurred prior to the screen-in date and time, the screen-in date and time shall be used. The CWC or NCC code shall be used for identified children on all Family in Need of Assessment, FINA case types.

E. The FBA (Family Based Assessment) date shall be entered on the Initial End Date field for Abuse/Neglect and FINA cases. This date will reflect the date of supervisor signature on the PPS 2030F.

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.

2833 Recording Referrals for Sexual Behavior Problems

To record if a child who is listed as an alleged perpetrator on an abuse/neglect intake with sexual behavior problems is referred to a child advocacy center or mental health provider as per the PPS 2014 form, enter the service action code of SB01N with service source code PSW and service request code AN on the RESP screen on the youth's plan. The plan type for the child (alleged perpetrator) will depend upon other services needed in the family or with child (such as SC, FP, CC, etc.). If no case is opened on this child (alleged perpetrator), enter the SB01N service action code on the alleged victim's plan under the alleged victim's case #. Plan type for the alleged victim will depend upon other services needed in their family or with the alleged victim (such as FP, SC, CC, etc.). If no services with the family and/or alleged victim, a FP plan will need to be opened on the alleged victim. On the description of SB01N responsibility, enter the perpetrator id # of the child with the sexual behavior problems who was referred per the PPS 2014. The end date of the responsibility would be when plan the closes if receiving services. If not receiving services, the end date of the SB01N service action code and the plan would be one day after the referral date (start date of SB01N) on the PPS 2014.

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, 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 and identity is unknown, 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 due to an 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. 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 if the report involves a facility by referencing SORT. A report involves a facility when all the following factors are indicated:

    a. The alleged perpetrator is an employee or volunteer in a facility regulated by KDHE or DCF Foster Care and Residential Facility Licensing or KDADS (licensed Psychiatric Residential Treatment Facility 'PRTF'); and

    b. The alleged victim resides in or receives services from that facility.

4. If the Finding decision is Substantiated for the Human Trafficking Sex (HTS) allegation, the date must be entered that DCF reported the incident to Law Enforcement.

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 if the report involves a facility by referencing SORT. A report involves a facility when all the following factors are indicated:

    a. The alleged perpetrator is an employee or volunteer in a facility regulated by KDHE or DCF Foster Care and Residential Facility Licensing or KDADS (Licensed 'PRTF'), and.

    b. The alleged victim resides in or receives services from that facility.

3. Regarding 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 CPS 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. However, if the intake involves a referral to family services, family preservation or foster care, then the initial end date on MAAS screen is the date of the CPS specialist 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. If the child(ren) are in custody of the Secretary or there is an extreme concern for safety, DCF shall maintain an open case. If after supervisor consultation the determination is to not open a Family Service case, the DCF case can close after initiating and/or purchasing services. The supervisor consultation and associated decisions shall be clearly documented in the file. 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.

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 speed chart code shall be assigned to indicate the funding source for each payment. To determine the appropriate speed chart 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 speed chart 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 Child Protective Services (CPS) Specialist determines and documents the need for a child's CPS medical exam.

Check the Kansas Eligibility and Enforcement System (KEES) 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.
Authorize payment as authorized by section 2450 of the PPM 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 KEES 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 to generate a payment. Payment should not exceed the established Medicaid rate. Use the Family Services speed chart number ISD27321(Program=27321, INF45=3290). See the Handbook for Client Purchase 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 of the PPM 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 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 Kansas Eligibility and Enforcement System (KEES) 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.

2912 Staff Secure Facility Placements

K.A.R. 28-4-1250 through K.A.R. 28-4-1269 and K.S.A. 65-535 provides for law enforcement agencies or a state agency given custody by the court the legal authority to place a child/youth in a Staff Secure Facility (SSF) placement. Staff Secure Facility placements are available for the emergency placement of victims of human trafficking.

Child Welfare Case Management Providers (CWCMP), as a sub-recipient of the Department for Children and Families (DCF), can also place victims of human trafficking in a Staff Secure Facility when child in DCF custody is identified as a human trafficking victim.

A. Staff Secure Facility – Purchase Limitations/Guidelines

1. Payment for the care of children in a licensed Staff Secure Facility is made by DCF when the child/youth is in police protective custody.

2. Payment for the care of children in a licensed Staff Secure Facility can also be made by DCF when child/youth is in DCF custody.

3. When a victim served by the CWCMP is placed in protective custody at a Staff Secure Facility by law enforcement, the CWCMP is not fiscally responsible for the first 72 hours, excluding holidays and weekends, of placement. DCF will pay for up to the first 72 hours, excluding holidays and weekends, of such placement. Payment is the responsibility of the CWCMP after the 72-hour period has passed.

4. Payment by DCF or the CWCMP shall not exceed the established DCF rates.

5. PPS is responsible for payment through the DCF Region in which the Staff Secure Facility is located. Each DCF Regional office has a list of licensed Staff Secure Facility providers. PPS staff shall not pay for Staff Secure Facility placements if the provider is unlicensed or is not designated as a Staff Secure Facility, unless approved by the Assessment and Prevention Administrator in the region the placement occurred.

6. Staff Secure Facility placements have no limitations as to duration of stay. Short term stays where the victim is returned to a parent or guardian average 3-5 days in length. Longer term placements where the victim receives more services to help them deal with their situation may occur.

B. Payment Procedures for Staff Secure Facility

1. For the initial billing, the appropriate DCF office requires a copy of the signed placement agreement with the facility and an invoice from the SSF within 30 days of the end of the month in which placement started.

2. For children/youth in an extended stay, the appropriate DCF office requires an invoice from the SSF within 30 days of the end of each month in which placement occurred.

3. Staff Secure Facility placements are made with the case and client numbers from a Kansas Eligibility and Enforcement System (KEES) case.

4. A PPS 2833 Client Purchase Agreement shall be completed by PPS staff documenting the placement expense and acquiring the needed signatures. Use the following accounting codes:
   a. Staff Secure Facility: Program=27323

See the Handbook for Client Purchases for details on purchasing procedures.

2282 Kansas Newborn Infant Protection Act

("Safe Haven")

The Kansas Newborn Infant Protection Act (also known as "Safe Haven Act") allows a person having legal custody of a baby who is 60 days old or younger to be relinquished without risk of prosecution for child abandonment so long as the following criteria are met:

A. The infant was safely surrendered to the custody of an on-duty employee or a newborn safety device at a police station, sheriff's office, law enforcement center, fire station, city or county health department or a medical care facility as defined by KSA 65-425, and

B. The infant has not suffered great bodily harm prior to being surrendered to any employee listed in A.

The relinquishing parent shall not be required to reveal personally identifiable information but shall be offered opportunity to provide information about the infant's familial or medical history or information regarding eligibility with a federally recognized Indian tribe at the time of surrender. If this information is obtained by the facility, DCF shall provide it to the court and ensure it follows the infant until adoption has occurred. KSA 38-2282(C)(2)

Reports of children being surrendered via the Kansas Newborn Infant Protection Act shall be assigned as a Family in Need of Assessment (FINA) report with the subtype of Caregiver Unable/Unavailable to Provide Care (CUU). During the assessment process of a Newborn Infant Protection Act, the family of the infant will not be identified or contacted and only information that was provided at the time of the parent/caregiver's surrender of the child will be included on the PPS 2019 and PPS 2020.

If concerns regarding abuse or neglect are discovered during the assessment, a new report shall be made per PPM 2113A.

For further questions about how to handle a Newborn Infant Protection Act assessment and case management, please contact your region's legal department.

3000 Case Management

Case management is a collaborative process that assesses, plans, implements, coordinates, monitors and evaluates the options and services required to meet an individual's and family's needs.

Case management delivery shall be culturally competent and family centered. Basic components of family centered practice are:

A. Working with the family unit to ensure the safety and well-being of all family members;

B. Strengthening the capacity of families to function effectively;

C. Engaging, empowering, and partnering with families throughout the decision and goal-making process;

D. Providing individualized, culturally responsive, flexible, and relevant services for each family;

E. Linking families with collaborative, comprehensive, culturally relevant, community-based and faith-based networks for supports and services.

3005 Case Transfer Staffing

When a case is transferred, it is essential the new worker assigned to the case is apprised of the safety and risk concerns which are being addressed. The purpose of the transfer staffing is to provide the new worker with a sufficient summary of the case focusing on safety and risk, to ensure the safety and well-being of the child, engagement with the family and child(ren) and supports continuity of services for the family.

A case transfer staffing is required when a CWCMP case is assigned to a new worker and/or supervisor who will be responsible for case decisions, excluding referrals for Family Services, Family Preservation Services, and Foster Care/Reintegration/Adoption services. The transfer staffing shall occur between the current worker and/or supervisor assigned to the case and the new assigned worker and/or supervisor. The case transfer staffing shall be completed at the time of case transfer, to avoid disruption of the services needed by the child(ren) and family. In situations where the current worker/supervisor is no longer available when the case is re-assigned, the current supervisor/administrator/designee shall complete the transfer staffing.

Case transfers for Family Preservation Services shall use the PPS 3005 form, while case transfers for foster care cases shall use the PPS 3006 form. A case transfer staffing is required when a federally recognized tribal court accepts jurisdiction of the case shall utilize the corresponding form as per the service provided—Family Preservation PPS 3005 or Foster Care/Reintegration/Adoption Services PPS3006. If it is determined a referral for out of home placement is needed, Family Preservation may utilize the PPS3005 form to capture information to be provided to the new agency and/or staff for the case.

The transferring supervisor shall review the case transfer summary to ensure all essential safety/risk information has been provided to the new worker. The transferring supervisor shall sign and date the PPS 3005 Case Transfer Summary. The receiving supervisor, if different from the transferring supervisor, shall review the information provided. Electronic signature/approval via email is allowable. The final signed document shall be maintained in the case file with copies distributed to all participants.

3009 Child Welfare Case Management Provider Supervision Staffing

Child Welfare Case Management Provider (CWCMP) Case Managers shall staff each case with a supervisor at least monthly to critically review and evaluate activities and information gathered over the course of the case and collectively reach informed decisions. The CWCMP Supervision Consultation Guide (Appendix 5D) is to be used as a resource. A summary of the discussion and next steps shall be documented on a supervisory log placed in the case file. An additional supervisory consultation shall be held when risk and safety concerns are identified. Supervisors shall closely monitor those cases which have been identified as having high risk and/or safety concerns.

The next level of management, above supervisors, shall ensure consultations are occurring as needed.

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, activities, 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.

3040 Children in the Custody of KDOC-JS and DCF Simultaneously

A. If a juvenile offender, at the time of sentencing, is in an out-of-home placement as a Child in Need of Care (CINC), the sentencing court may order custody of the juvenile to either DCF or KDOC-JS. If custody is awarded to DCF:

    1. Court services, community corrections and the department of corrections shall address the risks and needs of the juvenile offender according to the results of the risk and needs assessment.

    2. The Child Welfare Case Management Provider (CWCMP) shall provide the services needed that are related to the CINC case.

    3. The CWCMP and Court Services/Community Corrections/KDOC-JS shall collaborate to ensure the child receives needed services and communicate about which agency is providing which services.

B. If there are ongoing CINC proceedings, the sentencing hearing shall be held in the county in which the CINC proceedings are being held.

C. If the child is not in DCF custody, the county or district attorney shall file a petition alleging the juvenile offender to be a CINC and requesting termination of parental rights when the court finds any of the following conditions exist:

    1. The court determines that reintegration is not a viable alternative and either adoption or permanent guardianship might be in the best interests of the juvenile offender;

    2. the goal of the permanency plan is reintegration into the family and the court determines after 12 months from the time such plan is first submitted that progress is inadequate; or

    3. the juvenile offender has been in out-of-home placement for a cumulative total of 15 of the last 22 months, excluding trial home visits and juvenile in runaway status.

3100 Assessments

DCF is responsible for providing information related to the child's and family's needs to the Child Welfare Case Management Provider (CWCMP) and for reviewing the work of the CWCMP to ensure the identified needs are being assessed.

The CWCMP is responsible for completing assessments with the family and child referred to them.

Culturally respectful assessments of the family and child that address individual and family strengths, needs, and core concerns are required. Assessments are a mutual process between CWCMP and family. It is essential that individual family members are involved in the assessment process.

An accurate assessment of the child's safety and risk of harm, the family's trauma history and capacity and motivation to change, and family's strengths and resources shall be completed prior to developing and evaluating case plans.

Assessments shall be used as an ongoing measurement of family progress during the life of a case. Assessments 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. 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.

3110 Case Management Safety and Risk Assessment

Safety and risk assessments shall be completed by the Child Welfare Case Management Provider (CWCMP) on an ongoing basis, formally and informally, throughout the life of all cases and at critical times.

For definitions of danger, risk, and safety, please refer to PPM2300 Defining Danger, Risk, and Safety.

A. Critical times in the case include, but are not limited to:

1. New allegations of abuse or neglect assigned to DCF, in conjunction with DCF staff;

2. A change in the family condition causing a worry that danger, risk or both could be present for the child;

3. A critical incident, as defined in PPM 0510;

4. Changes in family structure including, but not limited to, adults moving into or out of the home or having caregiving responsibilities, birth of baby, or children moving into or out of the home;

5. Change in household situations including, but not limited to, loss of income or employment, loss of critical services or medical coverage, family member’s disability due to illness or injury, or family moving to a different home, region, or state;

6. Increased substance use, misuse, or relapse by a family member or caregiver;

7. Changes in family member's mental health condition that may pose a threat to children's well-being;

8. Incident of violence or domestic violence in the home;

9. Known weapons in the home;

10. New pet that may pose a potential threat to the children;

11. Loss of adequate housing;

12. Transitioning the family from intensive services to less intensive services while receiving Family Preservation Services;

13. New indications of child with danger to self or self-harming behaviors per PPM 2115;

14. A significant change in visitation structure;

15. Upon reunification;

16. Upon any change in placement;

17.Youth is exhibiting behaviors that could lead to juvenile offender charges related to physical violence, aggression, damage to property or use of life-threatening drugs;

18. New or increased sexually acting out behaviors;

19. Prior to case closure.

B. Risk assessments, used to understand the presence of both risk factors and protective factors to inform areas of focus for CWCMP support, shall include the following:

1. Parent or caregiver risk factors and protective factors;

2. Family risk factors and protective factors;

3. Child risk factors and protective factors;

4. Environmental risk factors and protective factors.

C. Safety assessments, used to identify immediate safety threats and existing protective factors to determine whether children are safe, safe with a plan, or unsafe, 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;

8. Caregiver strengths and protective factors.

D. Types of Safety and Risk Assessments

1. Formal Safety and Risk Assessment

a. Formal safety and risk assessments occur when tools or instruments are completed to assess safety and risk factors and guide decisions. Formal safety and risk assessment tools are based on empirical data, research, or evidence-based or based consensus modeling.

2. Informal Safety and Risk Assessment

a. Informal safety and risk assessments occur when information is gathered, discussed, and considered during each contact with the child and family. Safety and risk factors listed in B. and C. above, Appendix 2F, and Appendix 2H may be used as guides to assist in gathering sufficient information to informally assess safety and risk. The CWCMP case manager shall ensure documentation includes the informal safety and risk assessment and conclusion(s) for each contact with the child.

E. Human Trafficking Assessment

1. If a child is suspected to be a victim of Human Trafficking an assessment shall be completed to determine safety, placement, treatment and service needs for the child using an assessment tool or instrument. A summary of the assessment results shall be provided to the court.

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.

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 Assessment Tools

A. 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.

B. 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.

C. Social history –

1. 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 within 20 working days following the first permanency hearing where it is determined that reintegration is no longer viable. The social history shall be updated at least semiannually, or when there are significant changes in the child's life, such as a change in placement, sibling separation, substantiated abuse (as a victim or perpetrator), or death of a family member.

2. 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 PPS 3114.

D. 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.

E. 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.

F. CWCMP Assessment Tools – CWCMP use specific tools to assess the child's trauma history and functioning on an on-going basis. The results of these assessments are reported in Section 2 of the Permanency Plan (PPS 3051). See PPM 5030 for a list of the assessments and screens required.

3113 Assessment with Out of Home Placement

Each child referred for out of home placement services shall receive a comprehensive assessment of physical, emotional, developmental, educational needs and trauma history. 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.

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 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.

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 CPS Specialist 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 daily living/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 as follows:

   1. Children age 4 - 13: see PPM 3113;

   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 PPS 7030 Kansas Independent Living Self-Sufficiency Matrix.

B. All children/youth age 14 and older in the custody of the Secretary of DCF 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 online assessment accessed through www.caseylifeskills.org. All youth who are receiving Independent Living Services from DCF shall complete the Self-Sufficiency Matrix at a minimum of once every 12 months.

3200 Case Plan Foundations

A. The Case Plan is a mutual, ongoing, cooperative agreement between the family, child or young person, DCF or Child Welfare Case Management Provider (CWCMP), and others as identified or agreed upon by the family, or required by the type of case plan. A case plan 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 the custody of the Secretary.

3. A child is in the custody of the Secretary, regardless of placement setting. Each child requires their own specific case plan.

B. Case planning services shall be directed toward maintaining the integrity of the family, consistent with child safety; permanency and improved family functioning.

1. Case planning is based on Kansas Practice Model principles which include:

a. Engaging families in the development of their plan;

b. Relevant to critical issues in the families situation with priority of the issues that led to the service referral;

c. Treating families with respect;

d. Respecting families' privacy;

e. Involving immediate and extended family members, and non-related kin as active partners in planning;

f. Providing services in the most family-like setting possible;

g. Linking families to community-based, diverse, and comprehensive supports and services which are culturally sensitive;

h. Strengthening the capacity of families and their network to function independently;

i Realistic in terms of emotional, physical, and intellectual capabilities of the family members;

j. Using family language that is clear and understandable to the family;

C. 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 DCF Child Protection Specialist, resource families, school personnel, guardians, CASA, GAL, 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. Information from the Family Based Assessment (FBA), and documentation from PPM 2748 and PPM 2750 depending on the service referral type, shall also be used to support the foundations of the case plan.

1. Elements of the parent or caregiver to be assessed include, but are not limited to:

a. Support network;

b. Housing;

c. Economic Conditions;

d. Physical and emotional care of the child;

e. Discipline methods;

f. Coping methods and problem-solving abilities;

g. Physical and mental health needs;

h. Trauma history;

2. Elements of the child or youth to be assessed include, but are not limited to:

a. Academic adjustment and progress;

b. Social, emotional, physical, and intellectual development;

c. Relationship with the parent(s) or caregiver(s);

d. Physical and behavioral health;

e. Trauma history;

f. Child time;

3201 Development of the Case Plan

A. Case plans shall be documented on the PPS 3050 series, determined by type of case and service. A copy of the activities shall be provided to the child and family immediately following the case planning conference. The family and young person shall receive a fully signed copy of the PPS 3050 for family preservation, or PPS 3051 for permanency services.

B. All case plans shall contain the following:

1. At least one objective which describes the desired outcome, what needs to happen differently, and what the anticipated positive impact will be;

2. At least one activity for each objective which measurably describes what needs to be done and states who is responsible for completing the activity to move towards meeting the objective;

3. Progress for each activity that clearly describes what has occurred since the last conference;

4. What led DCF to refer to family preservation services or foster care services, written in family language and including family perspective;

5. Strengths and areas described as working well by the parents or legal caregivers, child, family support network, and other members of the conference;

6. At least 3 specific activities described by the child or young person age 4 and older;

7. Documented list of the persons who were invited to the case plan conference;

8. Educational needs of the child, including grade level and performance;

9. Signatures and participation codes of individuals who participated in the case plan or provided input;

C. Case plans for Family Preservation Services, shall also include:

1. The needs identified by the PPS 2007 Plan of Safe Care, when applicable;

D. Permanency plans for youth in the custody of the Secretary, shall also include:

1. A Permanency Goal per PPM 3231 and concurrent permanency goal, if appropriate;

2. Information on the child or young persons current placement;

3. A completed PPS 3060 when a child or young person is assessed by an independent assessor for placement in a Qualified Residential Treatment Program;

4. The PPS 3052 and PPS 3053 shall be provided to DCF with each PPS 3051;

5. Services documented on the PPS 3057. When there are IL services for youth, regardless of age, they should only be marked on the PPS 3057 if the service meets the definition of an IL service in the PPS 3057A.

6. For young persons, age 14 and older, at least one independent living skill requested by the young person;

7. How a safe and least restrictive placement has been considered;

8. The consideration and proximity in which the child or young person is to a parent when reintegration is the primary goal;

9. The consideration and proximity in which the child or young person is to their school of origin;

10. An activity to complete Casey Life Skills Assessment (CLSA);

11.The 3059A for all youth aged 14 and older in out of home placement. Youth 14 and older in out of home placement and on the I/DD waiver or waitlist shall have a PPS 3059B instead of the PPS 3059A;

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.

The CWCMP shall provide transportation to parents/caregivers for case planning conferences, as needed, when the case plan goal is reintegration.

3205 Time Frames

The following time frames apply:

A. The first Family Preservation and Self-Sufficiency Case Plan must be completed and signed by all parties 20 calendar days following the date of referral or of the family or youth agreeing to the service.

B. The first permanency plan for a child in the custody of the Secretary shall be held within 30 days of referral to the Child Welfare Case Management Provider (CWCMP).

C. A formal case planning review is conducted at least every 170 days. If a CWCMP 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. The CWCMP Case Manager shall attend all case planning conferences.

D. In those cases in which a CWCMP is involved, a case planning conference shall be held within 30 calendar days after a permanency goal change.

E. 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 CWCMP.

3206 Establishing a Time and Place

A. The Child Welfare Case Management Provider (CWCMP) or DCF, if provider is not involved, shall coordinate with the family to establish the time and place for the case plan conference.

1. Time and location shall consider parents' work schedules, and children or young persons' schedule.

2. The CWCMP shall offer parent(s) the option to hold the case plan in person or virtually and schedule based on the parent(s) preference.

B. Case plans shall occur in one of the following settings:

1. In person, at a location convenient for the parents and the child, while providing a safe and conducive setting for family members and their support systems to meet and develop their plan. Should the conference be held in person, the CWCMP shall:

a. Provide transportation for the parents or caregivers and child in the event other transportation is not available.

b. At minimum, the CWCMP case manager shall be in person if the family requests an in-person case plan. Other participants, who are not required to attend but are required to be invited, may attend virtually if unable to attend in person.

2. Virtually, where video and telephone participation options are available.

a. Should the conference be held virtually, the CWCMP shall:

i. Inform the family on how to access the meeting.

ii. Participate from a location where the CWCMP case manager camera can be on and case plan information will remain confidential.

3207 Case Planning Participation and Signatures

Participants in case planning conferences are selected based on their involvement in the life of the child(ren) and the type of case plan being developed. All participants shall have equal opportunity to participate and shall be encouraged to actively engage in discussions and work together to address any danger that led to agency involvement or is preventing the family from achieving their permanency goal.

A. Participants

1. Participants Required for Every Case Plan

a. Parents and Other Legal Caregivers

i. Diligent and ongoing efforts shall be made to locate and engage all parents and legal caregivers in case planning and documented in the case file.

ii. For case plans with a goal of maintenance at home, one of the parents with whom the child lives shall be present at the case planning conference, either in person or by phone.

iii. For out-of-home service cases, if after diligent and ongoing efforts, including notice as described in G.1, a parent does not attend, the meeting may continue, and activities can still be assigned to the absent parent. Following the case planning conference, the CWCMP must continue to attempt to review the case plan with absent parents.

iv. Incarceration, living out-of-state, or other exceptional circumstances that restrict the ability to participate in person do-not automatically preclude a parent or legal caregiver from being engaged as a participant in their case plan. Alternative methods to participate shall be offered to the parent, including the option to provide input in advance of the meeting. If there is not a child in DCF custody, the same efforts to involve the non-custodial parent are required when appropriate.

v. If there is a no contact order, the parent or legal caregiver maintains the right to have full information regarding their child, unless otherwise stated in the no contact order. Notification of the case planning conference shall be sent with additional information informing the parent:

a. That due to the no contact order they will not be able to attend the meeting in person.

b. A description of the alternative method(s) by which they will be engaged in development.

b. Child(ren)

i. Children age 7 or over shall be included in the case planning meeting unless it has been determined they do not have the cognitive ability to understand the process and to participate. If the child does not have the cognitive ability to participate, diligent efforts shall be made to collect their input on the plan prior to the case planning conference. These efforts and the child’s contributions shall be reviewed during the conference and documented in the case file.

ii. For out of home placement cases, when children, age 14 or older are not present for the conference, the case manager shall discuss the diligent efforts to include the youth with the case planning team in addition to documenting the efforts in the case file. If the youth's absence is due to a reason other than reduced cognitive ability (I/DD) or a youth's absence from placement without authorization (missing, absent, or runaway), the case plan shall be rescheduled at a time that allows the young person to participate. After two attempts to hold a case plan for which the youth is not present, the case planning team may continue with the plan's development at the third meeting to ensure timeliness of the case plan completion.

c. The responsible case manager from the Child Welfare Case Management Provider (CWCMP), DCF, or the Community Family Services Provider.

i. If the worker assigned to the case is unexpectedly unable to participate, their supervisor or another worker familiar with the case may conduct the case plan in their absence.

2. Additional Participants Who Shall be Invited for Out-of-Home Service Cases:

a. Third Party

i. 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. An out-of-home case plan may not be held without a third party present.

b. The DCF staff assigned

c. The guardian ad litem

d. The resource family, including relative and non-related kin providers, for a child in out-of-home placement

e. The Court Appointed Special Advocate (CASA), if applicable

f. The tribal representative for children when ICWA applies. The tribe shall also receive a copy of the signed case plan

g. The DCF Regional Independent Living Coordinator or designee

i. Required participant for all youth in out-of-home placement with a case plan goal of APPLA, beginning at age 16, and all youth age 17 and older, regardless of case plan goal, to begin discussion and preparation for self-sufficiency services in the event permanency is not achieved. The youth's updated PPS 3059A *My Plan for Successful Adulthood* or PPS 3059B *My Adult Services Plan* shall be sent to the Regional Independent Living Coordinator with the case planning conference invitation.

h. The responsible HCBS waiver agency and the HCBS waiver case manager for youth receiving HCBS waiver services.

i. If the family/youth intends to move to a different area to receive HCBS waiver services, this may involve inclusion of more than one service provider.

i. For children age 14 and older:

i. No more than two case planning team members selected by the youth, who are not the youth's case manager or foster parent, and are able to represent the best interests of the youth.

3. Additional participants who shall be invited, when applicable:

a. Residential or institutional setting treatment staff if the youth is in a residential placement

b. The prospective custodian and network, if permanent custodianship or SOUL Family Legal Permanency is the permanency goal

c. The prospective adoptive parent(s)

d. Teachers

e. The education advocate assigned to the child

f. The youth's positive supportive adult(s)

g. Any other individuals important to the family or the child who can contribute to the case planning process

h. The case manager or a guardian 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 Organization (CDDO)

i. The corrections counselor for an incarcerated parent or parole officer for a paroled parent

j. Child Placing Agency staff responsible for support to the foster family where the child is placed

k. Individuals from Community Corrections or Court Services who are working with youth involved in the juvenile justice system

4. When an invited participant who is not indicated as a required participant cannot attend the case planning meeting but would like to provide their input in advance, the CWCMP shall receive that input and include it in consideration when developing the plan with the family.

B. Notification of Conference Participants

1. Any child or youth in the custody of the Secretary, notification shall be given to required participants in writing at least 10 days prior to the date of the case planning conference. Documentation of the notice shall be retained in the case file.

a. Parents and legal caregivers 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.

b. The 10-day notice shall be provided by e-mail, fax, or letter. If mailed, allow three (3) additional working days for mail delivery time to provide sufficient notice to all parties.

2. 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, the notice shall include notification of the possible change.

3. If DCF is providing Family Services, DCF shall provide the notification.

4. If services are provided by a Child Welfare Case Management Provider, the Child Welfare Case Management Provider shall provide the notification.

C. Participant Education

All participants shall be educated on the purpose of the case planning conference. For the initial case planning conference, the Child Welfare Case Management Provider or DCF CPS Specialist, 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, 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.

D. Participant Signatures

1. To be approved by DCF, case plans must contain a signature for every person who participates in the case planning conference.

2. In-Person participants must sign the form, either by hand or electronically. If a person participates by phone, a copy of the PPS 3050 or 3051 shall be sent to them for an electronic signature or to sign by hand and return.

3. If a person who has participated by phone or by video does not have the resources or ability to sign the document electronically or by hand, the CWCMP may accept written consent in the form of an e-mail or text message from the participant to sign on their behalf. This written consent shall be documented and included with the case planning documents when submitted to DCF for approval.

4. All Signatures shall be dated with the date the person participated in the case planning conference.

3211 DCF Responsibilities for Monitoring Case Plans

DCF staff shall:

A. Review and approve all custody case plans, PPS 3051.

1. A DCF CPS Specialist 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 CPS Specialist 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 CPS Specialist 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

3214 Planning with Youth Prior to Release of Custody

A. Young Adult Request Release of Custody
   1. A young adult 18 years of age or older may seek release of custody by submitting a written request to the court. See K.S.A. 38-2203 (c).

B. The PPS 3059A My Plan for Successful Adulthood shall be used to develop case planning tasks to assist the young adult in their transition into adulthood. The PPS 3059B My Adult Services Plan shall be utilized for young adults on the I/DD waiver or waitlist and will be transitioning into Home and Community Based Services (HCBS) waiver(s)

C. Young adult exiting the system because of release of custody at age 18 shall have a PPS 3059A My Plan for Successful Adulthood completed at least 90 days prior to their 18th birthday and/or planned release. Those on an I/DD waiver or waitlist shall have an updated PPS 3059B My Adult Services Plan.

D. In addition to an updated transition plan, a PPS 3059C, My Exit Plan shall be completed within 90 days prior to release from custody. If the exit plan is unable to be completed within 90 days prior to release of custody due to extenuating circumstances and exception has been granted per PPM 0100 the exit plan shall be completed as soon as possible and no later than 45 days after release from custody. The Exit Plan shall include:
   1. The youth’s contact information;

   2. A back up plan should their plan fall through;

   3. Plans for pregnant or parenting youth and their children;

4. A list of documents the youth has in their possession;
5. Employer's name~~;~~
6. Contact information for those who would know how to get in touch with them;
7. Information about National Youth in Transition Database (NYTD);
8. Information about Power of Attorney and Living Wills;
9. Independent Living Services available from DCF
10. Contact information for the DCF Independent Living Coordinator and CWCMP Aftercare Case Manager.
11. CWCMP Staff shall complete the final page of the PPS 3059C with specific identified resources and provide the form to the young adult prior to exiting custody.

E. The PPS 3059A My Plan for Successful Adulthood or PPS 3059B My Adult Services Plan along with the PPS 3059C My Exit Plan 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, or prior to the semester in which they turn 26 for the Education and Training Voucher (ETV) Program
   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
   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 KanCare and Medicaid Managed Care Organizations (MCO)
   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.
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
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
17. Post-secondary scholarship information and application for Kansas Kids @GEAR UP
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 2 of the PPS 3059A My Plan for Successful Adulthood or Section 3 of the PPS 3059B My Adult Services Plan
21. Letter verifying custody of the youth

    a. DCF IL Coordinators shall provide a letter verifying custody for a young adult during their exit interview.

3220 Updating the Case Plan between Conference Dates

Minor revisions in the case plan which do not add new activities for the family or youth 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. A new case planning conference shall be held if the child's permanency goal needs to be changed. If a new activity needs to be added due to a new safety or risk concern, the CWCMP shall consult with the PPS Foster Care Liaison whether it can be noted on the PPS 3055, or if a case planning conference needs to be held.

A. Progress on activities of the case plan shall be discussed during each child/worker visit, worker/parent visit or contact with the youth and documented by completion of the PPS 3055, or in log notes/visit logs.

B. When a child in DCF custody with a goal of maintenance at home requires a short term (less than 30 days with a plan to return home) 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 can also be used if the child requires an out of home stay due to a parents' temporary unavailability. 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, the court, and other parties in the Child in Need of Care case.

3231 Development of Permanency Goals

There are six possible permanency goals: maintenance of the child at home, reintegration, permanent custodianship, adoption, SOUL (Support Opportunity Unity Legal Relationships) Family Legal Permanency, and Another Planned Permanency Living Arrangement (APPLA).

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

1. 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.

2. The DCF CPS Specialist 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 CPS Specialist and the Child Welfare Case Management Provider (CWCMP) case manager are responsible for continuing to assess the safety of the child.

3. 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

1. 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 concerns which led to

the child being removed from their home. The CWCMP shall provide an array of services to allow the parents to safely resume responsibility for the child in the home in the shortest time possible.

2. The initial permanency goal for children in out-of-home placement shall be reintegration and efforts shall be made by the CWCMP to achieve that goal, unless the court has found that no reasonable efforts to reunify are required. (See Section 3371)

3. Activities needed to accomplish the permanency goal of reintegration are recorded on the PPS 3051, Section 3, Permanency Objectives.

4. 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

1. When reintegration is not viable, adoption is the preferred permanency goal in most cases.

a. 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.

2. Factors to consider when determining if adoption should be the permanency goal include:

a. The parent's lack of progress in completing the goals and objectives of the case plan successfully;

b. A youth's interest in adoption if age 14 or over;

c. The probability an adoptive family can be developed for the youth;

d. The youth is already placed with relative or non-related kin;

e. 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.

3. If adoption was considered but not established as the goal, the reasons shall be documented in the summary section of the PPS 3051, Section 6.

4. 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.

5. Relinquishment, if deemed appropriate, shall be discussed with the parents and documented in the summary section of the PPS 3051, Section 6.

6. Activities needed in order to achieve the permanency goal of adoption are recorded on the PPS 3051, Section 3 Permanency Objectives.

7. Progress toward meeting the objectives associated with the permanency goal of adoption is recorded on the PPS 3051, Section 6.

D. Permanent Custodianship

1. Permanent custodianship allows the custodian to exercise all the rights and responsibilities of a parent without the on-going oversight of DCF, as determined by the Permanent Custodianship order. Custodianship may be an option for youth with or without the termination of parental rights.

2. The activities required to meet the goal of permanent custodianship are recorded on the PPS 3051, Section 3, Permanency Objectives

3. Refer to Appendix 6F for more extensive information on Adoption vs. Permanent Custodianship.

E. SOUL Family Legal Permanency

1. SOUL Family Legal Permanency is defined as "Support, opportunity, unity, legal relationships family legal permanency" or "SOUL Family Legal Permanency" means the appointment of one or more adults, approved by a youth who is 16 years of age or older and the subject of a child in need of care proceeding, pursuant to the child in need of care code and amendments thereto. SOUL Family Legal Permanency also recognizes additional relationships with a broad network of caring adults.

2. The CWCMP shall assess if appointment of a SOUL Family Legal Permanency custodian(s) best meets the youth's needs. The CWCMP shall also prepare all identified SOUL Family Legal Permanency Custodian(s) for the responsibility associated with becoming a SOUL Family Legal Permanency Custodian.

3. Factors to be considered in the case planning conference when determining if a youth might be appropriate for SOUL Family include: age, agreement and approval of the youth, sibling connections, consent of the youth’s parent’s if parental rights are still intact, connection to the identified SOUL Family, the agreement and suitability of the potential custodian(s) to care for the youth.

a. SOUL Family Legal Permanency may be considered as a permanency goal if the young person is above the age of 18 and the Child in Need of Care court case remains open as long as the requirements in E.4. have been met.

b. Siblings of eligible youth may not be appointed a SOUL Family Legal Permanency custodian unless all identified requirements are met per E.4.

4. The permanency goal of SOUL Family Legal Permanency may be appropriate when the requirement below has been met;

a. Agreement and approval of a youth aged 16 years of age or older.

5. If there is more than one SOUL Family Legal Permanency Custodian identified, one individual shall be designated as primary custodian by the court with the approval of the youth and the individual to serve in such role in the event a dispute arises.

6. Agreement and consent of the youth's parent(s) is required for appointment unless there has been a finding of unfitness or termination of parental rights and consent is no longer required.

a. Should the youth's parent(s) be unwilling to consent to the appointment of SOUL Family Legal Permanency, CWCMP must explore other permanency goals for the youth. If a parent has consented to appointment of SOUL Family Legal Permanency based upon a belief that the youth's other parent would also consent or be found unfit, and such parent does not consent, the consent shall be null and void.

b. Should the youth's parent(s) location be unknown, the CWCMP shall attempt to locate and engage the parent(s), at minimum, with 3 attempts, utilizing different methods of communication.

c. If the young adult is above the age of 18, agreement and consent of the young adult's parent(s) is still required, if parental rights are intact.

7. Appointment of a youth with a SOUL Family Legal Permanency ends DCF custody and allows the SOUL Family Legal Permanency Custodian(s) to make decisions and be responsible for the day to day care of the youth.

8. SOUL Family Legal Permanency may recognize other individuals identified as supportive connections for the youth by the youth. These identified individuals shall testify to the courts they accept the role. These supportive connections are acknowledged by the court that they will provide support for the youth agreed to by the youth and the SOUL Family Legal Permanency Custodians. Such individuals shall have no legal obligations or rights related to the youth per the court's recognition.

9. While DCF custody ends upon appointment of SOUL Family Legal Permanency, court jurisdiction continues until terminated pursuant to statute.

F. Another Planned Permanency Living Arrangement (APPLA)

1. The permanency goal of APPLA is appropriate only for youth age 16 or older, and when documentation shows compelling reasons exist which make all other permanency options unacceptable. The compelling reasons may include
:

a. An older teen requests emancipation;

b. A parent cannot care for their child regardless of supports due to limitations of their own disability, but a significant bond exists between them, while 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 an Indian child.

2. 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.

3. 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 APPLA 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.

B. 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.

C. 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 DCF PPS standards instead of being approved as meeting DCF Foster Care and Residential Facility 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 an adoptive family. A foster family who is a potential adoptive resource 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.

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. (See PPM 5254.)

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 Family Time and Sibling Connections

A. Family Time

Regardless of the case plan goal, parents and children retain the right of reasonable contact with each other, with a parent's rights only impacted when terminated or the court orders no contact.
Family time is presumed to be in the best interest of children. This presumption can only be set aside if there is a present risk of danger arising from the child being in the presence of a parent or sibling and the risk cannot be mitigated by any means other than eliminating contact between the parent and child or sibling and child.

1. Frequency and Method of Connection

a. If the case plan goal is reintegration, in-person family time shall occur a minimum of once a week. The frequency and length of family time shall increase as the case progresses, only decreasing in the event there is a documented concern for danger or risk should family time progress.

i. When a parent's whereabouts are unknown, diligent efforts by the Child Welfare Case Management Provider (CWCMP) to locate and engage the parent in planning family time shall be ongoing.

ii. When a child declines to participate in family time, the CWCMP shall explore the reasons for refusal and actively support progress towards consistent participation in family time.

b. Additional contact outside of scheduled family time via telephone, video, email, or other forms of communication shall be allowed whenever possible.

c. When parents maintain parental rights and the case plan goal is not reintegration, family time shall continue to occur monthly at minimum, with additional in-person, telephone, video, and e-mail contact available when possible unless there is a documented

d. Following termination of parental rights, family time is no longer required. The CWCMP shall continue to assess whether opportunities for family time support the child's emotional well-being and permanency goals and continue supporting the relationship between parents and children when appropriate.

2. Location

a. Whenever possible, family time shall occur in the family home.

b. When it is not possible or in the best interest of the child for Family Time to occur in the family home, family time shall occur in a setting that is homelike, familiar to the child, or both.

i. A child's family-type placement setting, such as a foster home or relative placement, may be explored as a location option. Prior to a first interaction in the placement home, roles and expectations shall be reviewed with the parents, child, and placement family.

3. Supervision

a. Family time shall be supervised only when:

i. Required by a court order.

ii. The CWCMP has determined there is risk to the child during family time maintain safety of the child.

b. The basis for requiring family time to be supervised shall be documented on the PPS 3053.

4. Documentation

a. Plans and the schedule for family time shall be documented on the PPS 3053.

b. The PPS 3053 is a stand-alone document that shall be updated and sent to all affected parties and the DCF Foster Care Liaison whenever the family time schedule changes and at every case planning conference. Illness, inclement weather or other exceptional situations may arise which may affect planned family time, however, documented family time should demonstrate a pattern of consistent and frequent connections between parents and children.

c. Family time 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. Sibling Connections

Sibling connections are presumed to be the best interest of children. This presumption can only be set aside if there is a present risk of danger arising from the siblings being in the presence of each other and the risk cannot be mitigated by any means other than eliminating contact completely.

1. Frequency and Method of Connection

a. The responsibility for arranging connections with siblings who reside with the parent(s) rests with the parent(s) and shall occur with the same frequency provided for family time unless shared connections does not further the permanency goal.

b. Connections between siblings in the custody of the Secretary and in out-of- home placement shall occur in-person at least twice monthly with additional in-person, telephone, video, or e-mail contact allowed when possible.

i. When parental rights are intact and family time is occurring, at least one of the monthly required sibling connections shall occur during family time.

2. Documentation

a. When siblings are in out-of-home placement but not placed together, a plan which allows for frequent and regular sibling-connection shall be in place and documented on the PPS 3053. Illness, inclement weather or other exceptional situations may arise which may affect planned sibling connections; however, documented sibling connections should demonstrate a pattern of consistent and frequent interactions.

b. All sibling connections shall be documented in the case file.

3238 Worker-Family Contacts

Contact between members of a family and their service provider is vital to successful achievement of case plan goals.

During contacts with the child(ren) and family, the Child Welfare Case Management Provider (CWCMP) case manager should consistently be assessing whether the existing case plan continues to meet the family's needs, and determining when modifications are warranted.

A. Worker-Child Contacts

1. In-person contact between a child and their assigned CWCMP case manager shall occur a minimum of once a month regardless of case plan goal.

a. When the case manager is not available or for any reason cannot complete the worker-child contact, a CWCMP paraprofessional who is part of the family's case planning team and responsible for the case may also complete a worker-child contact.

2. At least half of worker-child contacts shall occur where the child is placed.

a. When a worker-child contact does not occur where a child is placed, the worker remains responsible for connecting with the placement provider to gather updates on the child's well-being and provide updates, as appropriate, to the placement provider.

3. The CWCMP case manager shall complete the following during each worker-child contact:

a. Provide any updates to the child and placement provider on case plan progress and family time. This shall include reviewing the current family time schedule if no updates have been made.

i. Children of all ages and capacities are entitled to information that affects their life. When engaging with the child to provide updates, tailor the delivery of information to meet their developmental and age-appropriate level.

b. Gather any updates from the child and placement provider on items related to child-well being.

i. The CWCMP case manager should also inquire about important connections and relationships for the child, and support planning to help maintain those connections as needed.

c. Spend alone time with each child who is verbal or, if non-verbal, over 12 months old.

i. During alone time, the CWCMP case manager shall assess for evidence of maltreatment or failure of the child to achieve developmental progress. Additionally, the CWCMP case manager should use this time to provide the child an opportunity to speak candidly about their perspective on how family time is going and on how the goals of the case plan are being met.

ii. When a child refuses alone time with their case manager the refusal shall be documented and the CWCMP shall

explore the reasons for refusal and work towards building trust for future one-on-one connections. Refusal by the child to participate in alone time does not exempt a CWCMP from assessing for evidence of maltreatment, assessing failure of the child to achieve developmental progress, or providing the child an opportunity to speak about their perspectives on how family time is going and on how the goals of the case plan are being met.

d. Provide blank copies of the PPS 3061 Monthly Individual Contact form to children in out-of-home placement and over the age of 10, ensure they understand its purpose, assist with completion if needed, and route completed copies as requested by the child.

e. Provide the child a means of contacting the worker.

4. To support quality interactions, the CWCMP should consider the following best practices:

a. Be prompt and dependable in keeping appointments.

b. Observe the child's reactions to information presented and respond curiously when they indicate a change in perspective, relationships, or sense of safety.

5. Documentation

a. All worker-child contacts shall be documented in the case file, using the CWCMP approved Child-Worker contact guide or protocols. The guide or protocol shall at minimum document the safety assessment, review of progress on the case plan to include the natural and service-related supports that contributed to progress, and alone time with the child when applicable.

b. 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. Worker-Parent Contacts

1. In-person contact between a parent and their assigned CWCMP case manager shall occur a minimum of once a month when the case plan goal is Reintegration or Maintain at Home. Initiating, scheduling, and accomplishing worker-parent contact is the responsibility of the CWCMP.

a. The required frequency of worker-parent contact may be reduced for documented therapeutic reasons. Any adjustment to the frequency of worker-parent contacts for this reason shall be documented in the case file.

b. When the case manager is not available or for any reason cannot complete the worker-parent contact, a CWCMP paraprofessional who is part of the family's case planning team and responsible for the case may also complete a worker-parent contact.

2. For all other case plan goals, in-person contact between a parent and their assigned CWCMP case manager shall be family driven and the frequency documented in the case file.
3. Whenever possible, worker-parent contacts shall be completed in the family home.

4.The CWCMP case manager shall complete the following during each worker-parent contact:

a. Provide any updates to the parent on child well-being and family time, answering any questions the parent may have and listening to their perspective on how family time is going.

i. Discussing family time shall include a review of the current details outlined in the PPS 3053 Family Time Schedule to determine if adjustments or increased support on tasks impacting the level of supervision is needed.

b. Share information on the ways the CWCMP can support the parent in completion of each task and identify areas where parents would benefit from additional CWCMP support to progress further.

c. Learn in what ways the parent has made progress on tasks involving them.

i. Updates related to progress may be shared with the case team between case planning conferences on the PPS 3055.

d. Determine whether each task remains directly related to addressing the identified danger or risk preventing achievement of their case plan goal.

i. When tasks no longer support the family in building safety for their child to achieve their case plan goals, updates may be made between case planning conferences on the PPS 3055.

e. Ask the parent about any new needs they may have that the CWCMP may be able to support meeting.

f. Ensure the parent has information on how to contact the CWCMP case manager and their counsel.

5. Documentation

a. All Worker-parent interactions shall be documented in the case file.

b. 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.

C. Worker-Sibling Contacts

1. When a child who is placed in the custody of the Secretary has a reintegration or maintain-at-home case plan goal and has siblings remaining in the family home, in-person contact shall occur between those siblings and the assigned CWCMP case manager in the family home to assess their safety.

a. When the case manager is not available or for any reason cannot complete the worker-sibling contact, a CWCMP paraprofessional who is part of the family's case planning team and responsible for the case may also complete a worker-sibling contact.

2. In-Person worker-sibling contacts shall occur at least monthly.

3. Documentation

a. All worker-sibling contacts shall be documented in the case file.

b. 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.

3239 Determination/Redetermination - Candidacy for Care

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 without the services provided in the current case plan, which are intended to eliminate the risk of removal from the home.

A. Following the initial case plan conference, and no less than every 180 days thereafter during the in-home service case, the DCF CPS Specialist shall determine eligibility for candidacy for care, after the case plan is completed. An individual child determination must be made for all Family Service and Family Preservation without regard to custody status, and in-home Reintegration/Foster Care/Adoption cases. The CPS Specialist shall review the case plan and determine if the child is a candidate for care, as indicated on the PPS 3050A, for in-home service cases, or the PPS 3052 for children in custody.

B. Review statement on PPS 3050A or PPS 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. The DCF CPS Specialist making this determination shall provide their signature.

C. The DCF CPS Specialist shall provide the PPS 3050A or PPS 3052 along with the case plan to FACTS staff for data entry. The PPS 3050A Candidacy for Care determination is an administrative process separate from the case planning process and should not be completed with or provided to the family.

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. Prior to APS making a referral to the Kansas Guardianship Program, the PPS 10600(B) and PPS10610 shall be completed by the CWCMP and forwarded to the APS Assistant Program Administrator.

G. The CWCMP shall invite the assigned DCF APS Specialist 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.

H. 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.

3241 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 by the Child Welfare Case Management Provider and documented on the PPS 3056, Permanency Plan Desk Review form. The form shall be submitted to the DCF liaison and the County/District Attorney.

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.

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 in a timely manner

C. Assure the content of court report is complete, accurate, up to date, and addresses specific concerns of the court

D. Collaborate with Court Appointed Special Advocates (CASA) and Citizen Review Boards (CRB) (where applicable), court personnel, guardian ad litem and County/ District Attorney

E. Inform the court whether the child has had the opportunity to engage in age or developmentally appropriate activities

F. 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)

G. Abide by all court orders

H. Provide written notice to the court of planned and emergency moves, per PPM sections 3361-3364

I. Beginning when the youth is age 14, prepare with the youth or young adult a PPS 3059A My Plan for Successful Adulthood or PPS 3059B My Adult Services Plan for those on an I/DD waiver or waitlist to present to the court for the court’s approval

J. Notify the court of jurisdiction when the adoption of a child is finalized

K. Follow orders from the court and document those orders in the case file. When a court order is received, which appears to go beyond the limits of the statute, requires something which cannot 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).

3341 Substantial Consideration of Grandparents

A. If the court does not give custody of a child to a grandparent and the child is placed in the custody of the secretary for children and families, a grandparent shall receive substantial consideration for placement of the child. The Child Welfare Case Management Provider (CWCMP) shall assess the grandparents and consider all relevant factors, including:

   1. The wishes of the parents, child and grandparent;

   2. the extent to which the grandparent has cared for, nurtured and supported the child;

   3. the intent and circumstances under which the child is placed with the grandparents, including whether domestic violence is a factor and whether the child is placed to allow the parent to seek work or attend school and;

   4. the physical and mental health of all individuals involved;

B. If the CWCMP decides that the child is not to be placed in the home of such grandparent, the CWCMP shall prepare and maintain a written report providing the specific reasons for such finding.

   For additional information on Relative Placement, see PPM 5234.

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

A. The Child Welfare Case Management Provider (CWCMP) shall provide notice of a planned move when a child has been in placement six consecutive months or longer, or in out of home placement in the home of a parent or relative for any period of time. KSA 38-2258 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.

1. The notification allows those notified an opportunity to request a hearing to determine if the change of placement is in the child’s best interest. If a hearing is requested the child’s placement shall not be changed without permission of the Court.

2. The notification shall be provided to:

a. The court having jurisdiction over the child;

b. The petitioner;

c. The attorney for the parents, if any;

d. Each parent whose address is available;

e. The foster parent or custodian from whose home or shelter facility it is proposed to remove the child;

f. The child if age 12 or older;

g. The child's guardian ad litem;

h. Any other party or interested party; and

i. The child's court appointed special advocate;

B. Exceptions to the 30-day notice of planned move are as follows:

1. The move is to the home of the selected pre-adoptive family. 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 is sent to DCF. See KSA 38-2258

2. The child is being returned to the parent's home. For these moves, written notice shall be made to the court at least 10 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. See KSA 38-2255

C. Scheduling a planned move:

1.The move may take place prior to the expiration of the 30 days if all parties notified agree in writing to the move.

2. At the end of 17 days, when there are no objections.

3. In event of an objection to the notice the child can't be moved until the move is approved by court.

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.

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 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 six 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. If the court finds reasonable efforts have not been made, the CWCMP shall notify the DCF Regional Director, PPS Program Administrator and DCF Regional Attorney the same business day of the finding.

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, a Permanency Plan Desk Review (PPS 3056) shall be completed and 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.

3380 Reports to the Court

The Child Welfare Case Management Provider (CWCMP) 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 achieve the goal, and substantial consideration of grandparents, as outlined in PPM 3341. The report shall also include recommendations for further work with the child/family. The CWCMP shall use the Court Report form, 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.

3382 Permanency Hearing Court Reports

The initial permanency hearing takes place within 9 months of the date the court authorized the child's removal from the home and at least every 6 months thereafter. The court is responsible for sending a notice of the permanency hearing to all parties and interested parties. The court may elect to notify other individuals as appropriate.

A. The Child Welfare Case Management Provider (CWCMP) shall write a report prior to each permanency hearing and include the following:

1. Review of family progress toward the permanency goals, objective, and activities;

2. Recommendations to the court regarding permanency goals;

3. The CWCMP’s opinion and basis for the opinion regarding whether reintegration remains a viable alternative.

4. For children with a case plan goal of APPLA, at each permanency hearing, the Child Welfare Case Management Provider shall document in the court report:

a. The intensive, ongoing efforts to place the child/youth with a fit and willing relative, legal guardian, or adoptive parent;

b. That the child’s placement follows the reasonable and prudent parenting standards and opportunities to participate in appropriate activities;

c. What permanency outcome the child’s desires.

B. The CWCMP shall track what date permanency hearings are due for all children assigned in their region.

C. A permanency plan may be amended at any time by agreement of the case plan participants. If a permanency plan requires amendment which changes the permanency goal the CWCMP shall notify the court.

3383 Foster Parent and Kinship Caregiver Confidential Report to the Court

K.S.A. 38-2261 provides the right of foster parents or kinship caregivers to submit a report to the court at the time of each court hearing. The report made shall be in a specified format. Appendix 3G provides a sample cover letter and a sample of the report. The report submitted by the foster parent or kinship caregiver shall be available to all parties.

The Child Welfare Case Management Provider (CWCMP) shall inform the foster parent or kinship caregiver of the right to submit a report directly to the court. The CWCMP shall provide the foster parent or kinship caregiver 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

Change of venue occurs when a court proceeding transfers from one county to another. Change of venue may also require a change in DCF catchment area, a change in the Child Welfare Case Management Provider (CWCMP), or both. A family is only to be served for out-of-home services by one CWCMP at any time.

When a CWCMP becomes aware of any anticipated change of venue for a case they serve, that CWCMP should notify DCF Regional Staff in their catchment area as soon as possible. Notification should include, the child’s name and the receiving county, current case manager’s name and phone number, date of most recent case plan and current placement information.

Sending refers to court, DCF, and CWCMP located in the original county.

Receiving refers to court, DCF, and CWCMP located in the county where the court proceeding is transferred.

A. Change of Venue Requiring a Change in Assigned DCF Regional Staff

When a change of venue moves a court proceeding to a catchment area not monitored by the original DCF Regional staff, the sending and receiving Foster Care Program Administrators shall collaborate to transfer

information. This collaboration includes communicating when a change of venue is expected, communicating when acceptance is acknowledged by the receiving court, and coordinating to ensure DCF FACTS, DCF IV-E and the DCF Foster Care Team in each region has necessary information.

B. Change of Venue Requiring a Change in CWCMP

1. When a change of venue moves a court proceeding to a catchment area not served by the current CWCMP, a referral will be made to the receiving CWCMP by receiving DCF Regional staff within 5 working days of receipt of information from the receiving court documenting the acceptance of the change of venue. Acceptance of change of venue may be in the form of a journal entry, bench note, verbal confirmation, or other formal or informal means.

The referral to the receiving CWCMP by the receiving DCF Regional staff serves to transfer responsibility for service from one CWCMP agency to another. The sending CWCMP is responsible for the transfer of all case information to the receiving CWCMP within 5 working days of acceptance of the case by the receiving court. Information and materials to be provided to the receiving CWCMP by the sending CWCMP include but are not limited to:

a. The complete child file;

b. Information on any diagnosis or other identified needs;

c. Dates and times of any scheduled appointments;

d. Information on current placement and all relative/ NRKin search efforts;

e. Current visitation schedule

2. The receiving DCF Regional staff shall inform the sending DCF Regional staff as soon as the referral to the new CWCMP is complete. Sending DCF Regional staff shall notify the sending CWCMP the referral has been made. Upon notification, the sending CWCMP shall send DCF a PPS 5120 acknowledgment form indicating case closure due to change of venue.

3. Upon acceptance of the referral, the receiving CWCMP shall acknowledge the referral by sending DCF a PPS 5120.

4. The transfer of a change of venue case to the receiving CWCMP is not considered complete until the case is accepted by both the receiving court and the receiving DCF Regional staff, and the referral to the receiving CWCMP is complete. The sending CWCMP remains

responsible for providing case management services to the family until the transfer to the receiving CWCMP is complete.

5. Once the referral to the receiving CWCMP is complete and the PPS 5120 acknowledging the referral has been received, the case must be assigned in FACTS to receiving DCF Regional staff.

6. 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 receiving DCF Regional staff. The receiving CWCMP is required to notify the family within 5 working days of the referral of a new case manager has been assigned and provide their contact information.

C. Change of Venue Not Requiring a Change in CWCMP

1. CWCMP responsibility does not end when a change of venue for a child in out-of-home placement moves the court proceeding to a county within a catchment area served by the original CWCMP. When the sending and receiving CWCMP are the same agency, no new referral from receiving DCF Regional staff is required.

2. When a change of venue is within a catchment area served by the original CWCMP but moves monitoring of a case to a new DCF office, the sending DCF regional staff shall transfer all files and service responsibility to the receiving DCF regional staff.

D. Change of Venue during Aftercare

1. CWCMP responsibility does not end when there is a change of venue for a family in the aftercare period, regardless of custody status or location of the new venue. This responsibility includes but is not limited to:

a. Providing case planning information and other requested information to the receiving court for children in in the custody of the Secretary and

b. Providing case planning information and other requested information to DCF Regional staff for all cases

c. Providing the needed services to the child and family to maintain the child's permanency.

For situations where aftercare is open but at least one child remains placed out-of-home, see D.3.

2. When a change of venue occurs during the aftercare period and a child subsequently is placed out-of-home:

a. If the out-of-home placement occurs within 6 months and prior to release from the custody of the Secretary:

i. The CWCMP at the time of removal sends a PPS 5120 to DCF indicating out-of-home placement.

ii. The CWCMP serving the catchment area of the current venue will provide services to the family. If this requires changing the CWCMP, follow guidance in A; if not, follow guidance in B. When following guidance in A, use the date of removal from the parent home as the date of receipt of information from the receiving court documenting the acceptance of the change of venue.

b. If the out-of-home placement occurs after 6 months of aftercare or after release from the custody of the Secretary:

i. DCF shall submit a new referral to the CWCMP in the catchment area of the current venue of the case. A new referral will be submitted regardless of whether there is a change in CWCMP.

3. In some change of venue situations, a family may have children in out-of-home placement while another child or children are being served in the aftercare period. When this occurs, the CWCMP in the receiving catchment area will receive a new referral for any children in out-of-home placement but will also be expected to assume responsibility for serving any children who remain at home.

3385 Transfer of Custody to Tribes for Out of Home Service Cases

Child Welfare Case Management Provider (CWCMP) responsibility ends for children who reside in out-of-home placement when there is a change of custody to a federally recognized tribe. The CWCMP 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 (CWCMP) failure, to provide services.

Careful case documentation is essential in order to remove legal barriers to adoption. CWCMPs 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

K.S.A. 38-2268(a) provides “Prior to a hearing to consider the termination of parental rights, if the child’s permanency plan is either adoption or appointment of a custodian, with consent of the guardian ad litem and the secretary, either or both parents may: relinquish parental rights to the child; consent to an adoption; or consent to appointment of a permanent custodian.” 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 Foster Care Liaison 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 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 (CWCMP) 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 CWCMP 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 any behavioral or mental health professionals working with the child of the recommendation of termination so they can help the child be prepared.

D. Actively involve the placement provider in helping the child be prepared.

E. Begin to arrange an opportunity for family time following the ruling on parental rights. Identify the families wishes regarding items like photos or keepsakes ahead of the scheduled Family Time, and plan to support them in creating those if needed.

F. Support the child in preparing for termination by validating their feelings around separation and loss, helping them understand what family time may look like afterward, and supporting their understanding of a transition to a new permanency goal.

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

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.

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, refer to PPM 1872 regarding date to use for case open date on CASE screen. 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. Placements in an emergency shelter prior to agency custody are considered a protective action service (PR08N), not a placement (FO…) code. See PPM section 2832 for additional information.

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 and the child has not been referred to a foster care provider, enter an SC plan and 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) on a CC plan. The end date of a CC plan type is the date the child is released from custody. Prior to July 1, 2022, a CC plan was closed, and a RC plan was opened if the child had been placed at home for a period of 6 months or longer and was not yet released from custody. Also, prior to July 1, 2022, a CC plan was closed, and an EC plan was opened if the youth was 18, still in custody and no longer IV-E eligible (GA01N) or 19 years of age and still in custody regardless of IV-E eligibility. As of July 1, 2022, EC and RC plan types will no longer be opened, and the current CC plan will remain open until the child is released from custody as per federal guidelines. A CC plan type affects AFCARS federal requirements.

Reintegration Custody Plan

As of July 1, 2022, Reintegration Custody (RC) plans will no longer be entered for children in DCF custody who have been returned home for a period of 6 months. The child will remain on the Child Custody (CC) Plan until they are released from DCF custody. Any existing Reintegration Custody (RC) Plans entered prior to July 1, 2022, will remain open until the child has been released from custody.

Prior to July 2022, a reintegration custody plan type (RC) was entered for each child in DCF custody who has been returned home for a period of 6 months and not yet released from custody. The RC plan ended when the child was released from custody. Children on RC plans who re-entered out of home placement prior to being released from custody were considered a new removal episode for purposed of AFCARS and a new CC plan was opened.

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 who has not been referred to the foster care provider 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 be 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.

Emancipation Custody Plan

As of July 1, 2022, Emancipation Custody (EC) plans will no longer be entered for each child in DCF custody who is age 18 and is not IV-E eligible (GA01N) or reaches age 19. The child will remain on the Child Custody (CC) Plan until they are released from DCF custody. Any existing Emancipation Custody (EC) Plans entered prior to July 1, 2022, will remain open until the child has been released from custody.

Prior to July 2022, an emancipation custody plan type (EC) was entered for each child still in DCF custody who was age 18 and was not IV-E eligible (GA01N) or reached age 19. The EC plan ended when the child was released from custody.

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.

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). If youth who is on an open SS plan is referred for family preservation services or family services, a FP plan shall not be opened. Information for the family preservation services or family services, such as family preservation referral code (PR03N) or family services referral code (PR10N), will be entered on the open SS plan.

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 in 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 Another Planned Permanent Living

Arrangement (APPLA), 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). If the goal for a youth in custody is SOUL Family Legal Permanency, enter (SOL). 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 Foster Care Referral 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 Foster Care Referral form. Enter the primary reason for removal from the Foster Care Referral in the first reason for removal on the PLAN screen. Enter the secondary reason for removal from the Foster Care Referral 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/(FINA) (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/(FINA) unless the non-abuse neglect/(FINA) reason is the primary reason for removal. The removal date is a field subject to timeliness error for AFCARS if not entered timely.

Enter the address of the removal home on the RMLA screen from the Foster Care Referral. If the address is unknown, such as in the case of abandonment or homelessness, the address will need to be listed entered as Unknown and zip will be all zeros. The event # (intake) associated to the removal will also need to be entered on the RMLA screen and is located on the Foster Care Referral. Enter the First and Second Removal Parent/Guardian names from the PPS 5110. If there is a female removal parent, enter them as the First Removal Parent/Guardian. Indicate if date of birth is estimated; If the date of birth(s) for the parent/Guardian(s) cannot be obtained, enter an estimated birth month and day of 01/01, with a year of birth which is 20 years older than the estimated year of child's birth and indicate Y for being an estimated date of birth. Complete the Tribal Affiliation field.

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 CPS Specialist 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 CPS Specialist, 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-CBS (Kansas Department of Corrections - Community Based Services) dual custody, enter the service action code of FU01N and the service source code of JJA. The responsibility start date of the KDOC-CBS 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".

If there are CINC custody children on the case as well as a youth in KDOC-CBS custody, the case shall remain open.

B. Removing Dually Adjudicated Status from a CC Plan

Access RESP screen and end the KDOC-CBS case management service action responsibility.

C. Closing Dually Adjudicated Cases

If CINC custody ends, and the youth transfers to KDOC-CBS 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-CBS 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 discharged (released from custody), 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 discharge reason code shall be entered on the last placement responsibility on RESP. 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.
When a child has been reunified with any parent or reunified with any person as a reintegration resource, indicate Reunification with Parent or Primary Caregiver (RU).

When DCF has been relieved of custody for reasons of Emancipation (EM), Guardianship/ Custodianship (GD), SOUL Family Legal Permanency (SL), Adoption (AP) or Death of a child (DD), indicate the appropriate Reason for Discharge code.

When custody is discharged due to transfer to KDOC-CBS, use Transfer to KDOC JJA (TA).
When custody is discharged due to transfer to another person or agency for purpose of private adoption, use Transfer to Another Person/Agency (TP).
When custody is discharged due to transfer to a tribe, use Transfer to Tribe (TT).

3841 Entering Transition Plan Information

When a transition plan (PPS 3059A or PPS 3059B) is completed with a youth, enter the TR01N service action code on the RESP screen with service source code FGC. The responsibility start date will be the date completed as indicated on the form. The responsibility end date will be the date completed of the next transition plan, or the date the plan closes, whichever comes first.
If there is an individual listed in Section 2: My Support Network, enter service action code of PP01N with service source code FGC. The responsibility start date is indicated on PPS 3059A or 3059B in the date completed field. The end date of the PP01N service action code will be the date of the next PPS 3059A or 3059B, or the date the plan closes, whichever comes first.
If the youth have their official or certified copy of birth certificate, social security card issued by SSA, and valid state-issued photo identification as per Section 3: My Identifying Documents on the PPS 3059A or Section 4 of the PPS 3059B with the check box marked “Have”, enter the service action code FU02N with the service source code of SSA on the youth’s RESP screen. The start date will be the date completed and the end date will be when the plan closes.

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

A. To determine if a child is a candidate for care for those referred to Family Services, Family Preservation or in custody placed at home, refer to form, PPS 3050A Family Service/Family Preservation Candidacy for Care form or PPS 3052 Permanency Plan if child is in DCF custody.

   1. If a child is a candidate for care, enter the service action (SvcAct) code of CC01N and the service source code (SvcSrc) of PSW on the RESP screen.

   2. If a child is not a candidate for care, enter the service action code of CC02N and the service source code of PSW on the RESP screen.

   3. The responsibility start date of the candidacy for care determination for both service action code CC01N and CC02N is the date when the case planning conference occurred.

   4. The responsibility end date is the date when the child is no longer a candidate for care per PPS 3050A or PPS 3052, the date when the child becomes a candidate for care per PPS 3050A or PPS 3052, the date of when the next case plan is held, or the date the plan closes, whichever comes first.

   5. Candidacy for care information on the PPS 3050A or PPS 3052 shall be reviewed each time a case plan conference is held.

B. If a family has been referred to Family First Prevention Services, the candidate for care information is located on the PPS 4311 Family First Prevention Plan and Service Referral/Case Status Form.
   1. If the child is determined a candidate for care use service action code (SvcAct) CC03N, if they are not a candidate for care use CC02N, with service source code PSW.

   2. The start date of the candidate for care service action code CC03N or CC02N is the start date on the Prevention Plan section of the form.

   3. In the description (SpecDesc) enter “Fam First candidate for care”.

   4. Achievement date (AchDt) shall match the Prevention Plan end date (one year from the start date).

   5. When Family First Prevention Services end per the PPS 4311 enter this date in the EffDt field with code CM in Resp Status.

C. If Family Preservation and Family First Prevention services are occurring at the same time, both services will be recorded within the same Family Plan (FP). Enter the Family Preservation CC01N or CC02N candidate for care determination include “Family Preservation” on the description line. Enter the Family First candidate for care determination CC03N or CC02N, include “Family First” on the description line.

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 Foster Care Referral 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 Foster Care Referral, 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.

3881 Entering School Enrollment

Enter whether the child is enrolled in (or in the process of enrolling) in education on the MACL Screen. For children in foster care, once the initial information from the Foster Care Referral is entered into FACTS, updates to the School Enrollment will be obtained from the Child Welfare Case Management Providers via an automated upload completed on a quarterly basis.

Not Enrolled (NE)

Not School age (NA)

Elementary School (ES): Grades K-5

Secondary School (SS): Grades 6-12

Post-Secondary Education or Training (PS): Trade School/Technical School

GED (GD)

College (CO)

3882 Entering Total Number of Siblings

Enter the child's total number of siblings to MACL screen in the field titled, "Total Number of Siblings". This information is located on the PPS 3052 form in section 1 titled, "List all siblings (full, half, step, adopted, in/out of home)"

3890 Entering Plan of Safe Care and Related Services

If a PPS 2007 form (Plan of Safe Care) is completed for an infant and their family, enter the service action code of PS01N along with service source code PSW on the RESP screen of the infant's plan. If no plan exists for the infant, a FP plan type must be opened. If Section III of the PPS 2007 form is completed with services for either the infant or their family, enter only one service action code of CA01N along with service source code of PSW on the RESP screen of the infant's plan regardless who the service is for and regardless of how many services are listed.

3900 Eligibility and Payment Procedures

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4000 Prevention Services

DCF Prevention Services includes Family Services, Family First Prevention Services and Family Preservation Services. Prevention services recognize the inherent integrity and value of the family. Services are provided for the entire family 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.

Provision of prevention services are considered when there is a need for the DCF assistance beyond the initial 30 working days of intake assignment. Services may be offered by the DCF staff or through referrals to other community agencies or entities, including utilizing Family Services funds to purchase services. 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.

The scope of the services is determined alongside the family and is based on the family's individual needs, the family's eligibility, and available resources. The difference between Family Services, Family First Prevention Services and Family Preservation is the level of risk, degree of

the crisis specifically related to safety, family functioning, and the potential removal of a child. Families with no safety concerns, low to moderate risk and are connected to services on their own may not need DCF monitoring.

A. Family Services

Family Services are provided to families to help alleviate specific situations which if services are not offered, may develop into a crisis situation. Family Services are provided to families with low to moderate crisis situations and are considered for families who have requested services.

B. Family First Prevention Services

Family First Prevention Services (FFPS) are evidence-based services provided to families to prevent children from entering out of home foster care placement. FFPS are services provided through FFPS grants. (Reference map of services available statewide). FFPS should be considered when:

1. At least one child in the home meets the following criteria for Candidacy of Care:

A child who is at imminent risk of entering foster care, but who can remain safely in the child's home or in a kinship placement as long as the title IV-E prevention services that are necessary to prevent the entry of the child into foster care are provided. A "child who is a candidate for foster care" includes a child whose adoption or guardianship arrangement is a risk of a disruption or dissolution that would result in a foster care placement.

and

2. The specific service the family needs to prevent the child from entering foster care is a service FFPS available where the family resides.
3. Pregnant and parenting youth in the custody of the Secretary and in out of home placement. Family first services are provided to prevent custody of the foster youth's child.

Unlike Family Services and Family Preservation Services, supervisor approval prior to referral is not required.

C. Family Preservation

Family Preservation Services are provided to families needing 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.

Family Preservation Services case management is provided by Child Welfare Case Management Providers. Family First Prevention Services, Family Preservation and Family Services include the following characteristics:

1. Services strengthen the family and promote the safety and well-being of the children;
2. Services are delivered primarily in the family home or community;
3. Services are committed to reinforcing the strengths of the family members, empowering the family to solve problems, and become self-sufficient;
4. Services enhance parenting skills, family, and personal self-sufficiency, functioning of the family, and reduce stress on families; and,
5. 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.

4005 Requesting Social Services Child Care for Children Receiving Prevention Services

If a family who is receiving Prevention Services (DCF Family Services, Community Family Services, Family Preservation Services or Family First Prevention Services) needs Social Services Child Care and meets the qualifications outlined in PPM 2741, an Economic Employment Services (EES) request form shall be completed by either the Child Protective Service Specialist or the provider, per the EES policies, and approved by the EES/Social Service Program Administrator or designee in the regional DCF Service Center.

If a family receives Social Services Child Care, this service shall be listed on the Case Plan as an activity and monitored by the Provider.

4013 Subsequent Reports on an Open Prevention Service Case

A. Report Regarding a DCF Family Service Case:

Reports not assigned for further assessment by the Kansas Protection Report Center (KPRC) are forwarded to the regional intake email. PPS staff monitoring the regional intake email shall forward the report to the DCF worker identified on the open FACTS CASE screen and to the PPS Supervisor. The intake (PPS 1000, 1001, 1000A, and 1002) shall be printed and filed in Section 3 of the case file per PPM 0425. 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. The PPS Supervisor shall ensure the information contained in the report(s) is addressed in the open case. The PPS Supervisor shall follow-up prior to case closure to ensure all subsequent reports have been addressed in the open case.

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 a critical incident per PPM 0510 the DCF worker shall notify his/her immediate supervisor per PPM 0510.

B. Report regarding a Family First Service Prevention Case:

When a subsequent report is not assigned for further assessment by the KPRC and there is an open/active Family First Prevention Service case refer to PPM 4340 Reports to KPRC Regarding Families Being Served by a Family First Prevention Services Grantee.

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:

1. 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?
2. Frequency and type of funding provided to the family in the past.
3. 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.
4. 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

4100 Prevention Service Program Description

Family Services are provided to families to help alleviate specific situations which if services are not offered, may develop into a crisis situation. Family Services are provided to families with lower crisis situations and are considered for families who have requested services.

Family services case management may be provided by DCF or a community-based provider through a client purchase agreement. See PPS 4130. 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 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.

4101 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 2020 Kansas Assessment Map
5. PPS 2030F FBA Summary
6. PPS 4005 Family Service Case Status
7. For required case plan forms, see PPM 3200.
8. PPS 2007 Plan of Safe Care, if applicable per PPM 2050

B. FINA assessment:

1. PPS 1000 Face Sheet
2. PPS 1001 Report/Request for Services
3. PPS 1002 Initial Assessment
4. PPS 2007 Plan of Safe Care, if applicable per PPM 2050
5. PPS 2020 Kansas Assessment Map
6. PPS 2030F FBA Summary
7. PPS 4005 Family Service Case Status
8. For required case plan forms, see PPM 3200.

C. Independent Living Youth with Child

1. PPS 1000 Face Sheet
2. PPS 1001 Report/Request for Services
3. PPS 1002 Initial Assessment
4. PPS 2007 Plan of Safe Care, if applicable per PPM 2050
5. PPS 7030 Kansas Independent Living Self-Sufficiency Matrix

6. PPS 4005 Family Service Case Status

7. Self-sufficiency plan forms, see PPM 7000.

4105 Consultation with Supervisor

The purpose of the consultation with the supervisor is to critically analyze and evaluate case information to ensure the safety and well-being of the child, and the needs of the family are met. The PPS 4010 In-Home Family Services Supervisor Consultation Log or a similar form which addresses required documentation of the consultation shall be completed by the DCF CPS specialist/licensed case manager or supervisor. Preference for this consultation is to be in person.

A. Regular Monthly Consultations

Regular consultations between the DCF CPS specialist/licensed case manager and supervisor shall occur at least monthly. The consultation between the DCF CPS specialist/licensed case manager and supervisor may include, but is not limited to the following areas: referral/intake information, family history, safety/risk/needs assessments, caregiver protective capacities, family strengths/needs identified, and progress towards case plan goals.

Based on the evaluation of the case information, the DCF CPS Specialist/Licensed case manager and supervisor shall determine whether sufficient information has been gathered to inform case decisions. A subsequent consultation shall occur if additional information is determined to be needed.

B. Immediate Safety and Risk Consultation

When safety and/or high risk concerns are indicated at any time during case involvement, the DCF CPS specialist/licensed case manager shall immediately consult with his/her supervisor. Staff may refer to PPM 2300 Differentiating Safety and Risk, Appendix 2H Safety and Risk Assessment Guide and/or safety and risk assessment tools/instruments for assistance in identifying safety and/or high risk concerns. The DCF CPS specialist/licensed case manager and supervisor shall discuss the following, but not be limited to:

1. Safety concerns identified, including child vulnerability and caregiver protective factors to determine whether protective actions or controlling safety interventions are required to protect the child.

2. Risk concerns identified, including the family's strengths, services and resources to determine whether additional services are needed to mitigate risk concerns.

3. Identify immediate next steps to address the safety and/or high risk concerns identified.

Supervisors shall monitor those cases which have been identified to have high risk and/or safety concerns. The supervisor shall provide documentation of the consultation to his/her administrator.

4107 Prevention 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 FINA 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.

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 Prevention 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.

4116 Completed Aftercare Cases Returned to DCF for Prevention Service

When the Child Welfare Case Management Provider has completed 6 months of aftercare and the child remains in the custody of the Secretary, the case shall return to DCF for case management responsibility. These custody cases have the same requirements as other family service case. Options for continued case management may include: DCF providing Family Services, referral for Family Preservation Services, or sub-contracting with the Child Welfare Case Management Provider.

4130 Purchase of Goods or Services

Goods and services that will assist in strengthening the family and promoting the protection and well-being of the child(ren) may be purchased for families. Allowable goods and services 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 PPM 4900.

If the service being considered for purchase requires the development and completion of a family service plan by the provider of that service 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 of the secretary and it must be

completed within twenty working days of the start date of the PPS 2833 Client Purchase 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 3055 Family/Permanency Plan Review if the case will remain open for at least 170 days.

C. PPS 3057 Family/Permanency Plan Services and Service Codes

4200 Family Preservation In Home Services

Family Preservation Services are made available to the child/children and the family in the home. The goal is to provide services tailored to the family, in order to keep the child(ren) safe, reduce risk of maltreatment, improve family functioning, and prevent unnecessary placement of the child(ren) into state custody. The Family Preservation Services program builds upon a family's strengths and abilities to resolve the crisis placing the child at risk, maintain the child safely in the family, and teach families new skills to prevent future maltreatment or crises.

Family Preservation Services:

1. Protect the child(ren) and strengthen the family;
2. Address a current crisis placing a child at risk of removal from the home;
3. Deliver services primarily in the family home or community;
4. Includes access to staff twenty-four hours a day, seven days a week;
5. Reinforce the strengths of the family and individual members;
6. Enable and empower the family to solve problems and become self-sufficient;
7. Enhance parenting skills, family and individual self-sufficiency, and family functioning, and assist with reducing stress on families;
8. Meet family needs, which may include therapeutic intervention and/or case management;
9. Help families locate and access community resources, including, but not limited to: the development and maintenance of community support systems, counseling and mental health services, substance use assessment and treatment, housing and utilities, child care, education, job training, state and federally funded public assistance, and other hard goods and support services.

DCF contracts with child welfare agencies for the provision of Family Preservation.

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. The Child Welfare Case Management Providers (CWCMP) 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 CWCMP 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.

4205 DCF Responsibilities for Open Family Preservation Services Cases

Following the referral to Family Preservation Services, DCF staff shall be responsible to:

A. Provide the family a copy of the Family Preservation Case Management Provider brochure. Providers shall supply DCF with their current brochure as needed. Discuss with the family the benefits of participating in services and the need for services to be provided. Educate the family about what may happen if they do not participate in services.

B. Upon request from the Family Preservation Services Provider, assist with engaging the family.

C. Participate in the Initial Family Meeting to develop the Family Preservation Initial Service Plan. Participate in subsequent case planning meetings, as needed.

D. Inform the Family Preservation Case Management Provider of all open child abuse/neglect investigations or Family in Need of Assessment cases. Inform the Family Preservation Case Management Provider of any additional assigned reports of child abuse/neglect allegations or Family in Need of Assessment cases assigned while Family Preservation Services is open.

E. Forward all reports not assigned for further assessment within 3 working days from the date of email notification from Kansas Protection Report Center to the Child Welfare Case Management Provider (CWCMP) assigned worker and the CWCMP supervisor. DCF shall include any specific information to be addressed with the family when providing the information to the CWCMP.

F. Provide the CWCMP a copy of the PPS 2012, Notice of Department Findings. Inform the provider of the status of appeal, if applicable.

G. Notify the Family Preservation Services Case Management Provider when a child in the home is placed in DCF custody and provide a copy of the journal entry/court order.

H. Review the Family Case Plan and case plan activities to determine Candidacy of Care eligibility per PPM 3239. Complete the PPS 3050A Family Service/Family Preservation Candidacy for Care.

I. Authorize or deny requests for hard goods or services more than the $500.00 obligation of the Family Preservation Services Provider. Approval shall be based on availability of resources and family need to prevent the removal of a child or further maltreatment.

J. Meet with the family and Family Preservation Services Provider to discuss options and what may happen if there is a refusal of services.

K. Assure the Family Preservation Case Management Provider completes the PPS 4205, Family Preservation Acknowledgment/Change/Closure, 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 within 20 calendar days after referral and received by DCF within 5 calendar days following the date the case plan was held. When appropriate, the timeframe for completion of the case plan may be extended by documented mutual decision.

L. Review court reports completed by the Family Preservation Services Provider and submit reports to the court timely, per local jurisdictional requirements.

M. Review the PPS 4250, Family Preservation Services Lack of Contact Notification, submitted by the CWCMP. Based on the information provided and progress made by the family, the DCF Child Protection Specialist shall consult with the DCF Supervisor to 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 county or district attorney and requesting a petition for DCF custody be filed.

N. The regional DCF Family Preservation Services Program Consultant or designee will reconcile names of referrals and names of families with case plans not completed within 30 calendar days of the referral with the Family Preservation Case Management Provider. Additionally, the regional Family Preservation Services Program Consultant or designee shall be consulted, in writing, on any case plans not completed 20 calendar days from referral for services. The regional Family Preservation Services Program Consultant or designee will submit a copy of the completed Acknowledgment/Change/Case Closure, PPS 4205, to the data entry staff for FACTS.

O. Consult with the Family Preservation Services Provider and the DCF Supervisor when the provider recommends a change in the status of services, which may include the following:

1. Case closure;
2. A recommendation to close the family's case, and the family be referred to another service.

If the CPS Specialist and Supervisor agree with the Family Preservation Services Provider's recommendations for a change in case status, the case closure conference shall be held. The CPS Specialist will participate in the case closure conference with the family and the Family Preservation Services Provider within 7

days of case closure. The family's progress, strengths, and recommendations for additional services, if needed, to maintain the child(ren) safely in the home shall be discussed. If the CPS Specialist and Supervisor do not agree with the recommendation of the Family Preservation Services Provider, a written response shall be provided within three working days to the Family Preservation Services Provider documenting the safety concern.

P. When an additional Family Preservation referral is immediately needed on a current open Family Preservation case, the DCF CPS Specialist shall update the PPS 4200 and send as a new referral. The updated PPS 4200 shall have the new date, time, and updated family information. A new report to the Kansas Protection Report Center is not needed.

4210 Family Preservation Case Management Provider Responsibilities

All case management activities will be clearly documented in the case file, as described in PPM 0420. Following the referral to Family Preservation Services, the Family Preservation Case Management provider shall:

A. Provide direct services to the family for up to six months.

B. Acknowledge receipt of the Family Preservation Referral within 24 hours by submitting the Acknowledgment of Referral/Change/Closure form PPS 4205.

C. Contact the family within 24 hours to schedule the Initial Family Meeting (IFM). See PPM 4215 Initial Family Meeting for Family Preservation services for more information.

D. Schedule, in consultation with the family, and hold the 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, PPS 3050, to the CPS Specialist within 5 calendar days following the case plan meeting. If the family requests the Family Case Plan meeting occur beyond 20 calendar days of referral, the provider shall consult with the CPS Specialist. If the Family Case Plan is not completed within 30 calendar days of the referral, the provider shall complete and submit the PPS 4205, Acknowledgement of Referral/Change/Closure form, with the reason for the case status change and the case closure.

E. If the case has been closed and the family needs additional Family Preservation Services during the initial service period, and DCF has not referred the family to another service, the Family Preservation Case Management Provider shall be responsible for providing these services without a new referral through the end of the service period. Complete and submit the PPS 4205 Acknowledgement of Referral/Change/Closure to DCF with the date services are resuming. In consultation with the family, schedule and hold a Family Case Plan conference within 20 calendar days of resumption of services, unless the family requests the conference to occur beyond 20 calendar days. The CPS Specialist shall be invited to the case planning conference at least five days in advance when possible. Complete the Family Case Plan, PPS 3050, and submit the original copy of the Family Case Plan document(s) to the CPS Specialist within 5 calendar days following the date of the case planning conference.

F. 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

G. In addition to the above documents, submit the following case plan documents for each child 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 3055 Family/Permanency Plan Review
4. PPS 3057 Family/Permanency Plan Services and Service Codes

H. 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, complete the PPS 4205 Acknowledgment of Referral/Change/Closure. The provider shall submit the PPS 4205 within 30 calendar days of referral.

I. Conduct quality in-person worker/child visits with each child in the family, at least once monthly. 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 activities 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.

J. Notify the CPS Specialist of all court hearings involving the child(ren)/family. 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 the case plan is updated and submitted to DCF and forwarded to the court at least every 170 days.

K. Provide documentation, including Case Activity Logs, to the CPS Specialist, when a child cannot safely remain in the home.

L. Attend court hearings and testify in court as requested.

M. Reconcile names of referrals and names of Non-Completion of Case Plans with the regional DCF Support Services Program Consultant or designee monthly.

N. Submit Encounter Data to PPS as required and respond to Error Reports timely.

O. 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.

P. Provide every family engaged in services an application for KanCare if family members do not have health insurance.

Q. Assure all children with KanCare eligibility receive Kan-Be-Healthy (KBH) services timely and on schedule.

R. Notify DCF within 24 hours of lack of initial contact with the family or refusal of services by the family after referral. Notify DCF, using the PPS 4250 Lack of Contact Notification, when there has been no contact with the family, and it has been determined a family cannot be located or the family disengages from services. Notify DCF immediately if any child safety concerns exist or child safety cannot be determined.

S. For Pregnant Women using Substances referrals, request substance abuse testing be completed within 24 hours of birth and report toxicology results to DCF on the PPS 4205. The Family Preservation Case Management Provider 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. Complete and submit the PPS 4205 within 48 hours.

T. The case closure conference with the family and the DCF CPS Specialist/Liaison shall be held no later than seven days prior to the anticipated case closure date. Case closure recommendations may include recommending a new referral to Family Preservation Services if the family is eligible.
The Family Preservation Case Management Provider shall complete a new case plan with the family within 20 calendar days of the referral.
U. Review all non-assigned reports and provide additional information to the CPS Specialist:

1. When the CPS Specialist forwards a non-assigned report, the FAMILY PRESERVATION CASE MANAGEMENT PROVIDER shall print the intake (PPS 1000, 1001, 1000A, and 1002) and file in Section 3 of the case file per PPM 0430. The FAMILY PRESERVATION CASE MANAGEMENT PROVIDER 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 FAMILY PRESERVATION CASE MANAGEMENT PROVIDER shall include all information addressing the event in Case Activity Logs with the event number identified.
2. If, after receiving the initial 3 working day summary, DCF determines more information is needed, the CPS Specialist will request follow-up information. The provider will have 5 working days to provide additional follow-up information. A non-assigned report may or may not require that an in-person visit be made, but an informal assessment should be completed based on new and existing information. The results of this assessment shall be provided to the CPS Specialist within 5 working days and shall include current knowledge of the family functioning and any child risk or safety concerns.
3. If the request for additional information regarding the non-assigned report involves suspected abuse or neglect, the FAMILY PRESERVATION CASE MANAGEMENT PROVIDER shall make a new report to KPRC.
4. The Family Preservation Case Management Provider Supervisor shall ensure the information contained in the non-assigned report(s) are addressed in the open case. Prior to case closure the Family Preservation Case Management Provider Supervisor shall ensure all subsequent not-assigned reports have been addressed in the open case.

V. When a family member requests immediate services regarding a risk or safety concern, the Family Preservation Case Management Provider shall respond to all family crises within one hour. In-person contact is required, when determined necessary to assure child safety, effect positive family change and prevent the removal of a child from the home.

W. 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.

X. Staff each case, with a supervisor, at least monthly. An additional supervisory staffing will be held and documented in the case file when risk and safety concerns are identified. Additional supervisory staffing shall utilize the PPS 4225 FPS Supervision Log for Newly Identified Risk/Safety Concern(s) as a guide. The PPS 4225 or a Supervisory Log capturing all common elements shall be utilized for documenting a summary of the discussion and next steps. Supervisors shall closely monitor those cases which have been identified as having high risk and/or safety concerns. The next level of management, above supervisors, shall ensure staffing is occurring as needed.

Y. Provide families with a Client Satisfaction Survey at the case closure conference or at the last in-home contact, prior to closure of the case. Results of all completed Client Satisfaction Surveys shall be compiled using DCF's quarterly report format.

4215 Family Preservation Initial Family Meeting

The Family Preservation Initial Family Meeting (IFM) initiates the partnership between the family, DCF staff and service providers. This team shall share responsibility for ensuring the family receives services and supports required to build lasting safety to maintain the child(ren) safely in the home and prevent out of home placement (or removal from home). The purpose of the IFM is to discuss the reasons for the referral to Family Preservation Services, discuss the safety and/or risk concerns of all parties, including the family, and reach a consensus with the family. The role of the CPS Specialist and the FPS providers shall be clarified with the family. A Family Preservation Initial Service Plan, with the goal of maintenance at home, shall be developed with the family. This plan outlines activities to be completed prior to the Family Case Plan using the PPS 3048.

A. Family Preservation Initial Family Meeting Participants

1. Persons required to attend the Initial Family Meeting are as follows:
    a. CPS Specialist
    b. Family Preservation Services assigned Specialist or Case Manager
    c. The parent(s)
    d. Other family members, as deemed appropriate.
    e. Community Family Service Provider, if applicable.

2. The FPS provider shall encourage the family to invite people who are a part of the family's support network. The assigned CPS Specialist and the assigned Family Preservation Services case manager or therapist shall attend the IFM; however, if either or both are unable to attend, each agency is responsible to designate alternate staff members. The preferred designee is a staff member who has been or will be involved with the family. The case file shall document the designee's involvement with the family and all participants in the IFM.

3. Parents shall be asked to sign release of information forms authorizing information sharing between meeting participants.

B. Initial Family Meeting Timeframe and Location

1. The Family Preservation Services Provider shall contact the family within 24 hours of the referral to introduce themselves and to schedule the IFM. The family's availability shall be considered a priority when selecting the time and location for the meeting. The IFM shall be held in the family's home unless the family has expressed another preference. The CPS Specialist's availability will also be considered in scheduling the IFM.

2. The Initial Family Meeting shall occur in person, within two business days, following the time of the referral, unless DCF directs the Initial Family Meeting be held sooner.

3. 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 Family 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 IFM time.

4. The decision whether to request the IFM be held sooner than two business days following the referral shall be made by the CPS Specialist, in consultation with the DCF Supervisor or PPS Program Administrator. Factors to be considered are age and vulnerability of the children in the home, safety and risk factors, and weekends and holidays.

C. Purpose of Initial Family Meeting

The purpose of the IFM includes the following:

1. Families are provided the opportunity to describe their experiences, their worries, and best hopes, identify their strengths, resources, and skills, and play a lead role in the development of their Family Preservation Initial Service Plan;

2. When the meeting is over, families should feel their perspectives have been heard and are valued and there is a commitment to helping them achieve success;

3. Supports for the family shall be discussed and identified;

4. Roles and responsibilities of all team members shall be clarified, including all family members, child(ren), FPS Provider, DCF CPS Specialist, other community service providers, and other team members;

5. Full disclosure of the reasons for the referral, DCF expectations for the safety and risk concerns needing to be addressed, what next steps may happen as a result of

current safety and future danger, and timelines for decisions about child permanence and case closure;

6. An Initial Service Plan is completed to include the continued gathering of assessment information supporting the development of the Family Case Plan, including the family signing releases to allow FPS providers to review information already collected or to contact individuals or other providers to obtain needed information.

D. Roles and Responsibilities of the Initial Family Meeting Participants

1. The FPS Provider shall schedule and facilitate the Initial Family Meeting and complete the Initial Service Plan with the family, ensuring all family members age 7 and older participate and sign the Initial Service Plan, if they have the cognitive ability to participate in the case planning process.

2. The CPS Specialist shall explain the reason for referral to Family Preservation Services and safety concerns to be addressed, including behaviors of family members needing to change to ensure the child(ren)'s safety and successful case closure. The CPS Specialist shall discuss with the family what may happen if the family does not participate in Family Preservation Services, does not follow the safety plan, or does not complete court orders, as applicable.

3. The FPS Provider and CPS Specialist shall partner with the family in determining the appropriate activities and the person(s) responsible for completion of each activity during the development of the Initial Service Plan.

4. The family, FPS Provider and CPS Specialist shall jointly complete a Safety Plan, if needed, identifying what needs to happen, the roles of each involved person, the beginning and ending date, the person(s) responsible for monitoring the activities and what may happen if the family does not follow the Safety Plan. The Safety Plan shall be completed using the DCF form, or an approved version which includes all elements contained in the DCF form.

5. The FPS Provider and CPS Specialist will engage the family in determining appropriate activities to include in the Family Preservation Initial Service Plan and the Safety Plan, if applicable, and the person(s) responsible for completion of each activity. Family members will sign the Initial Service Plan and receive a copy immediately.

E. Activities to Include in the Family Preservation Initial Service Plan

1. All activities to address safety concerns and reasons for referral to FPS which need addressed immediately.

2. Parents/Caregivers and age-appropriate children/youth will participate in the required assessments unless the assessment has been completed within the past six months and the results are available to the assigned FPS Provider.

3. FPS Providers will observe parent child interactions and meet with each child alone to gather information and determine additional activities which may need to be included on the Family Case Plan.
Parents/Caregivers will follow all court orders, as applicable.

4220 Family Preservation Screenings and Assessments Prior to the Case Plan

The Child Welfare Case Management Provider (CWCMP) shall assess the child and the family within 20 calendar days of the referral. The CWCMP is responsible for partnering with the family to identify and meet the family needs. The CWCMP will assist the family in accessing other community resources as appropriate. Whenever possible, services shall be provided in the home and focus on the needs of the family and current household members.

A. The assessment shall include searching KIDS for prior history of family and current household members.

1. 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. 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 Kansas Bureau of Investigation Registered Offender website. The CWCMP may request access to a closed file in the possession of 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.

B. The CWCMP provider shall complete needs assessments on all applicable parents and all children in the family. The CWCMP provider shall make concerted efforts to contact and assess the needs of children and parents. Assessments are to include but are not limited to identifying services necessary to achieve case goals and adequately mitigate 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 using 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 are helpful efforts, but do 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 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 the 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.

C. To assess physical health needs, the CWCMP shall request information on each child's last assessment for dental, vision, hearing, and physical health, including current prescribed medications. This includes collecting names and addresses of all medical providers.

D. Parents/Caregivers and age appropriate children/youth shall be assessed prior to completion of the Child's Case Plan when the child is in DCF custody. If the child is not in DCF custody, the assessment shall be completed prior to the Family Case Plan. The following are assessments required by DCF and shall be completed in addition to assessments required by the CWCMP's evidence-based program.

    1. Genogram with maternal and paternal relatives, at least three generations.

    2. Ecomap.

The following assessments are optional, but may also be completed with the family prior to the completion of the Family Case Plan:

1. Child Stress Disorder Checklist-KS (CSDC-KS) Ages 0-18; Screen for child's history of trauma and current symptoms,

2. Child Report of Post-Traumatic Symptoms (CROPS) Ages 6-18; Screen for child's history of trauma and current symptoms,

3. Ages and Stages Questionnaire – Social Emotional (ASQ-SE) Ages 0-2; Screen for social-emotional functioning of child.

4. Preschool and Early Childhood Functional Assessment Scale (PECFAS) Ages 3-5; Assess behavioral health functioning;

5. Child and Adolescent Functional Assessment Scale (CAFAS) Ages 6-18;

6. Parenting Stress Index – Short Form (PSI-SF) Ages 0-18; Assess parenting stress,

E. A Substance Use Disorder screening is part of the family assessment process. Family Preservation staff may use the PPS 2005 UNCOPE or another formal or informal substance use screening process. The results of the screening shall be documented in the case file. Children age 13 and older shall be screened for substance use disorder, with permission from their parents or legal caregivers. Children younger than 13, with identified substance use at any point during the life of the case, shall also be screened with permission from their parents or legal caregivers.

4225 Risk and Safety Assessment for Family Preservation

An assessment of safety is made to determine whether a child is in a safe environment. A safe environment is one in which there are no threats posing a danger or, if there are threats, there is a responsible adult in a caregiving role, who demonstrates sufficient capacity to protect the child.

Risk is defined as the likelihood a child will be maltreated in the future.

A. Initial Assessment

1. Initial risk and safety assessments shall be completed by the Child Welfare Case Management Provider (CWCMP) for Family Preservation Services, upon referral and prior to the completion of the family case plan.

2. The CWCMP shall make concerted efforts to accurately assess and address the risk and safety concerns relating to all of the children residing in the home.

B. Ongoing Assessments

1. In addition to the initial risk and safety assessment, ongoing risk and safety assessments, formal or informal, shall be completed at critical times in the case. Refer to PPM 3110 for more information regarding when ongoing assessments shall be completed.

C. Safety Plan

1. A written Safety Plan may need to be developed and signed, to address an immediate safety threat identified during the assessment, including:

   a. Date and time completed

   b. Risk and safety factors considered

c. Beginning and ending date

d. Goal of Safety Plan

e. Action steps needed to meet the goal

f. Consequences of not following the Safety Plan

g. Signatures of responsible caregivers, children, if age appropriate and involved in the plan, CWCMP and any other participants

2. A copy of the Safety Plan shall be left with a responsible caregiver and a copy shall be filed in the CWCMP's case file.

4230 Plan of Safe Care for Family Preservation Services

A Plan of Safe Care is a continuous and long-term plan for infants born substance affected. The plan focuses on the infant's ongoing health, development, safety and well-being. The Plan of Safe Care identifies the needs of the infant and family and the services to meet those needs.

When a Plan of Safe Care is put in place by DCF staff and the case is referred to Family Preservation, Family Preservation staff shall be responsible for monitoring the plan during the open Family Preservation service period. The Plan of Safe Care may be updated with additional needs and referrals for service, after discussion between the family and Family Preservation providers.

Needs related to safety and risk concerns for the infant and family identified by the PPS 2007 Plan of Safe Care shall be incorporated in the PPS 3050 Family Service/Preservation Case Plan as objectives and activities are developed.

Upon closure of a Family Preservation case, the family has the option to continue services and monitoring by community services and resources.

If, initially, criteria for a Plan of Safe Care was not met, but, during the life of the case, additional information becomes available, which indicates criteria for a Plan of Safe Care, per PPM 2050, may be met, Family Preservation staff shall create a Plan of Safe Care with the family.

4235 Recommendation for Continuation of Specific Services

When a family has specific, identified needs and is receiving services under a Client Purchase Agreement (PPS 2833) is referred for Family Preservation Services, the CPS Specialist may recommend the current Client Purchase Agreement be continued. If a

recommendation to continue services under the existing Client Purchase Agreement is made, DCF is responsible for the costs associated with the Client Purchase Agreement.

The continuation of such services is to be authorized at the time of the referral and documented on the Family Preservation Services referral form (PPS 5000). For purchases under $1,000, the supervisor's signature is required; for services between $1,000 and $4,999, the Regional Program Administrator or designee's signature is required. Services for more than $5,000, require a state contract. (See PPS Handbook for Client Purchases) When a referral to Family Preservation Services has been made and the family has accepted services, no additional Client Purchase Agreements for services are to be approved by DCF.

4245 Family Preservation Services Case Manager Responsibilities When Child is Missing

When a child is missing from their residence, due to being a runaway, being abducted, or missing for an unknown reason, the Child Welfare Case Management Provider (CWCMP) shall 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. If the parent makes the missing person report to law enforcement, the CWCMP shall follow up with law enforcement, no later than 24 hours, to ensure the report was made.

3. Assist the parents/caregiver in providing law enforcement agency and NCMEC (see also #4 and #5) with the following information (as available) when making a report of a missing or abducted child:

    a. A current photo/physical description of the child, to include a description of the clothing worn at the time the child was last seen, hair and eye color, height, weight, complexion, eyeglasses or contact lenses, braces, body piercings, tattoos and/or other unique physical characteristics;

    b. Contact information of the child; including information about cell phone numbers, email addresses, social networking contacts, aliases and nicknames;

    c. Information about suggested location, people, or direction where the child could be located, including parents and relatives;

    d. Medical or mental health condition and medication information that may impact the child's decision-making process and health, including any past

suicidal attempts and/or any other endangerments or risks, such as gang activity, online enticement, commercial/sexual exploitation;

e. Clothing child may be wearing and possessions the child may have with them.

4. Discuss with parents/caregiver the need to also have the child's name and picture placed on the National Center for Missing and Exploited Children (NCMEC) web site, by entering information online or calling 1-800-THE-LOST, and assist the parent in completing this task if necessary.

5. If the parent(s) is unwilling or unable to report the missing child to law enforcement or enter the child's information on the NCMEC website, discuss the importance of locating their child to ensure his/her safety and inform the parents/caregiver of the CWCMP's responsibility to enter the missing child's information on the NCMEC website, as well as to report the missing child to law enforcement, per federal law, Preventing Sex Trafficking and Strengthening Families Act.

6. If the parent(s)/caregiver refuses or is unable to report the child as missing to Law Enforcement, whether the child is in the custody of DCF or not, the Child Welfare Case Management Provider shall make a report to DCF and law enforcement, no later than 24 hours after receiving notification of the child being missing and ensure the child is entered in the National Crime Information Center (NCIC) data base, by following up with law enforcement, no later than 24 hours after reporting information on a missing or abducted child or youth.

7. If the missing child is in the custody of DCF, the CWCMP shall make a report to the Special Response team in PPS Administration by sending an email to DCF.AWOLyouth@ks.gov.

8. If the parent(s)/caregiver refuses or is unable to place the child's name or picture on the missing person's website, the CWCMP shall ensure the child is entered on the National Center for Missing and Exploited Children (NCMEC) web site, by entering information online or calling 1-800-THE-LOST, no later than 24 hours after receiving information on a missing or abducted child or youth.

9. Notify all court involved personnel of the child's missing status, if applicable.

10. 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;

11. Request and assist the parents/caregiver in contacting friends, other relatives of the child and others who may have information (teachers, counselors, coaches, CASA, etc.), 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;

12. Provide emotional support to the birth parents/primary caregivers and siblings, in dealing with the child's missing status;

B. Ongoing Efforts

1. Missing 1-5 days

    - At least daily efforts shall be made to complete the following actions to obtain updated information:

        a. contacts parents/primary caregivers and siblings;

        b. assists the family with following up with law enforcement to check on the status of the investigation;

        c. checks social media (age appropriate) for any updates;

        d. assists the family with contacting friends and other relatives of the child, through all available means including social media (age appropriate), to obtain updated information and assistance in locating the child; if assistance is needed in locating the child's relatives, contact DCF to request a search of all systems;

        e. assists the family with contacting the child's school to check attendance, and determines if any staff have information or knowledge of the child's whereabouts;

        f. attempts to contact the missing child via mobile devices.

2. Missing over 5 days

    - At least weekly efforts shall be made to complete the following actions to obtain updated information:

        a. contacts parents/primary caregivers and siblings;

        b. assists the family with following up with law enforcement to check on the status of the investigation;

        c. checks social media (age appropriate), to include post(s) with the National Center for Missing and Exploited Children, for any updates for any updates;

        d. assists the family with contacting friends and other relatives of the child, through all available means including social media (age appropriate), to obtain updated information and assistance in locating the child; if assistance is needed in locating the child's relatives, contact DCF to request a search of all systems.

        e. assists the family with contacting the child's school to check attendance and determines if any staff have information or knowledge of the child's whereabouts.

        f. attempts to contact the missing child via mobile devices.

C. When the Child Returns

1. Coordinate with the DCF worker 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. Appendix 2l may be used as a guide in interviewing the child and/or parent.

a. 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).

b. The CWCMP shall notify law enforcement and the Special Response team in PPS Administration at DCF.AWOLyouth@ks.gov. if applicable no later than 24 hours after receiving notification of the child's whereabouts or return to the home.

c. Notify DCF, including the assigned CPS Specialist and Supervisor, and the court, if applicable, by the next working day of receiving notification of the child's whereabouts or return to the home.

d. Request parents notify school of child's return.

e. Re-assess the child's placement with parents/caregiver and services and make changes as appropriate, to ensure the safety of the child.

f. Develop a written Safety Plan with the child and parents/caregivers, to reduce the risk of future incidents. Monitor Safety Plan to ensure all activities are being completed as required to ensure the child's safety.

4250 Family Preservation Services Declined

A. When a PPS 4260 Request for Retraction has been approved or when the family declines Family Preservation Services, the CPS Specialist shall meet with the DCF Supervisor prior to case closure. They shall review the current risk and safety assessment to determine if there are safety issues needing to be addressed. Additional steps may include referral to other community services, a request to the County/District Attorney for court oversight or removal of a child, or case closure. This discussion and decision shall be clearly documented in the case file.

B. If the family declines services after the five-day referral retraction period but prior to signing the PPS 3050 Family Case Plan or the PPS 3051 Child Case Plan, both the DCF referring worker and the Family Preservation Services Provider shall work together to engage the family. Other available options and services may be discussed. If the family chooses not to sign the Family Case Plan within 30 days of referral, the Family Preservation Service Provider shall complete and send to the DCF Family Preservation Services Program Consultant or designee the FPS Acknowledgement/Change/Closure form, PPS 4205. The PPS 4205 shall be provided to the appropriate DCF staff for entry into the FACTS system.

4255 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 PPS 4255 Family Preservation Transfer Case form and the PPS 3005 Case Transfer Summary, shall be forwarded to the PPS Regional Program Administrator or designee responsible for the receiving DCF office.

Refer to PPM 2746 G.1. when a child moves to another parent's home.

A. Child(ren) not in the Custody of the Secretary

    1. 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:

        a. Continue responsibility for the duration of the selected service tier. For cases referred prior to January 1, 2020 continue responsibility for 365 days after referral.

        b. 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.

        c. Remain responsible for all contractual obligations and reporting for these cases.

B. Child(ren) in the Custody of the Secretary

    1. A new referral to the Family Preservation Services Case Management Provider shall be made when:

        a. A family moves to another contract region during the Family Preservation service period and has a child in the custody of the Secretary placed at home, and

        b. The court jurisdiction is changed.

4260 Request for Retraction

When the Family Preservation Services Case Management Provider or the DCF Child Protection Specialist believes a retraction of the Family Preservation referral is warranted, the following steps shall be taken within five days of referral:

A. Complete the PPS 4260 Request for Retraction of a Family Preservation Referral and submit to the designated regional Family Preservation Program Consultant or designee.

B. The Regional Family Preservation Program Consultant or designee shall consult with the DCF Child Protection Specialist and PPS Supervisor to determine if the retraction request shall be approved.

C. The regional Family Preservation Program Consultant or designee shall provide a copy of the PPS 4260 to FACTS data entry staff for removal of all referral responsibilities in FACTS.

D. Retracted referrals are not reflected in program outcomes.

E. Situations which may result in a request for retraction include but are not limited to the following:

    1. The family has moved, and their location is unknown to DCF;

    2. Another Child Welfare Case Management Provider has responsibility to provide services to the family due to an open case, including foster care services and adoption services;

    3. Child(ren) no longer reside 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;

    4. One child in the home has been moved into out of home placement prior to the Initial Family Meeting and an out-of-home referral is made to the Reintegration/ Case Management provider;

    5. Parents/caregivers decline Family Preservation Services within the first five working days after referral. See PPM 4250.

4300 Family First Prevention Services Grants

Family First Prevention Services (FFPS) grants support families in their communities with the goal to prevent children from entering the custody of the Secretary and foster care placement through implementation of evidence-based programs. Grantees apply an approach using approved evidence-based or emerging programs.

Foster Care prevention approaches are family-centered, safety-focused and provide voice to and for a child and family's safety network. Family-centered practice is characterized by mutual trust, respect, honesty and open communication between parents and service providers. Families are active participants in the discussion of program improvement, service referrals and evaluation. They are active decision-makers in selecting services for themselves and their children. Family and child assessments are strengths-based and solution-focused. Specified services are community-based and build upon formal and informal supports and resources.

Programs were evaluated, scored and rated by a Grant Peer Review Panel. Family First Grants were awarded to selected partners with specialization in evidence-based treatments provided by qualified clinicians, and other programs, in the arenas of:

1. Mental Health
2. Substance Use
3. Parent Skill Building
4. Kinship Navigation
5. Other Primary Prevention Programs

Family First Prevention Services grants are awarded to multiple organizations across and within communities whose services demonstrate the ability to make a community impact to prevent the need for entry into foster care. Program boundaries or service areas may be any jurisdiction, catchment area, collection of jurisdictions or existing population parameters of an organization (e.g. judicial district, collection of counties or neighborhoods).

4310 Family First Prevention Grant Service Population and Referral

A. Prevention Services for Child(ren) deemed Candidates for Care

The CPS (Child Protection Specialist will refer families to Family First Prevention Services (FFPS) Grantees. The CPS completing child protection assessments and investigations make this determination. A referral to the program is consistent with the family's needs related to the program's intervention population when a child is at imminent risk of entering foster care. The CPS will complete the Prevention Plan and Service referral after a conversation and agreement from the family. In the referral, PPS will list each child or youth in the family and determine candidacy for care (See 0160 Glossary and 3229 Determination/Redetermination Candidacy for Care).

Families with any one of the following situations are eligible for a referral to a Family First grant program:

1. a child or youth who PPS determines is at imminent risk of foster care and out of home placement but can be safe at home with prevention services;
2. a child or youth who exited foster care to adoption or permanent custodianship/ guardianship, or who was reunified with parents is at risk of entering foster care and out of home placement;
3. a child or youth temporarily or permanently residing with a relative or kin caregiver;
4. a child or youth living with parents but needs to be with a relative caregiver with prevention services in place;

5. pregnant or parenting youth in foster care and in an out of home placement;
6. a child/youth remaining in the home whose siblings are in foster care.

B. Pregnant and Parenting Youth in the Custody of the Secretary

Pregnant or parenting youth in the custody of the Secretary with infant/child are eligible for Family First Prevention Services. The CWCMP will complete the Prevention Plan which is integrated in the child's Permanency Plan (PPS 3051, Section 7) and will notify the PPS Foster Care Liaison to make the appropriate referral to needed services. (Reference PPM 5238)

4320 DCF Responsibilities for Open Family First Prevention Service Cases

Following the referral to Family First Prevention Services grantee, the Child Protection Specialist (CPS), unless otherwise noted, shall be responsible to:

A. Provide current information for data entry into FACTS.

B. Assist the family in connecting with the grantee to begin service relationship.

C. Assist in the engagement process with the family as requested.

D. If requested, participate in the initial meeting held within 2 business days of referral with the grantee and family.

E. Complete all child abuse/neglect assessments in accordance with PPM section 2000.

F. Inform the grantee of ongoing child abuse/neglect investigations and assessments.

G. Inform the grantee of any new report received by the Kansas Protection Report Center involving a child receiving services by the grantee. Grantee may consider and incorporate the information into the work with the child and family as appropriate. The role of grantee is not to investigate or determine validity of report.

H. Provide the grantee a copy of the PPS 2012. Inform the provider of the status of appeal, if applicable.

A. Meet with the family and grantee to discuss options if there is a refusal of services.

J. Provide reports to the court as indicated.

K. Monitor prevention plan timelines. If the initial date for the Prevention Plan is approaching the 12-month mark, consult with the grantee and DCF supervisor to determine if the child(ren) remain candidates for care and are in need of continuing services. If it is determined Family First Prevention Services remain necessary, a new PPS 4311 shall be completed redetermining the child(ren) candidates, extending the prevention plan in section III. 1B. and outlining needed services (See PPS 2753 Eligibility and Criteria for Referral to Family First Prevention Services)

L. Review the PPS 4311 Family First Prevention Plan and Service Referral/Case Status form, when submitted by the grantee. Based on the information provided and progress made by the family, the CPS and Supervisor 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 County Attorney/District Attorney and requesting a petition for Child in Need of Care.

4330 Family First Prevention Services Grantee Responsibilities

Grantees shall accept all referrals from DCF when the program has openings. Following the referral to the Family First Prevention Services (FFPS), the grantee shall:

A. Acknowledge receipt of the FFPS referral within 24 hours.

B. Complete or continue a Plan of Safe Care (PPS 2007) for families served who have an infant to support families affected by substance use disorders. If, initially, criteria for a Plan of Safe Care was not met, but, during the life of the case, additional information becomes available, which indicates criteria for a Plan of Safe Care may be met, the requirements per PPM 2050 shall be followed. The needs of the infant and family shall be documented on the PPS 2007 Plan of Safe Care and submitted to DCF.

C. Meet with the family within 2 business days of referral to begin initial assessment and review Prevention Plan and Service Referral (PPS 4311). Submit the Family First Prevention Plan and Service Referral/Case Status Form (PPS 4311) outlining date of contact in Section VI. to referring CPS (Child Protection Specialist) and FACTS unit within 5 business days of initial contact.

D. Request necessary releases be signed by family to coordinate services, reduce service duplication and ensure family's needs are met. Verify provision of necessary services, when applicable, with other Family First Grantees, Family Services, Family Preservation Services, or Foster Care/Reintegration/Adoption Contractor.

E. Notify referring CPS if any child in the family is a runaway or missing.

F. Participate in a Team Decision Making meeting, if requested by PPS. Complete and submit the PPS 4311 with case closure reasons and summary of closure to referring CPS and FACTS unit within 5 business days of case closure. Grantee may request

retraction of services within 5 days of referral due to non-engagement by the family and/or in-eligibility of family in services. Retractions are not included in grantees outcomes. Grantee shall submit the PPS 4311 with retraction request and complete summary in Section VII. of why retraction is needed.

G. Maintain case information on a timely basis reflecting complete and current history of assessment information, services provided and progress of services for the family.

H. Review any forwarded report from DCF involving a child receiving services by the grantee. The grantee may consider and incorporate the information into the work with the child/family as appropriate. The role of grantee in this circumstance is not to investigate or determine validity of report.

A. Make available, develop or accept DCF process or procedure of releases so all client records and information may be shared with DCF. The following are examples of when this may occur: if a child in the home enters foster care, at case closure, to obtain status reports, to provide court updates, service case is a part of case review sample and/or as needed. Make available all client records and information to DCF within 24 hours of a request, whether written or verbal.

J. Participate and cooperate in the DCF performance improvement process, including interviews when requested.

K. Participate in regional, local, and statewide meetings to promote program and maintain orientation to referral process.

L. Work with external evaluator to provide data, implement other quality assurance, success factor or evaluation tools such as surveys of families served, case file reviews or other tools. Provide access to existing quality assurance tools or case files for respective programs for children served in the PPS grant referred program or service. The external evaluator shall work with the grantee to develop an evaluation plan for each program.

M. Provide direct services supporting the implementation of strategies resulting in improvements in targeted State-or community-level factors, while contributing to and monitoring the following outcomes:

    1. Families are engaged timely;

    2. Children are maintained safely at home.

N. Additional outcomes related to safety and well-being may be identified by the external evaluator.

O. Participate in stakeholder, statewide or regional meetings regarding implementation of Family First Prevention Services.

P. Ensure all direct service or program staff have training and meet qualifications required consistent with evidence-based programs.

Q. Initiate and follow Critical Incident Protocol (see PPM 0510).

R. In some circumstances, such as court involved cases, documentation for court and testimony may be required.

S. Submit brief case level monthly reports outlining family progress to the CPS Specialist. This may be completed in a format determined by the grantee such as email, existing grantee form or development of new forms.

T. Provide weekly capacity updates to those identified by regional leadership. Updates include capacity, number of active cases, utilization rate, and approaching openings.

U. After service closure, the grantee shall coordinate with regional staff on the method for transfer of closed files or pertinent documentation.

4340 Reports to KPRC Regarding Families Being Served by a Family First Prevention Services Grantee

Reports received involving a child accessing services from a Family First Prevention Services grantee 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 CPS Specialist shall communicate with the grantee 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 CPS Specialist with the open case. The DCF CPS Specialist shall forward the report to the grantee providing services to the family.

The concerns contained in the report shall be addressed with the family:

A. The CPS Specialist shall address concerns with the family not associated with the services provided by the grantee or concerns not addressed by the grantee.

B. The grantee may consider and incorporate the information into the work with the child and family when the information is relevant to the work the grantee is providing, as appropriate.

4350 Refusal of Family First Prevention Services

If a referral retraction has occurred, the family refuses to engage in Family First Prevention Services or the family is not making needed progress in services, the CPS Specialist shall consult the PPS Supervisor to review current risk and safety assessments and any additional information provided by the grantee to determine if there are safety issues. Additional steps could include referral to other community services, a request to the County/District Attorney for removal, or case closure.

4370 Duration of Family First Prevention Services

Family First Prevention Services can be provided for up to 12 months beginning on the date the state identifies the child as either a “candidate for foster care” or a pregnant or parenting foster youth in need of those services in the prevention plan. Services may continue beyond 12 months on a case-by-case basis.

Grantees shall consult with the CPS (Child Protection Specialist) prior to the end of the 12-month period to discuss relevant details of the family’s progress, willingness to continue services, and any risk or safety concerns. If it is believed the child(ren) may need to continue with services, the CPS and the supervisor shall evaluate the current risk and safety concerns. Services may be extended when the following conditions are present:

A. the family is making progress on achieving the service goals, and

B. the child(ren) remains a candidate for care.

If an extension of services is needed, the CPS shall complete a new PPS 4311 Family First Prevention Plan and Service Referral, selecting the extension in Section III. 1B. redetermine the child(ren)’s candidate for care and select the services that will be continuing in Section IV.

If it is determined a service extension is not needed, the Grantee will complete closure of Prevention Services on the PPS 4311 Section VII. Closure date must not exceed the end date in Section III.

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. 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). 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. If the family service referral is due to or involves a juvenile offender case as per the PPS 4005 form, enter on the RESP screen for the Head of Household the service action code of JO01N with the service source code of PSW. The start date is the date of the family services referral.

B. Family Services Cases Involving Child Custody

If youth who is on an open SS plan is referred for family services, a FP plan shall not be opened. Information for the family services, such as family services referral code (PR10N), will be entered on the open SS plan.

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.

Family Service Referrals for Self-Sufficiency youth (SS plans)

4830 Recording Family First Prevention Services Information

Use the PPS 4311 Family First Prevention Plan and Service referral to record both the Prevention Plan and Service(s).

Both a Prevention Plan (PF01N) and identified Service Action code must be entered for all family members.

To record the Family First Prevention Plan :

1. Enter the service action code of PF01N along with the service source code of PSW on the RESP screen of each person in the household as per the PPS 4311. Enter this service action code on the appropriate plan type for that individual. If the Family First Prevention Services referral is due to or involves a juvenile offender case as per the PPS 4311 form, enter on the RESP screen for the Head of Household the service action code of JO01N with the service source code of PSW. The start date is the date of the Family First Prevention Plan, Section III. The AchDt is the end date listed in the same section.

To record Family First Prevention Services:

1. Enter the appropriate Family First Prevention Services service action codes (FM01N, FS01N, FI01N, FP01N and FK01N) along with the associated service source codes on each family member's plan as per the PPS 4311 Section IV. –The start date for these services will match the Prevention plan Section III, unless it is a service added later through a revision
2. When closing, the end date will be the closure date located on the PPS 4311 Section V. Ensure the proper Resp Status Type Closed code is entered, this includes retractions.
3. When AchDt is first entered on the service codes (FM01N, FS01N, FI01N, FP01N and FK01N), enter a date 6 months out. Once the date of initial contact with the family is received from the grantee on the PPS 4311 Section VI. the AchDt will be changed to the date in Section VI.

To record ~~if~~ a youth in foster care who is pregnant~~,~~ or parenting ~~is~~ and referred to Family First Services (PPS 4311 form):

1. Enter the prevention plan service action code PF01N as per the PPM 3051 form Section 7 and the appropriate Family First Prevention Services service action code as per the PPS 4311 form on the youth's current custody (CC) plan. To record the youth in foster care is pregnant, enter the service action code of FC01N with the service source code of FGC. To record the youth in foster care is parenting a child who is not in DCF custody enter the service action code of FC02N with the service source code of FGC. If the youth is in foster care and is parenting a child who is in DCF custody, enter the FC03N service action code with the service source code of FGC on the youth's open custody plan (SC or CC). Please see PPM section 5865 for additional information including closure.

To record if services are extending beyond 12 months of an open prevention plan (as per Section III 1B. on the PPS 4311 form):

1. End date the closing Prevention Plan service action code (PF01N) by using start date in Section 1B.
2. End date all Family First service action codes (FM01N, FS01N, FI01N, FP01N and FK01N) using the Resp Status Type Closed code of SD in the RespStatus field and the start date in Section 1B.
3. End date the Candidate for Care service action codes (CC03N or CC02N) with the start date in Section 1B.

4. Open a new prevention plan service action code (PF01N) from section 1B, the end date is entered as the AchDt.
5. Open Extended Family First Services using the start date in 1B as both the start date and the AchDt.
6. Open Candidate for Care service action code with start and AchDt dates matching the Prevention Plan.

To record the birth of a new participant after services have started.

Create a new family plan for the newborn child using their date of birth and FU01N service action code with the service source code PSW. Include the referral date and name of original Family First service in the description. This plan will not contain a prevention plan code (PF01N), Service code or a Candidate for Care determination code.

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.

4860 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.

4861 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 service source code of FPC (Family Preservation Contractor) for each case member. Enter the Service Status as initiated (IN) and indicate the effective referral date from the PPS 4200. If the family preservation referral is

due to or involves a juvenile offender case as per the PPS 4200 form, enter on the RESP screen for the head of the household the service action code of JO01N with the service source code of PSW. The start date is the date of the family preservation referral. If an adult is already on an open SS plan, a FP plan shall not be opened. Information will be entered on the open SS plan.

2. When the Family Preservation Case Management has concluded services with the family and are not in custody, end the PR03N service action with the conclusion date per PPS 4205 form and with "CM" status closure code. Close all other responsibilities on plan. If child is in custody, close the PR03N service action code as per PPS 4205 and the remaining responsibilities. The plan remains open until child has been released from custody.

3. If the case involves a noncompletion, enter the service action code of NC01N along with service source code FPC on each family member's plan. The start date and the end date are when the service ended for the family per the PPS 4205 form. Use "CM" status closure code. Close all other responsibilities including the PR03N service action code and then close the plan.

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

1. 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

1. If a family preservation referral is made to provide services to a pregnant woman using substances as per PPS 4200 form, a family plan (FP) is established for the pregnant woman. Enter the service action code of HP01N and either service source code of OPI or NOP depending on if referral is due to Opioids (OPI) or non-opioids (NOP) 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 service source code of FPC to show the referral to family preservation. If the pregnant woman is referred to a medication assisted treatment program as per the PPS 4200 form, enter service action code MA01N along with service source code FPC. If not referred to a medication assisted treatment program enter service action code MA02N along with service source code FPC. The start date is the date referred as per PPS 4200 form.

4862 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.

4863 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 4205 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.

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 Labor 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 to DCF 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 the Kansas Eligibility and Enforcement System (KEES), to CSS is required made in appropriate circumstances. (See PPM 5925 for more information).

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

Document if the child is an eligible member on private health insurance through a family member. 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). Please refer to PPM 5927 - 5929 for more information.

   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. Please review current information regarding these determinations at Social Security Administration website: The United States Social Security Administration | SSA

      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 survivor's 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. Information regarding SSI benefits can be found on the Social Security Administration website: The United States Social Security Administration | SSA
(see PPM 5928 WARDS Communication and Management of Social Security Benefits).

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. (see PPM 6220 Determining Funding Source for Adoption Assistance)

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 Case Management Provider, the payee change shall be reviewed by DCF Regional PPS Contract Specialist. The Child Welfare Case Management Provider remains responsible for the child's foster care maintenance. DCF shall assure the youth does not lose their SSI eligibility due to excess accumulation of income through conservation of benefits in ABLE accounts (see PPM 5929 WARDS Benefit Management).

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.

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 Contracts

DCF contracts with licensed Child Placing Agencies for the provision of 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, A.P.P.L.A.) shall be pursued in a timely manner.

The Child Welfare Case Management Providers (CWCMP) 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

A. Reports received involving a child receiving services from a Child Welfare Case Management Provider (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 CPS Specialist shall communicate with the DCF Liaison Worker and the CWCMP Case Manager regarding contact with the family while the investigation is on-going.

B. If the report is to not assign for further assessment, the report shall be forwarded to the DCF CPS Specialist with the open case. The DCF CPS Specialist 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.

    1. When the DCF CPS Specialist forwards a report not assigned 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. The CWCMP shall include all information addressing the event in Case Activity Logs with the event number identified.

    2. The CWCMP Supervisor shall ensure the information contained in the not assigned report(s) are addressed in the open case, and follow-up with the CWCMP case manager during regular supervisor consultations. See Appendix 5D. Prior to case closure the CWCMP Supervisor shall ensure all subsequent not-assigned reports have been addressed in the open case.

5030 Child Welfare Case Management Provider Screenings and Assessments

The Child Welfare Case Management Provider (CWCMP) shall assess the needs of a referred child/youth and their family within 20 calendar days of the referral.

Screenings and assessments are performed to determine appropriate services for the child/youth and family, meet the identified needs, and connect the child/youth and family 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 being focused solely on the child/youth.

To support access to mental and behavioral health services and care coordination of foster care youth mental health needs, the case management provider shall create and maintain a dedicated email to share with the Community Mental Health Center (CMHC) providers and provide a phone contact. CWCMP shall monitor emails and voicemails received and respond within 2 days.

Screenings and Assessments performed for children/youth in the custody of the Secretary and their families to assess needs shall include:

A. Physical Health Assessments for all youth. The CWCMP shall assess physical health needs by obtaining information from the last assessment of dental, vision, hearing, and physical health including current prescribed medications and names and addresses of all medical providers. If no such assessment can by located by the CWCMP, new appointments for assessment of dental, vision, hearing, and physical health including assessment of medications shall be scheduled within 20 calendar days. Scheduling the appointment does not mean the appointment must occur within the 20 days.

B. Evidence-based screenings and assessments for parents, caregivers and age-appropriate children/youth shall be completed within 20 calendar days of referral. The following screenings and assessments shall also be completed prior to each review of the PPS 3051 Permanency Plan.

1. Ages 30 days – 2 years – Ages and Stages Questionnaire – Social Emotional (ASQ-SE); Screen for social-emotional functioning of child. For children who are younger than 30 days old at the time of referral, the ASQ-SE will be completed no later than the 40th day of the child's life.

2. Ages 2 years – 18 years – Child Stress Disorder Checklist-KS (CSDC-KS); Screen for child's history of trauma and current symptoms.

3. Ages 3 years – 5 years – Preschool and Early Childhood Functioning Scale (PECFAS); Assess behavioral health functioning.

4. Ages 6 years – 18 years – Child and Adolescent Functional Assessment Scale (CAFAS); Assessing behavioral health, functioning of the child/youth.

5. Ages 7 years – 17 years – Child Report of Post-Traumatic Symptoms (CROPS); Screen for child's history of trauma and current symptoms.

C. Fetal Alcohol Spectrum Disorder Screening for referred children/youth of all ages.

D. Substance Use Disorder Screening

1. For adults in the home and children/youth age 13 and older if the child is verbal and developmentally able to participate:

a. Screening shall be completed using the UNCOPE screening tool, PPS 2005, or a form which includes the same elements as the official UNCOPE screening tool.* Children under age 13 shall be screened only if there is evidence identifying the child is at risk for substance abuse.

i. If a family member answers "yes" to two or more questions, on the UNCOPE screening tool and this is a current issue, the family member shall be referred for further assessment to the appropriate licensed Medicaid or private insurance service provider for an assessment to

determine if treatment is recommended (refer to mental health workflow appendix 3I). If substance use disorder treatment is recommended for a family member, as a result of the substance use assessment, a referral for treatment shall be made.

2. For adults in the home who have previously been identified as being at risk for substance misuse or a substance use disorder, such as having been arrested for driving under the influence (DUI), presenting for substance use disorder treatment, or being evaluated for any issue associated with substances:

a. Diagnostic assessment more extensive than the UNCOPE screening tool, such as the Kansas Client Placement Criteria (KCPC), shall be completed.

*Hoffman, N.G. Retrieved from: http://www.evinceassessment.com/UNCOPE

5031 Background Checks

The information obtained from background checks is used by the Child Welfare Case Management Provider (CWCMP) in assessing risk and safety to the child. Background checks will be completed at referral and when additional caregivers are identified.

A. Background checks shall be completed for:

1. All parents. Clearance is not required for reintegration with biological parents. Parental background checks provide information to CWCMP staff about possible risks which were previously unknown to the agency.

2. All Caregivers. See PPM 0160 for definition of caregiver.

3. Any non-caregiver adult who will be residing with or supporting caregiving for a youth in the custody of the Secretary.

4. Youth aged 10 or older, not in the custody of the Secretary, who will be residing with a youth in the custody of the Secretary.

B. All Background checks shall consist of:

1. Child Abuse and Neglect Central Registry,

2. Adult Abuse, Neglect, and Exploitation Central Registry,

3. KBI Name Based Criminal Background Check.

4. Any identified history in KIDS shall also be explored in consultation with DCF. CWCMPs may be allowed access to closed files in the possession of DCF if requested.

C. A national fingerprint based search shall be completed for persons over age 18 and not in the custody of the Secretary:

1. If there is a reason to believe there may be criminal charges related to child safety from another state. See PPM 0320 for additional information on expanded criminal history checks.

2. If the person will be residing in the same home as a youth in the custody of the Secretary.

D. For non-licensed placement purposes, the CWCMP shall request a complete DCF history check on all residents of the prospective home age 10 and older. In addition to the central registry identified in section B, this check shall include Web KDHE Request Processor (WKRP), Family and Children Tracking System (FACTS), Kansas Intake/ Investigation Protection Systems (KIPS), Kansas Initiative for Decision Support (KIDS).

5040 Professional Judgment Resolution Process

Differences in professional judgment involving a service decision between the Child Welfare Case Management Provider (CWCMP) and DCF staff shall be resolved at the regional level, if possible. The resolution process is a management tool and shall be used to resolve issues quickly and appropriately. Only when the regional process does not resolve an issue, should the DCF PPS administrative process be initiated.

For in-home services, the DCF regional Assessment and Prevention Program Administrator is available to provide contract clarification and assist with problem-solving. For out-of-home services, the regional Foster Care Administrator is available to provide contract clarification and assist with problem-solving.

A. Regional Resolution Process

1. The regional process stresses immediate and ongoing communication:

    a. If DCF and CWCMP staff are unable to resolve an issue, supervisory staff shall become involved.

    b. If the DCF and CWCMP supervisors cannot reach agreement, the regional DCF Foster Care Administrator or regional Assessment and Prevention Program Administrator shall be included in discussions, as appropriate.

    c. If the issue is not resolved, the regional DCF Assistant Regional Director and CWCMP Program Director shall be included in the discussions about the issues.

    d. If agreement is not reached, the DCF Regional Director and the CWCMP Vice President or designee of the involved program shall be included to resolve the issue.

    e. If consensus cannot be reached at the regional level, the issue shall be pursued through the DCF PPS administrative resolution process.

B. DCF PPS Administrative Resolution Process

The DCF PPS Administrative process may involve four levels of resolution and requires written reports of the specific issues needing resolution. At each level, there is a maximum limit of three 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.

1. If the issue is not resolved through the regional process, both DCF and CWCMP supervisory staff shall compile the following written documentation and send one combined email to the involved PPS Administration Program Manager(s) or PPS Administration Program Administrator in the absence of the Program Manager:

    a. Pertinent case specific facts;

    b. Specific areas on which there is disagreement and the rationale regarding the reason for disagreement;

    c. Expected results.

2. If the issue is not resolved at the DCF PPS Administration PPS Program Manager's level, the written documentation cited above will be forwarded to the involved PPS Administration Program Administrator(s) and the involved Child Welfare Case Management Provider Program Director for review and resolution.

3. If the issue is not resolved at the Program Administrator's level, the written documentation cited above will be forwarded to the involved PPS Administration Deputy Director(s) and the involved Child Welfare Case Management Provider's Program Vice President or designee for review and resolution.

4. If the issue is not resolved at the Deputy Director's level, the written documentation cited above will be forwarded to the DCF Administration Director of Prevention and Protection Services (PPS) for review and resolution.

5120 Notification of Moves, Placements, and Changes

The Child Welfare Case Management Provider (CWCMP) shall notify DCF of all moves, placements, and changes for youth in the custody of the Secretary.

A. Moves, placements, and changes requiring notification to DCF via a PPS 5120 FC/AD Notification of Move/Placement/Change include:

1. Initial out-of-home placement for a youth in the custody of the Secretary

2. Change in placement of a youth in the custody of the Secretary

3. Change in address, phone number, or name of the current placement provider

4. Change in the level of care a youth receives, to include addition or removal of add-on rates

5. Change in school

6. Change in Venue of a case

7. Update to the ICWA information requested on the PPS 5120 form

8. Change to identified family members, such as addition of a new sibling

9. Instance when a youth becomes known to have ever given birth or fathered a child

10. Update to placement with their child(ren) when a youth in the custody of the Secretary has been identified as a parent

11. Upon signature of an adoptive placement agreement

12. Change in custody status

13. Reintegration of a youth with their parent(s) if there is no change in custody status

14. Instance of an out-of-home service to the child, such as acute hospitalization or out-of-home respite

15. Any correction to each of these listed items

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 (CWCMPs) 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 CWCMPs, is the state agency responsible for care and treatment of children removed from their parents or other caregivers. 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 caregivers 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 (CWCMP) of Out of Home Services shall join with other community partners to develop a wide range of services with children and families. The goal of these services is to achieve permanency for the child and to assist the family, including biological parents and additional siblings also living in the home, in accessing services from local community providers in a short amount of time. CWCMPs shall teach and empower families to access resources in their community in addition to utilizing their natural support system. CWCMPs are not required to pay for services required by other members of the family., but 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 in state hospitals for developmentally disabled;
4. Children, not in Secretary's custody, placed by law enforcement in police protective custody.

For DCF Responsibilities at the time of referral, see Section 2750.

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 parents are not readily available, a PPS 5135 with the DCF staff 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 by using the PPS 5410A Initial Eligibility Data Collection form completed by the DCF CPS Specialist in addition to other financial resource data obtained by IV-E Eligibility staff.

C. DCF is responsible for determining eligibility for Medicaid.

1. Initial eligibility for Medicaid is determined in consideration of information provided by the PPS 5410A, which is completed by the DCF CPS Specialist.

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, regardless of race, religion, color, gender, sexual preference, disability, national origin, or ancestry;

B. Accept physical custody of the child when DCF transports the child to the CWCMP;

C. Partner with the DCF worker to transition the child, make sure immediate needs are met, and ensure the child is comfortable, see PPM 2750;

D. Use the DCF placement matching system to determine a placement meeting the needs of the child;

E. Arrange transportation for the child to the identified placement;

1. The Child Welfare Case Management Provider shall work with DCF staff regarding transportation times for the child if it is not reasonable for the child to be transported immediately (i.e. the child is in school and there is no reason to disrupt the school day);

2. Staff picking up the child shall have photo identification available indicating they are a Child Welfare Case Management Provider agency employee and have authority to transport the child;

F. Determine if Human Trafficking procedures need to be followed;

G. Contact the family the same day of the referral to do introductions, inform the family of who to contact in an emergency and to plan the Initial Family Meeting (IFM) in conjunction with the Initial Service Plan (ISP), which shall occur within 3 business days;

H. 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.)

I. 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.

J. Obtain assessment information completed by DCF (safety, risk, family-based assessment summary, FINA Assessment) as well as case finding information from the DCF FACTS and KIDS data systems.

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 Child Welfare Case Management Provider (CWCMP) service delivery following a referral to the CWCMP. Also refer to PPM 2750 and 2751 for DCF responsibilities at the time of referral.

B. DCF shall also:

1. Assess for relatives and non-related kin (NRKIN) at intake and investigation and send this information to the CWCMP with the referral form, or as soon as possible thereafter (See Section 5230 Placement Services, for additional information);

2. Obtain release of information for all third-party information known to DCF, which pertains to the child and family and provide the release to the CWCMP;

3. Notify the CWCMP when new information on Third Party Liability for any child comes to their attention;

4. Ensure staff is available for a minimum of 2 hours after the child is transported to the CWCMP office to answer any additional questions on information not included in the referral forms;

5. Ensure historical information is available to the CWCMP through KIDS and case files;

6. Assist the CWCMP staff with training on the DCF SCRIPTS system for encounter entries utilizing the SCRIPTS web portal;

7. Participate in the Initial Family Meeting and develop the initial service plan;

8. Review and approve subsequent custody case plans. This task shall be completed by a DCF Foster Care Liaison;

9. Inform the CWCMP of the status of any abuse/neglect assessments

10. Provide assistance or program specific direction, as requested;

11. Notify Provider staff of known changes in the family's situation and report critical incidents to CWCMP staff, per policy;

12. Notify CWCMP staff of any known changes in the client eligibility for Medicaid;

13. Keep CWCMP informed of the status of any on-going abuse/neglect assessments;

14. Facilitate the professional judgment resolution process per DCF PPS PPM 5040;

15. Support and facilitate connections among the CWCMP, Kansas Department of Corrections Community Based Services (KDOC-CBS), Community Corrections, Court Services, Kansas Department for Aging and Disability Services (KDADS), and Kansas Department of Health and Environment (KDHE);

16. Ensure prompt sharing of information with transfer of venue or change of jurisdiction cases;

17. Support the court or CWCMP relationship;

18. Attend court hearings as needed;

19. DCF attorneys will work with the CWCMP attorneys as needed to meet State and Federal requirements;

20. Provide technical assistance regarding all federal and state policies and laws impacting child welfare services;

21. Work with CWCMP to address all concerns identified through customer service calls;

22. Process applications for Interstate Compact on Placement of Children (ICPC) and Interstate Compact on Adoption and Medical Assistance (ICAMA);

23. Accept relinquishments and execute consents for adoption in a timely manner;

24. Transfer child’s financial resources to the adoptive family;

25. Facilitate the Adoption Subsidy Negotiation meeting;

26. Provide information for the Random Moment Time Study upon request;

27. Provide oversight, monitoring, and guidance regarding service delivery processes as outlined with the CWCMP proposal;

28. Conduct and participate in Performance Improvement activities to include assisting with the development of and monitoring the Child and Family Service Review Performance Improvement Plan as well as Corrective Action Plans;

29. Conduct administrative and compliance on-site monitoring at least annually.

5212 Child Welfare Case Management Provider Roles and Responsibilities

A. Upon referral, the Child Welfare Case Management Provider (CWCMP) is responsible for direct service delivery to the child and family. The CWCMP will be responsible for recognizing the child and family's culture, with input by DCF. The CWCMP shall coordinate, assess, and evaluate services to address the needs of the children and families served 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.

B. Per the Reintegration/Foster Care/Adoption Case Management Services Grant, the Child Welfare Case Management Provider shall:

1. Fully support the importance of safe, timely reintegration as the most desirable outcome for most children and families, while maintaining a concurrent focus on safety and well-being;
2. Provide services to help families overcome challenges to reintegration, including plans to work with a family in their own home;
3. Work with tribes to achieve reintegration and ensure compliance with the Indian Child Welfare Act;
4. Involve families in child welfare design supporting reintegration;
5. Utilize culturally respectful and responsive practices;
6. Provide services supportive of families in a culturally responsive way;
7. Comply with all federal, state and agency timelines for permanency;
8. Utilize ongoing safety and risk assessment;
9. Utilize DCF comprehensive assessments in the case planning process;
10. Engage children, families, non-related kin and foster families in planning and decision making;
11. Provide a copy of the PPS 5138 Foster Care Bill of Rights to children in the custody of the Secretary and foster parent/kinship caregivers.
12. Utilize non-traditional search techniques to identify and engage the broadest family network;
13. Prepare the family network to actively participate in the case planning process;
14. Honor cultural, family and individual strengths and differences;
15. Prepare and support families, non-related kin and foster families for transitions, including placement, change of placement and reintegration;

16. Facilitate and support family and sibling visitation and maintenance of the children's connections;

17. Utilize worker visits to support and assess families;

18. Customize services to meet the needs of children and families;

19. Assure appropriate services are available and accessible in the community through collaboration with cross-systems and community partners including schools, medical and mental health communities, law enforcement, corrections, substance abuse and domestic violence agencies and other key public and private agencies;

20. Recognize hair and skin care are integral to self-worth of children and youth. Cultural identities of children and youth should be considered and honored, through a variety of activities related to hair and skin care. Consult the child, youth, parents or other relatives/kin connections regarding preferences, processes, tools and hygiene products recommended. Provide information to placement providers on options for local, online or other available resources for both professional hair and skin care and offer continuing education or training opportunities for caregivers and professional staff.

21. Implement foster care and reintegration services utilizing a single case manager, when possible, from referral to placement at home or termination of parental rights;

22. Provide aftercare services for 6 months following reintegration, adoption, permanent custodianship, or APPLA;

23. Cooperate with disability advocacy legal provider in obtaining Supplemental Security Income (SSI) eligibility for children in the custody of the Secretary

5220 Initial Team Meeting for Out of Home Services

The role of the Case Management Provider (CWCMP) is to facilitate the Initial Family Meeting (IFM). They organize, plan and schedule the IFM in conjunction with DCF staff. The CWCMP shall contact the family the same day as the referral to introduce themselves and to plan for the IFM. The meeting shall occur within 3 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 3 business days timeframe. If not held within the 3 business days, the reason shall be documented, and the meeting needs to be held as soon as possible-preferably within the next day.

A. During the initial contact with the family, the CWCMP shall consult with the family to determine date, time, and location for the initial team meeting. Planning for the location of the meeting shall occur in consultation with the parent/caregiver, and the

IFM shall be held in a private location the family desires, unless safety would be compromised.

B. At a minimum, DCF, the CWCMP case manager, the child, if appropriate, the parent/caregiver and the relative/foster parent shall be in attendance. The parent/caregiver shall be offered the opportunity to invite other participants to the 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. If it is not in the best interest for all parties to attend, the basis shall be documented in the file.

5223 Purpose of Initial Team Meeting

The purpose of the initial family meeting (IFM) is to:

A. Explain the role of DCF and the Child Welfare Case Management Provider (CWCMP) working with the child and family;

B. Identify agreed-upon immediate action steps for the parents/caregivers;

C. Discuss expectations of DCF and court orders;

D. Identify relatives and non-relative kin who can provide support or possible placement if needed;

E. Identify other supports within the family network;

F. Create a plan for family time between the child and parents, visitation schedule for worker and child and worker and parents to facilitate timely permanency;

G. Discuss necessary action steps for reintegration, in an open and honest forum. This discussion shall include measurements of success and potential adverse consequences;

H. Explain the assessment process and sign releases to gather additional assessment information;

I. Provide the Family Handbook (PPS 5137);

J. Discuss Icebreakers activity with family and foster parent, if needed;

K. Complete and sign the Initial Service Plan (ISP) and give a copy to participants;

L. CWCMP case managers shall observe parent/child interaction during the IFM to gather information to determine additional activities which may need to be included in the case plan;

M. The DCF CPS Specialist and the CWCMP case manager shall participate in the development of the ISP with the family and jointly discuss the reason for the referral and expectations;

N. Families shall be informed how the results of completed assessments will be used to develop activities to be included in the case plan;

O. Children age 14 years and older shall be involved in the development of the ISP and given the opportunity to invite up to 2 participants to attend the IFM.

5224 Icebreaker Conversations

A. An Icebreaker Conversation shall be held within 10 calendar days of a child being placed in any foster home that is non-temporary. They are required when the case plan goal is reintegration. The Case Manager/Facilitator, parent(s)/caregiver(s), foster parent(s), and child (if appropriate), shall meet in-person, unless the use of technology is approved by the supervisor, to share information about the child and focus on the child's care and well-being. The purpose is to not only share information about the child, but to begin building a relationship between the parents and foster parents. To enhance the relationship building process, the Icebreaker Conversation shall not be combined with other meetings.

B. CWCMP staff who have received training on Icebreaker Conversations may facilitate them. Case Managers are responsible to make sure they occur.

    1. In general, children under the age of 12 do not need to attend the Icebreaker. For children age 12 and older, the decision about whether they should be involved shall be made on a case by case basis and the reasons documented.

    2. If siblings are placed together, one conversation may be held as long as there is time dedicated to each child. If siblings are not placed together, Icebreaker Conversations shall occur in ways that support the parents and children. Factors include the parents' ability to converse in large groups, the comfort level of the facilitator in managing multiple conversations, the relationship between the siblings, whether the foster parents know each other, etc.

    3. If, due to circumstances of the case, it is not possible for the Icebreaker Conversation to occur in-person, the case manager/facilitator shall staff the case with a supervisor to explore the use of technology to facilitate the conversation.

C. The case manager/facilitator is responsible to:

    1. Prepare participants for the conversation by addressing concerns and setting guidelines;

    2. Schedule the conversation to allow for maximum participation of all participants;

    3. Facilitate the conversation in a way that allows the parents and birth parents to communicate respectfully, and to provide care to the child that minimizes the trauma of being separated from their family;

    4. Remain neutral in the conversation;

    5. Summarize decisions made during the conversation;

    6. Debrief the participants, if needed.

D. Icebreaker Conversations are not required when:

1. The child is in a temporary placement;
2. The child is in a placement other than a foster home;
3. The parents are unable or unwilling to participate;
4. There are issues that are so significant they create an unsafe situation for participants.

5229 Working with Parents

A. The Child Welfare Case Management Provider (CWCMP) shall practice positive parent engagement strategies to provide the parents and children the greatest opportunity to achieve timely reintegration. Strategies include:

1. Early contact with parents;
2. Provision of direct hands-on assistance to parents to establish needed services;
3. Assistance with obtaining needed tangible resources
4. Assistance with building supportive relationships with peers, foster parents and child welfare staff;
5. Partner with parents to assist in making decisions about their family and in development of the case plan;
6. Use of family-centered practices.

B. The CWCMP shall determine how to best serve parents who are incarcerated, depending on the circumstances of the case. As the case progresses, the CWCMP case manager shall assess the parents' ability to establish and participate in services on their own and empower them to do so.

5230 Placement Services

Consideration for placements shall be made in accordance with federal and state laws.

A. While the child is in out of home placement, their connection to family members remains of crucial importance. Placement considerations are to:

1. Preserve the child's racial, cultural, ethnic, and religious background;
2. Address the child’s safety, strengths and needs;
3. Place children in close proximity to their families and schools;

4. Build on families' strengths to assist them in resolving the issues which led to the child's removal;

5. Place children with relatives or non-related kin whenever possible, and;

6. Place siblings together unless it is not in the best interest of the children.

B. To assist in this effort, the placement resources shall work in partnership with the parents as a mentor and role model.

C. All placements shall be licensed by DCF Foster Care Licensing, or if non-licensed determined by the CWCMP to be environmentally and psychologically safe for children. All placements shall be entered into the placement management system and paid based on rates established by DCF and information regarding the child. Adoptive home studies are considered approved when their Adoptive Home Assessment is completed and signed by a supervisor, and visits can occur prior to the adoptive placement. Assessments regarding placements shall be completed by a licensed professional.

D. 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 3051 Permanency Plan for Child in DCF Custody. See also the Foster Home Licensing Regulations KAR 28-4-311, and 28-4-800 through 28-4-825.

E. If the child cannot be placed with a relative or non-related kin, the Child Welfare Case Management Provider (CWCMP) may utilize the placement management system to ensure the best placement for the child. Once the best available placement is secured and established, the CWCMP Case Manager, preferably, shall transport the child to the placement.

See PPM 5234 for relative placement policy, 5235 for non-related kinship placements policy, 5236 for foster home placement policy, and 5330 for adoptive home placement policy.

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

Child Welfare Case Management Provider (CWCMP) 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 first consider placement with maternal and paternal relatives as well as non-related kin, both at the time of initial placement and throughout 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 Placement Definitions

Children and youth in the custody of the Secretary may experience various types of placement in diverse settings throughout their time in out-of-home care. Having a clear and consistent understanding across providers of placement options supports informed and consistent decision-making to meet the individual needs of youth.

A. Placement Settings

As a result of being placed out-of-home, youth in the custody of the Secretary experience placement in the following settings:

1. Family-Like
    a. Relative Homes
    b. Non-Related Kin Homes
    c. Licensed Family Foster Homes
2. Congregate Care Facility

a. Detailed information on the different congregate care settings available for youth in the custody of the Secretary can be found in the DCF Placement Standards Manual.

3. Residential Medical Care Facility

a. Psychiatric Residential Treatment Facility

b. Other Medical Type Residential Treatment

B. Placement Types

Youth in the custody of the Secretary experience the following types of out-of-home placement:

1. Long-Term

a. Placement providing continuity in caregiving and intended to remain stable until youth reunify with their family, find a permanent family arrangement through adoption, permanent custodianship, SOUL Family Legal Permanency, or reach adulthood.

b. Long-term placement in a relative or non-related kin setting is the preferred placement for children and youth in the custody of the Secretary.

2. Transitional

a. Placement providing continuity in caregiving and intended to remain stable only until the Child Welfare Case Management Provider (CWCMP) locates a long-term, therapeutic, or group care placement which meets the youth's individual needs.

3. Overnight

a. Placement providing care during overnight hours only.

4. Therapeutic

a. Placement for youth addressing specific mental or behavioral health challenges through a designed treatment plan. Therapeutic placements provide care until a youth achieves readiness for either reunification or long-term placement in a family-type setting. Families who wish to provide the therapeutic placement type must be approved to do so.

5. Group Care

a. Placement in a congregate care setting intended to support youth while any challenges preventing them from maintaining in a family-like setting are addressed. This placement type supports readiness for either reunification or a move to long-term placement in a family-like setting.

6. Crisis

a. Brief placement for children who need immediate care due to an unpredictable, urgent, or emergent situation until other care meeting the youth's individual needs can be located.

C. Other Placement Terms

1. Short-Term

a. Any placement, regardless of setting or type, with a duration of 14 days or less.

2. Respite

a. Temporary care of a child outside of their current placement. Respite is a service providing relief to a family-like placement provider.

3. Night-to-Night

a. A one calendar day placement that is not the same residence address for consecutive days.

4. Re-Occurring Overnight

a. An overnight placement re-occurring at the same address for consecutive days.

b. Instances of weekend placement in homes that were providing transitional-overnight placement immediately prior to or following the weekend shall continue to be considered re-occurring overnight.

5. Failure to Place

a. Child or youth who is temporarily housed or maintained overnight at a CWCMP office or other location including but not limited to:

i. hotels or motels

ii. other commercial non-foster care establishments

iii. cars

iv. retail establishments

v. unlicensed homes of DCF's, Contractor's or Grantees' employees

b. Failure to Place occurs when the child has arrived at a CMP's office before 12:00 a.m. midnight of one day and there is failure to place the child in an appropriate placement before 6 a.m. of the following calendar day, absent extraordinary circumstances.

i. "Extraordinary Circumstances" shall be defined as an immediate or imminent crisis whereby measures must be taken to protect the safety and security of the child or youth. A lack of safe and/or appropriate placement options does not constitute extraordinary circumstances. Examples of extraordinary circumstances may include:

1. Weather or road conditions which create hazardous or unsafe travel conditions,

2. Public health advisors (shelter in place orders), or

3. Similar emergency situations.

6. Pre-Adoptive

a. Refers to a long-term placement who has signed a PPS 6130 Adoption Assistance Agreement.

7. Stand-by

a. Refers to transitional placement provided through the Stand By Bed Network.

5234 Relative Home/Placement

A. For purposes of notification of DCF custody and placement, DCF defines a relative as follows:

1. A person who can trace a blood tie to a child. Persons related by blood may include, but are not limited to, a parent, grandparent, sibling, great-grandparent, uncle or aunt, nephew or niece, great-great grandparent, great uncle or aunt, cousin, great-great-great grandparent, great-great uncle or aunt, or similar relation. Termination of parental rights does not alter or eliminate the blood relationship to relatives.

    a. 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."

2. A person who is or was related to the child through marriage or previous marriage (terminated by death or divorce). This includes, but is not limited to, step-parents, step-grandparents, step-aunts, step-uncles or similar relation.

3. Legally adoptive parents and other relatives of adoptive parents as designated in groups (1) and (2).

4. Parents or relatives of siblings or half-siblings, including but not limited to grandparents, aunts, uncles, cousins, or similar relation.

5. Adoptive parents and grandparents of siblings or half-siblings.

6. A court-appointed guardian or permanent custodian of a sibling or half-sibling.

B. 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.

C. Services Provided:

Planning and delivering services and supports for relatives and non-related kinship placements shall be guided by family-centered practice principles, cultural competence and sensitivity to the complex issues involved. For relative or non-related kin placements the Child Welfare Case Management Provider (CWCMP) shall:

1. Assess families and identify risk factors, safety factors, strengths and needs, and intergenerational trauma, including an exploration of how the family's triumphs and adversities have influenced their present life. This may include the family's prior history with DCF or other social systems;

    a. If relatives or non-related kin live out of state, an Interstate Compact for the Placement of Children (ICPC) shall be requested as soon as possible so an assessment can be performed and placement can be considered.

2. Develop safety plans with the family based on identified risk factors

3. Address challenges of relative care with the family;

4. Provide relevant information about the child to the relative prior to placement in the home;

5. Locate and access services and resources available to relatives;

6. Plan for permanency with the family for the child;

7. Mediate the relationship between the parents or caregivers and family;

8. Provide services and supports to strengthen the relative's capacity to provide a safe, nurturing home for the child;

9. Provide supports and services to assist the relative in understanding and addressing the possible effects on the child due to maltreatment, trauma, and separation.

For additional information concerning placement with grandparent, see PPM 3341

C. Placement at the Time of Referral:

1. If DCF does not recommend certain relatives for placement, concerns shall be provided to the CWCMP at the time of the referral. DCF shall respond to any concerns expressed by the relative regarding the reason DCF does not recommend placement.

2. If the prospective initial placement is with a relative who does not have a foster home license, the CWCMP shall complete a walk-through of the relative's home, a PPS 5143 Declaration of No Criminal Offences and request a FACTS/ KIDS check by DCF prior to placement of the child. 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. The relative shall complete the requirements listed in section E.3. within 30 days for the child to continue placement with them.

D. Information to be Shared with Relatives Prior to placement:

1. Relatives have a choice between TANF or foster care payments. Relatives may be eligible for TANF assistance. Eligibility for TANF is based on TANF definitions and income eligibility requirements. Relatives shall be informed by the CWCMP of the approximate amount of TANF they may receive. Other options are financial support, through a foster care maintenance payment per the set rate structure 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.

2. For information on child care benefits for relatives, see PPM 5258.

3. Relatives have the option of becoming licensed with DCF, and the CWCMP shall support the relative in becoming a licensed relative home if they would like to pursue licensure. Licensed relatives shall be compensated at the same maintenance rate as licensed family foster homes per the current DCF rate structure.

E. Requirements for Relative Placements:

1. Relatives may provide care to the child as a non-licensed relative home. The CWCMP shall determine whether a non-licensed relative home is environmentally and psychologically safe for children and a relative placement assessment shall be completed. (See Appendix 5C.)

a. The CWCMP shall complete the Appendix 5B Non-Licensed Placement Crisis Support Acknowledgement annually with every non-licensed relative home. CWCMP's shall retain a copy of the executed Appendix 5B to provide upon request from the DCF Foster Care Program Manager.

2.For non-licensed relatives, Completion of Caring for Our Own (COO), Kinship Path, or TIPS-MAPP curriculum, or other approved pre-service training is at the CWCMP's discretion but is encouraged.

3. Relatives and all members of the household age 10 and older in the home, excluding children in the custody of the Secretary in out-of-home placement, shall complete KBI criminal background checks, and Child Abuse/ Neglect Central Registry checks. The CWCMP shall request a complete DCF history check, comprised of Web KDHE Request Processor (WKRP), Family and Children Tracking System (FACTS), Kansas Intake/Investigation Protections Systems (KIPS), Kansas Initiative for Decision Support (KIDS), Kansas Adult Abuse, Neglect, Exploitation Central Registry and Kansas Child Abuse and Neglect Central Registry Search (CERS) checks through DCF. Household members 18 and older shall be fingerprinted. Child Abuse/ Neglect Central Registry checks must then be completed annually. 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. The assessment of the relative family shall include pertinent social information regarding the family.

5235 Non-Related Kinship Home Placements

Kinship care is placement of a child in the home of an adult with whom the child or the child's parent already has a close emotional attachment or ties.

A. Licensed Non-Related Kin Placement

1. Any person caring for a child under the age of 16 years who is in the custody of the Secretary and is not related to the child by blood, marriage or adoption shall be required to be licensed by DCF Foster Care Licensing in order to provide out of home placement services.

2. To expedite placement of children with non-related kin, the requirement for the completion of an approved pre-service training is waived prior to a child being placed in the home, but must be met within the first year of licensure. A pre-service training which is not pre-approved by DCF Foster Care Licensing, such as STARS, PRIDE or other equivalent training may be substituted if permission is granted by Foster Care Program Manager or Deputy Director of Permanency on a case-by-case basis.

3. Prior to the child's placement with non-related kin, the Child Welfare Case Management Providers (CWCMP) shall request from the local DCF Service Center a Child Abuse/Neglect Central Registry and history check on all members of the non-related kin home who are age 10 and older. Information on the relationship

between the child and child's family and the non-related kin shall be shared with DCF prior to placement.

4. Prior to the child's placement with non-related kin, the Child Welfare Case Management Providers (CWCMP) shall request a complete DCF History check, comprised of Web KDHE Request Processor (WKRP), Family and Children Tracking System (FACTS), Kansas Intake/Investigation Protections Systems (KIPS), and Kansas Initiative for Decision Support (KIDS), checks on all members of the non-related kin home who are age 10 and older.

5. Within 14 calendar days of placement with non-related kin, the CWCMP shall send fingerprints on all members of the household age 18 and older to DCF Foster Care Licensing for processing. Placement can be made prior to results being received.

6. The CWCMP shall also require the members of the family who are age 10 and over sign a statement, Declaration of No Criminal Offenses (PPS 5143). Signing this form acknowledges a check of the criminal history database required by DCF Foster Care Licensing will be completed and will not reveal conviction for any offenses which would prohibit DCF licensure.

7. DCF Foster Care Licensing shall complete a KBI criminal history background check, and Child Abuse/Neglect Central Registry checks for anyone age 10 and older in the home. Fingerprint checks shall be completed for anyone age 18 and older in the home. Results of all background checks must be received prior to full licensure. The Child Abuse/Neglect Central Registry checks will be completed annually.

8. Immediately following placement, the CWCMP shall complete the family assessment and licensing packet.

a. The packet shall be sent completed to DCF Foster Care Licensing no later than 14 calendar days after the child's placement.

b. CWCMP shall 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. Reimbursement for non-related kin providers will be reimbursed as indicated in the DCF Rate Structure.

B. Non-Licensed Non-Related Kin Placement

1. Youth in the custody of the Secretary age 16 or older may reside in a non-licensed non-related kin placement which is determined to be environmentally and psychologically safe by the CWCMP.

a. The CWCMP shall do a-KBI criminal history background check, Child Abuse/Neglect Central Registry and DCF/PPS history checks for anyone age 10 and older in the home. Fingerprint checks shall be completed for anyone age 18 and older in the home who is not in the custody of the Secretary.

2.The CWCMP will discuss maintenance payment options with the caregivers.

3.The CWCMP shall complete the Appendix 5B Non-Licensed Placement Crisis Support Acknowledgement annually with every non-licensed non-related kin home. CWCMP's shall retain a copy of the executed Appendix 5B to provide upon request from the DCF Foster Care Program Manager.

5236 Licensed Family Foster Home

A. A licensed family foster home is a family home in which 24-hour care will be provided to children and youth in need of temporary out-of-home placement to meet their safety and well-being needs.

Licensed family foster homes shall comply with all DCF Licensing regulations and be sponsored by a licensed Child Placing Agency (CPA). The foster family is an integral part of the team working with the child or children and their family to achieve timely permanency. The goal for selecting a foster family is having the child's first placement be their only placement. Child Welfare Case Management Provider (CWCMP) 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.

CPAs shall recognize DCF requires licensed family foster homes to apply the reasonable and prudent parenting standard. This standard is characterized by careful and sensible parental decisions which 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.
As part of this standard, it is recognized hair and skin care are an integral to self-worth of children and youth. Cultural identities of children and youth should be considered and honored, through a variety of activities related to hair and skin care. CPAs shall ensure licensed family foster homes have access to and knowledge of local and online resources for professional hair and skin care, as well as offer continuing education or training opportunities for caregivers. Furthermore, CPAs shall encourage and facilitate licensed family foster homes to consult with the child, youth, parents or other relatives/kin connections regarding preferences, tools and hygiene products recommended, processes, and supports for meeting the child's individual needs surrounding these matters.

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 following information shall be shared 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 parent(s).

C. Maintaining the Foster Family Placement

CWCMP staff shall work in collaboration with the foster family's sponsoring Child Placing Agency (CPA) to achieve placement stability for children in out-of-home placement.

Placement Stability 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. Reimbursement

Each licensed foster home will be reimbursed per the level of care tools each CWCMP has identified to use to make this determination. Rates shall be reimbursed to licensed family foster homes as per the DCF Rate Structure.

E. Continued Training Requirements

Each foster parent is required to comply with licensing regulations and the requirements of the sponsoring agency regarding pre-licensing and ongoing/annual training hours.

Documentation of the training hours shall be kept in the foster parent's file and the family's file shall be updated and maintain by the sponsoring CPA.

Ongoing/annual training is required to ensure foster parents receive instruction to support their parenting roles and the level of care provided to children and youth in care. This training may include, but is not be limited to, the following content areas:

- Impact of childhood trauma, brain development
- Managing child behaviors
- First aid, blood borne pathogens, CPR, medications
- Importance of maintaining meaningful connections between the child and parents
- Shared parenting
- Reasonable and Prudent Parenting
- Separation issues, grief and loss
- Attachment, attachment issues and disorders
- Constructive problem solving
- Communication skills
- Health, Home safety
- Human sexuality
- Cultural diversity
- Post-Traumatic Stress Disorder or other mental disorders
- Child development
- Specific topics related to youth with special needs
- Sensory Processing Disorders
- Fetal Alcohol Spectrum Disorders and other early substance exposures
- Trauma and the impact on adolescence
- LGBTQIA+ topics
- Self-Care
- Ethnic hair and skin care

The sponsoring CPA shall assign the licensed family foster home a worker to provide support and assistance as needed. The CPA shall ensure the family receives training and support in an effort to further develop the family's skills and abilities to meet the needs of children and youth in care.

F. Termination of the Licensed Family Foster Placement

Except in emergency situations, termination of a child's or youth's 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, the CWCMP and CPA staff shall work in collaboration to offer services needed to prevent the disruption and maintain placement stability.

5237 Sibling Placements and Connections

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.

A. Sibling Separation

1. The Child Welfare Case Management Provider (CWCMP) shall make reasonable efforts to keep siblings placed together in a family like setting unless placement together is contrary to the safety or well-being of any of the siblings. 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.

a. If siblings remain apart after 90 days:

i. A staffing meeting 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.

ii. The impact of separating siblings in placement or in permanency, the efforts to place the siblings together, or explain why they should not be placed together shall be considered and documented on the PPS 5146 Sibling Separation Staffing at minimum, every 90 days the siblings remain separated until the siblings are placed together unless a Sibling Split Request has been approved. The PPS 5146 shall be sent to the DCF Liaison within 5 days of the staffing.

B. Sibling Split

1. A Sibling Split Request shall be submitted when it is determined by a child's permanency team it would be in his/her best interest to be permanently separated from his or her siblings who also have case plan goals of adoption, after all attempts to maintain the siblings together have proven unsuccessful. Sibling splits shall not be considered until parental rights have been terminated or at least one sibling has been relinquished into custody. Sibling Split Requests shall be forwarded to the CWCMP Sibling Split Request Review Team for approval.

2. Sibling Split Review Process:

a. The CWCMP shall convene a review team to determine if the sibling split is in the children's best interest. Document the team's recommendations in the PPS 5147 Sibling Split Staffing Form. The review team shall consist of:

i. CWCMP Case manager

ii. CWCMP Supervisor

iii. CWCMP Program Director

iv. Guardian ad Litem, either in person or through submitted input

v. DCF, as needed

vi. CASA, either in person or through submitted input

b. Consider the following in a Sibling Split Request:

i. Birth Family Information:

a. Reasons for children entering care.

b. Siblings' relationships within the birth family.

ii. Shared Trauma History:

iii. History of Out-of-Home Placement:

a. Timing and reasons for any separations.

b. History of efforts made to place siblings together.

iv. Therapeutic attempts and interventions in addressing behaviors or needs that prevent sibling placement together.

v. Short- and long-term impacts of sibling separation.

vi. Current Sibling Visitation and/or Contact Plans:

a. Existing visitation and contact arrangements including behavior management plans, safety plans, and sibling interactions.

b. Detailed plans for maintaining contact if sibling split request is approved.

vii. Resource Family Information:

a. Details about potential or current resource families.

viii. Supporting Documentation including input from family members, therapist reports, letters from placement providers, and any other relevant documentation.

c. Sibling Split Request Approval and Distribution:

i. Distribute the approved Sibling Split Request to the DCF Foster Care Liaison and GAL within 5 days of the staffing.

d. When a request to split siblings is granted, the CWCMP shall seek to secure a commitment from adoptive, custodians, or foster/relative/kin families to maintain ongoing connections (e.g., visitation, communication).

See PPM 3237 regarding sibling visitation.

5238 Teen Parents/Infants

The Child Welfare Case Management Provider (CWCMP) shall arrange placements and coordinating services for teen parents with their infants when infants are not in DCF custody.

A. The CWCMP 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.

3. Pregnant and parenting youth in the custody of the Secretary with infant/ child not in the custody of the Secretary are eligible for Family First Prevention Services. The CWCMP will complete the Prevention Plan which is integrated in the child's Permanency Plan and will notify the PPS Foster Care Liaison to make the appropriate referral to needed services.

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 CWCMP.

2. The CWCMP 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 CWCMP 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 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 waives aftercare services, the infant shall continue to receive 6 months of aftercare until completed.

5239 Paternity or Putative Father

A. Paternity is the relationship between a father and his child. Establishing paternity is the process of making this a legal relationship. Paternity is established through marriage, signing the Acknowledgment of Paternity or Court Order. An acknowledgment of paternity creates presumption of paternity.

B. Establishing paternity is the process of determining a legal relationship and until this occurs; putative family are not defined as a relative and would be recognized as non-related kin placement.

C. A Presumed Father is the individual the law presumes, until shown otherwise, to be the legal father of a child. This may not be the actual biological father of the child. It is possible to have multiple presumed fathers. Kansas Law presumes a man is the father of a child if:

    1. The child was born during the marriage or within 300 days after the filing of a divorce decree/annulment;

    2. He attempts to marry and voidable marriages still count to create a presumption. A void marriage also creates a presumption as long as the child was born within 300 days from the end of cohabitation;

    3. He notoriously or in writing recognizes paternity of the child;

    4. Genetic tests show probably greater than 97% that he is the father; and/or

    5. He is obligated to support the child by court order; K.S.A. 23-2208

D. The Kansas Putative Father Registry was established pursuant to K.S.A. 23-36,201(a)(7) in 1994. This statute directs that the Registry shall be kept by the Secretary of the Department for Children and Families. The statute does not require that the Registry be searched prior to proceeding with an adoption (although anyone may make an inquiry to see if someone is registered). It also does not require DCF to take any action other than to maintain the Registry. DCF is not responsible for ensuring information is accurate or current. DCF is under no obligation to notify a registrant if an inquiry is made. Finally, registering with the Putative Father Registry subjects a putative father to the jurisdiction of the state if he is a non-resident. To add a father to the registry please contact Child Services Support and they will direct you.

5240 Informal Care

DCF Foster Care and Residential Facility Licensing has provisions in 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. 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 Child Welfare 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.

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, foster placement, relative caregiver, non-related kin caregivers or contract agency staff shall give consent to mental health treatment. If the foster placement, relative caregiver, non-related kin caregivers or contract agency staff are not readily available, designated DCF staff shall sign consents. If parental rights are terminated, consent shall be given by the foster placement, relative caregiver, non-related kin caregivers or contract agency staff. If the foster placement, relative caregiver, non-related kin caregivers or 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 coordination with the parents, if parental rights are intact. If parents refuse to give permission for out of state/international travel, the decision shall be made by the Foster Care Program Administrator or other DCF Regional Leadership who may consult the DCF Regional Attorney, as needed. The court, GAL, county or district attorney and DCF 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 5920 for information on utilizing an out of state medical provider.

2. Approvals for passports shall be obtained from parents or guardians, or if they are not available, the Regional Director or designee.

5245 Responsibilities When Child Is Missing from Placement

A. When a child or youth in the custody of the Secretary is missing from placement due to being a runaway, being abducted, or missing for an unknown reason, the Child Welfare Case Management Provider (CWCMP) shall report the missing child to the Special Response Team in PPS Administration by sending an email to DCF.SpecialResponseTeam@ks.gov.

B. Children or youth missing from care are at risk of victimization and exploitation. Certain behaviors and conditions can increase the risk to youth who are missing from care. When a youth falls into a high-risk category, this should be communicated to law enforcement and NCMEC so resources for high risk missing children or youth can be utilized. Regular communication with law enforcement and NCMEC should be maintained. A youth is considered to be high risk when one or more of the following criteria are met:

1.missing from care for 14 consecutive days

2. prior victim of sexual abuse or labor, trafficking or sexual exploitation;

3.substance abuse history that substantially endangers their safety (cocaine, methamphetamine, fentanyl, etc.);

4.history of self-harming behaviors or suicidal ideation;

5. medical or mental health condition that will place the youth’s mental and physical health at risk without required treatment or medication;

6. challenges in intellectual, developmental disabilities, or behavioral problems;

7. pregnant;

8. under the age of twelve (12);

9. has been or is believed to have been abducted;

10. other articulable circumstances that would cause a reasonable person to believe the child or youth is at imminent risk.

C. Responsibilities for when Children or Youth are Missing:

1. Within two (2) hours after receiving information on a missing or abducted child or youth, report to law enforcement authorities (for law enforcement to enter into the National Crime Information Center-NCIC database of the Federal Bureau of Investigation).

2. Within 2 hours, notify DCF.SpecialResponseTeam@ks.gov and include all information available about the child and the circumstances.

3. Within 24 business hours, after receiving information on the missing or abducted child or youth report to the National Center for Missing and Exploited Children, by entering information online or calling 1-800-THE-LOST.

4. Within 24 hours, provide the law enforcement agency, DCF Special Response Team, CWCMP Special Response Team, and NCMEC with the following information (as available):

a. complete the CWCMP Child/Youth Absent from Care Checklist that includes a current photo~~/~~ and physical description of the child or youth, to include a description of the clothing worn at the time the child or youth was last seen, hair and eye color, height, weight, complexion, eyeglasses or contact lenses, braces, condition of their teeth, body piercings, tattoos and other unique physical characteristics;

b. contact information of the child or youth; including information about cell phone numbers, email addresses, social networking platforms, aliases, pronouns, and nicknames;

c. suggested locations, friends, or addresses where the child could be located, including parents and relatives, and previously recovered locations;

d. medical, physical, emotional, mental health (conditions, diagnoses), behavioral health, and medication information that may impact the child's or youth's decision-making process and health, including any past suicidal attempts or ideations or any other endangerments or risks, such as gang activity, weapon possession, online enticement, substance use, commercial or ~~/~~sexual exploitation;

e. personal possessions the child or youth may have with them.

5. Coordinate with case management teams to:

a. contact the child's or youth's parent(s) or caregiver(s), within 48 hours, to see if whereabouts are known, make them aware of the child or youth missing from placement, elicit their assistance in locating the child or youth, provide frequent updates on search efforts, and consult regarding whether to issue a press release;

b. notify the court of the child's or youth's missing status;

c. contact the child's school to make them aware of the child's missing status and ask for their assistance in locating the child;

d. obtain information on friends, other relatives of the child or youth and others who may have information (teachers, counselors, coaches, CASA, etc.) through all available means including social media, to obtain information from them and also gain their assistance in locating the child or youth; if assistance is needed in locating the child's or youth's relatives, contact DCF to request a search of all systems;

e. provide emotional support to the parents or caregivers, siblings, and placement provider;

6. Attend weekly Special Response Team staffing meetings.

7. Contact the youth's community supervision officer (community corrections or court services) if the youth has been identified as crossover youth;

D. Ongoing Efforts

1. Missing 1-5 days

At least daily efforts shall be made to complete the following actions to obtain updated information:

a. contact parents or caregivers, siblings and placement provider;

b. follow up with law enforcement to check on the status of the investigation;

c. check social media for any updates;

d. contact friends and other relatives of the child or youth, through all available means including social media, to obtain updated information and assistance in locating the child or youth; if assistance is needed in locating the child's relatives, contact DCF Special Response Team (to request a search of all systems;

e. contact the child's school to check attendance, and determine if any staff have information or knowledge of the child's whereabouts;

f. attempt to contact the missing child or youth via mobile devices and social media;

g. contact with the youth's community supervision officer (community corrections or court services);

h. update PPS Administration Special Response Team at DCF.SpecialResponseTeam@ks.gov and the assigned foster care liaison on all the efforts made to locate the youth and any status changes weekly.

i. in the case of an unserved ex-parte order, the daily efforts listed above shall be made by the assigned DCF Special Response Team worker while maintaining communication with the CWCMP Special Response Team worker.

2. Missing over 5 days

At least weekly efforts shall be made to complete the following actions to obtain updated information:

a. maintain contact parents or caregivers, siblings and placement provider;

b. maintain contact with law enforcement to check on the status of the investigation;

c. continue to monitor social media;

d. continue to check with the National Center for Missing and Exploited Children (NCMEC) for updates, posters, and additional resources;

e. continue to contact friends and other relatives of the child or youth, through all available means including social media, to obtain updated information and assistance in locating the child or youth; if assistance is needed in locating the child's relatives, contact DCF Special Response Team to request a search of all systems.

f. continue to contact the child's or youth's school to check attendance~~,~~ and determine if any staff have information or knowledge of the child's or youth's whereabouts.

g. continue attempts to make contact the missing child via mobile devices and social media.

h. maintain contact with the youth's community supervision officer (community corrections or court services.

E. When the Child Returns

1. re-assess the child's or youth's safety, permanency, and well-being, including whether they were a victim of sex or labor trafficking or other unsafe behaviors (self-harm, substance abuse, etc.); (refer to Appendix 2I – Interview Guide for Runaway and Truant Children)

2. notify law enforcement immediately, no later than 2 hours after the child returns or is located;

3. follow up with case teams on notifying parents, placement, school, courts, community supervision officer (community corrections or court services), DCF Foster Care Liaison, and the Special Response Team at DCF.SpecialResponseTeam@ks.gov in PPS Administration, of child's or youth's return as soon as possible, but no later than 24 hours from knowledge of child's or youth's return;

4. conduct an interview with the child or youth upon return;

a. determine the primary factors that contributed to the child or youth being absent from placement;

b. gather details about where they were, who was with them, why they left, how they left, etc.;

c. determine the child's or youth's experiences while absent from care including conducting a human trafficking screen if the child or youth has been absent for more than seven days or has been absent multiple times in the past six months. If the youth is suspected to be a victim of human trafficking an Immediate Response Assessment shall be completed;

d. if there is disclosure or clear concern shown form the Immediate Response Assessment, Law Enforcement shall be notified, and a report filed with the Kansas Protection Reporting Center.

e. discuss strategies to address running behaviors and prevent future episodes.

5. In collaboration with the child's or youth's case team, re-assess the placement, treatment, and permanency plans and make changes as appropriate.

5251 Qualified Residential Treatment Programs

A. Qualified Residential Treatment Programs (QRTP) provide out-of-home placements for children in DCF custody and have a trauma-informed treatment model is designed to address the needs, including clinical needs as appropriate, of children with serious emotional or behavioral disorders or disturbances. QRTPs shall:

1. facilitate participation of family members in the child's treatment program to the extent appropriate and in accordance with the child's best interest;

2. facilitate outreach to the family members of the child, including siblings, and documents how the outreach is made, and maintain contact information for any known biological family and fictive kin of the child;

3. documents how family members are integrated into the treatment process for the child, including post-discharge and how sibling connections are maintained;

4. provide discharge planning and family-based aftercare support for at least 6 months post-discharge in collaboration with the Child Welfare Case Management Provider (CWCMP); and

5. have access—24 hours a day and 7 days a week—to registered or licensed nursing staff and other licensed clinical staff who provide care and services

B. CWCMP shall immediately notify the court when a child is placed in a QRTP. A copy of the assessment, once completed, shall be provided to the court.

C. When a child is placed in a QRTP, an assessment shall be completed within 30 days to determine the appropriateness of the placement. The CWCMP shall use the PPS 5115 Referral for QRTP Assessment For Child in DCF Custody to make this request for assessment. This assessment shall be done by the DCF identified independently contracted qualified individual (QI) who is a licensed clinician and not an employee of

the QRTP or the CWCMP and is not connected to, or affiliated with, any placement setting in which children are placed by the CWCMP. The QI shall:

1. assess the strengths and needs of the child using an age-appropriate, evidence-based, validated, functional assessment tool approved by the Secretary;

2. determine whether the needs of the child can be met with family members or through placement in a foster family home or, if not, which placement setting would provide the most effective and appropriate level of care for the child in the least restrictive environment and be consistent with the short- and long-term goals for the child, as specified in the permanency plan for the child;

3. develop a list of child-specific short- and long-term mental and behavioral health goals; and

4. work in conjunction with the child's family and permanency team while conducting and making the required 30-day assessment.

If placement is recommended, the QI shall state the reasons why the child's needs can't be met by the family or in a foster family home and why the recommended placement in a QRTP will provide the child with the most effective and appropriate level of care in the least restrictive environment. The QI will also explain how the QRTP placement is consistent with the short- and long-term goals for the child, as specified in the permanency plan for the child.

D. Within 60 days of the start of placement in a QRTP, the court shall:

1. consider the required 30-day assessment of the appropriateness of the QRTP, and documentation made by the QI conducting the assessment;

2. determine whether the needs of the child can be met through placement in a foster family home or, if not, whether placement of the child in a QRTP provides the most effective and appropriate level of care for the child in the least restrictive environment; and whether that placement is consistent with the short- and long-term goals for the child, as specified in the permanency plan for the child; and

3. approve or disapprove the placement. Such approval or disapproval must be documented in the case plan.

If the court does not approve the placement, the child shall be moved within 30 days.

E. While the child remains placed in a QRTP, the CWCMP shall provide specific QRTP placement information to the court at each review and permanency hearing. This reporting shall include indication the QRTP placement continues to be appropriate based on ongoing assessments, documentation of the treatment and services provided, and information regarding the efforts made toward permanency. If the court, at the review or permanency hearing, determines the continued placement is not approved, the child shall be moved within 30 days.

F. If a child is placed in a QRTP for more than 12 consecutive months, or 18 nonconsecutive months, or, in the case of a child who has not attained age 13, for more than six consecutive or nonconsecutive months, the CWCMP shall submit to

DCF the evidence and documentation submitted to the court for the most recent status review or permanency hearing.

G. The CWCMP shall ensure all QRTP data and documentation regarding eligibility milestone occurrences are captured and provided to DCF upon request. These milestones include but may not be limited to an independent assessment completed within 30 days of placement; court review within 60 days of placement; and decision to discharge.

5252 Assessing for Child Social Security Income and other Federal Benefits

A. DCF, alongside Child Welfare Case Management Providers (CWCMP), are required to screen all children in the custody of the Secretary and apply, or refer for application, for federal benefits. Assessment of potential benefits shall be completed by the CWCMP using the Appendix 3J1, Screening Tool for Federal Benefits. Federal benefits that should be explored include;

1. Child Supplemental Security Income (SSI),
2. Parents retirement benefits (RSDI),
3. Parents Veteran Administration benefits (VA),
4. Parents Social Security Death Income (SSA),
5. Parents Railroad retirement benefits (RR).

B. The CWCMP for the child or young person shall use the Appendix 3J1 tool to determine if an application referral packet shall be completed for Child SSI. If any answers are yes on the tool, the CWCMP shall send the tool, along with the application and any supporting documentation to the DCF Foster Care Liaison and the applicable entity designated for SSI Determination.

C. The DCF Foster Care Liaison shall send the completed screening tool, along with supporting documentation provided by the CWCMP to the regional IV-E eligibility specialist. The DCF IV-E specialist shall apply for federal benefits on behalf of the child or young person in the custody of the secretary. RR benefits, VA benefits, SSA, and RSDI shall be applied for according to PPM 5927.

D. The following timeframes and requirements shall be followed;

1. The CWCMP shall use Appendix 3J1 to assess a child or young person within 20 days of the child or young person being referred to foster care services. If information is unknown, the CWCMP shall note the unknown information in the comments section.

2. The CWCMP shall rescreen the child or young person every 6 months using the Appendix 3J1, checking the Bi-Annual Screen checkbox.

a. If all information remains no, the CWCMP has no further actions until the next bi-annual screen.

b. For Social Security Disability benefits, when the youth does not have benefits established, if the information remains the same and includes any

questions answered yes, the CWCMP shall send the tool, along with the application and any supporting documentation to the DCF Foster Care Liaison and the applicable entity designated for SSI Determination, regardless of any previous denials based on those yes answers.

c. If any new information has been obtained using Appendix 3J1 bi-annual screen, supporting documentation shall be sent to the DCF Foster Care Liaison and the applicable entity designated for SSI Determination.

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.

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 Educational Stability

The Child Welfare Case Management Provider (CWCMP) shall coordinate with the school system to ensure children in the custody of the Secretary receive educational resources which meet their individual needs. Coordination shall include discussing stable school placement and arranging transportation, if needed, to keep the child in the same school of origin.

A. All school-age children in the custody of the Secretary shall attend school as required by state law. The school shall be accredited by the Kansas State Department of Education. The CWCMP, child's parents, and child's placement shall support the child in achieving completion of secondary education. If the child wishes to pursue post-secondary education, support achieving this goal shall also be provided.

B. All school-age children in the custody of the Secretary shall be maintained in their school of origin whenever possible. When making placement decisions, educational considerations shall include but not limited to:

1. The child's proximity to their school of origin
2. The appropriateness of the educational placement
3. Whether transportation to the school of origin can achieve educational stability for the child

C. When the CWCMP becomes aware of a child's placement change or impending placement change, they shall follow the Educational Stability Process Map (Appendix

5P) and immediately contact the school district's foster care Point of Contact (POC) for the school of origin to inform them of the child's move and potential change in school location. The foster care POC will then identify a school professional with knowledge of the child's educational background to participate in a Best Interest Determination (BID) if needed.

D. When a placement change is anticipated to move a child into the boundaries of a new school a Best Interest Determination (BID), as defined in the Every Student Succeeds Act (ESSA), shall occur with the school of origin (sending school) prior to the move to ensure educational stability and determine if it is in the child's best interest to remain in the school of origin.

1. The BID, at a minimum, should include the CWCMP and the sending school foster care POC or designee. The purpose of the BID is to discuss what is needed to ensure educational stability based on the needs and the best interest of the child. A BID may be held by phone, or virtual meeting.

2. Additional persons with knowledge pertinent of the child's case may be invited by the CWCMP to participate in the BID in person, virtually, or by providing written input to be considered by the staffing team. Additional persons who may be included:

a. Child or youth, if appropriate
b. Biological Parents, if parental rights are still intact
c. Placement Providers
d. Guardian ad Litem
e. Educational Advocate
f. DCF Staff
g. Court Appointed Special Advocate (CASA)
h. ICWA Tribal Contact or Representative (if applicable)
i. Community Corrections or Court Services staff, if the youth has been identified as a Crossover Youth

E. Participants in the BID should consider:

1. Length of Time Enrolled in School of Origin
2. Learning Behaviors or Disabilities
3. Safety Factors
4. Participation in Extra-Curricular Activities
5. Distance of New Placement from School of Origin
6. IEP and 504 Plan Services
7. Child Preference
8. Parent Preference, if parental rights are still intact
9. Child's Attachment to School of Origin
10. Placement of Siblings
11. Influence of School Climate
12. Availability and Quality of Services

The BID decision and participants shall be documented on Part A of the Educational Enrollment Information for School Placement Form PPS 5254.

F. Potential BID Outcomes:

1. When it is determined to be in the best interest of the child to stay in their school of origin, the school district and CWCMP shall coordinate to develop a transportation plan for the student to get to and from school. Coordination shall include addressing the availability and cost of the transportation needed. Additional transportation costs may be reimbursed by the CWCMP, paid by the school district, or shared. Considerations when coordinating transportation include:
    a. Age of child
    b. Type of transportation available
    c. Flexibility in school schedule
    d. Impact of extracurricular activities on transportation options
    e. Maturity and behavioral capacity of the child
    f. Traffic patterns
    g. Additional needs of the child (i.g. presence of paraprofessional, car lifts)

2. When it is determined to be in the best interest of the child to transition from their school of origin, the CWCMP shall inform the receiving school and forward the PPS 5254 within 3 working days of the BID Decision.

The CWCMP will update the PPS 5254 and PPS 5120 each time a child experiences a change in school or a change in placement, 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 returns home to the parent.

The CWCMP shall provide all documentation regarding the BID process and outcomes to the Tribe as required by ICWA.

G. Children in the custody of the Secretary may be approved to be home schooled when their placement has signed an Adoptive Placement Agreement and if the CWCMP and court approve.

H. K.S.A. 38-2285, requires the board of education of a school district award a high school diploma to any person requesting a diploma if the person:

1. is at least 17 years of age
2. is enrolled or resides in such school district
3. is or was a child in the custody of the Secretary at any time after turning 14 years of age
4. has achieved the minimum high school graduation requirements adopted by the State Board of Education.

I. The requirement identified in H.4 is applicable even if those requirements do not meet the requirements of the local school board.

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 Child Welfare Case Management Provider (CWCMP) 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 CWCMP staff must exercise due diligence/reasonable efforts to find the parents. The CWCMP 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 affect 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 CWCMP 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. CWCMP Responsibilities

1. CWCMP 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 CWCMP 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 CWCMP 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, placed with foster parents, relatives or non-related kin, are eligible forchild care services if the foster care caregivers are employed or enrolled in education or training activities. The Foster Care Child Care (FC-CC) program is administered by DCF Economic and Employment Services (EES) according to the Kansas Economic and Employment Services Manual (KEESM).

Child care services may be provided by an enrolled licensed child care center, licensed family child care home, licensed group child care home, out-of-home relative provider or in-home relative provider. The Kansas Department of Health and Environment (KDHE) provides the guidelines regulating child care in Kansas. Child care centers and family/ group child care homes must be licensed by KDHE.

Foster care caregivers needing FC-CC services must complete the ES-3100FC Application for Foster Care Child Care Benefits and submit the application to the Child Welfare Case Management Provider (CWCMP) or Child Placing Agency (CPA). After the CWCMP or CPA verifies the need for child care services, the application must be forwarded to DCF.FosterCareCC@ks.gov. The income of the foster care caregivers is not considered when determining eligibility. Once approved, the child care assistance benefit is issued to the foster care caregivers using the Kansas Electronic Benefit Transfer (EBT) card. Changes to the FC-CC case must be submitted on the ES-1512FC Changes for Foster Care Child Care Benefits

5259 Life Books

A Life Book is an organized collection of pictures, narratives, documents, records, and memories for a child. Life Books span the life of the child, before and during their foster care experience, and can be referenced or added to after foster care. Life Books remind the child from where they come, their connections and relationships, their heritage and culture, and their experiences.

A. The Child Welfare Case Management Provider (CWCMP) is responsible for:

1. Preparing and providing a Life Book to each child in out of home placement. The Life Book shall be initiated upon referral of a child into out of home care.

2. Updating the Life Book upon major changes in the child's life or no less than every 180 days at minimum. (e.g., placement change, end of school year, major court decision, etc.) during the entire episode of out of home placement. Important documents shall also be copied and placed in the child's file.

3.Including the child in the development and maintenance of their own Life Book. The Life Book belongs to the child, and they shall be consulted before it is shared with anyone except the current placement and CWCMP case team.

B. DCF does not have a set Life Book format. CWCMP's may use their own format. Each Life Book shall include a copy of Appendix 3M Family Mobile Crisis Helpline. Each Life Book may also include the following:

1. Pictures of the child, from birth forward

2. Pictures of birth family to include parents, grandparents, siblings, and extended family as available.

3. Genogram/family tree of birth family

4. Letters from birth family members

5. Pictures of pets, special toys or security items

6. Interviews with the child for "About Me" pages – likes/dislikes, hobbies & interests, feelings and important memories, wishes & dreams, fears, etc.

7. Narrative of the child's birth history (date, height, weight, hospital, city, etc.) and any known medical information for child and child's parents & grandparents

8. Reason for removal and placement into foster care

9. Case Manager/Family Support Worker history: complete list of assigned case worker names and agencies, with pictures – may include names of important placement staff members and other supportive adults in the child's life

10. Placement history, with dates, reasons for moving, and pictures of placement care providers – home, persons, pets, friends, extracurricular teams and activities, etc. – may include letters from caregivers

11. Medical History: complete records of immunization records, height/weight tracking charts, known allergies, childhood diseases, injuries, surgeries/procedures, developmental milestone dates, doctors, dentists and optometrists seen for healthcare, etc.

12. Educational history: complete records of names and address of schools attended for each grade, class photos, photos of teachers and other important adults at the schools, copies of school grade reports and transcripts, homework samples, art projects, ribbons, awards, certificates earned, pictures from important school activities (sports games, performances, dances, ceremonies, graduation, etc.)

13. Independent Living information: mementos and photos from teen groups, classes, camps, copies of certificates and achievements earned, letters from mentors, social workers, care providers, IL leaders, driver's education information, dates of accomplishments for IL related goals

14. Adoption information: date of finalization, adoption day pictures and mementos, copy of the adoption decree and new birth certificate

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; relatives, 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)

   If reintegration is no longer viable, the permanency goals, in order of preference, are adoption and then permanent custodianship.

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 and/or relinquished.

   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 and is clearly documented on the case plan.

(See Appendix 5L for examples of commitment agreements.)

D. Another Planned Permanency Living Arrangement (APPLA) (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 APPLA rule out other more permanent options.

2. The permanency goal of Another 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 Another 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

Legal counsel competent to address immigration options for undocumented youth should be sought at the earliest opportunity.

A. Permanent Option

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 lawful permanent resident alien of the United States with the ability to live and work within the U.S. without fear of deportation. After five years, lawful permanent resident aliens may apply for citizenship, but must meet all requirements including but not limited to, status, good moral character, and length of residence in the United States. The link to the complete SIJS manual can be found at http://www.ilrc.org

Undocumented youth in care with a case plan goal other than reunification with one or both parents 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.
SIJS is still possible in certain circumstances, even if the child is no longer under court jurisdiction and even if the youth turns 21, provided that the application for SIJS was filed before turning 21.

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.

1. Eligibility Standards for SIJS

Unmarried children who are under age 21 and meet the following three standards may apply for SIJS:

a. A youth must be under the jurisdiction of a court in a child in need of care or juvenile offender proceeding.

b. The court must find that reunification 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 reunification with one or both parents.

c. SIJS is still possible in certain circumstances even if the child is no longer under court jurisdiction and even if the youth turns 21 years, provided that the application for SIJS was filed before turning 21. The court must be

clear that the proceeding did not arise to secure SIJS but because the child was abused, neglected, or abandoned or due to any other basis in state law.

2. 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:

   a. Evaluate the minor's case to make sure that it fits within each of the three eligibility criteria.

   b. 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.

   c. 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.

   d. The court must hear evidence on the three criteria.

   e. 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 of the SIJS manual in appendix E.

   f. 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.

   g. 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.

h. Next, the CIS will schedule an interview, which a number of people (case manager, 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.

i. 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.

B. Temporary Option-Deferred Action for Childhood Arrivals (DACA)

DACA applies only to children who arrived in the United States prior to June 15, 2007. Information is posted on the USCIS website http://www.uscis.gov/sites/default/files/USCIS/Resources/daca.pdf or http://www.ilrc.org

5263 Self-Sufficiency/Life Skills Responsibilities of the Child Welfare Case Management Provider

The Child Welfare Case Management Provider (CWCMP) shall provide life skills services for youth ages 14 and older who are in DCF custody and in out of home placement. The CWCMP will assess youth and develop individualized transition plans using PPS 3059A My Plan for Successful Adulthood or PPS 3059B My Adult Services Plan.

A. For youth ages 14 and older who are in out of home placement:

1. The CWCMP shall support parents, caregivers, foster families, and out of home providers to integrate daily living skills into activities with the youth.

2. The CWCMP shall provide age and developmentally appropriate training in the following domains:

a. Daily living skills and home maintenance

b. Housing and community resources

c. Mental health resources

d. Money management

e. Health, medical care, and personal hygiene including:

i. negative impacts of nicotine products, drugs and alcohol

ii. sexually transmitted diseases or unplanned pregnancies

iii. information on how and when to seek medical care

iv. basic first aid training

v. discussions on health insurance and KanCare

f. Personal safety

g. Work and study skills

h. Personal development

i. Relationships and communication

j. Technology access and internet safety

k. Secondary education planning

l. Healthy relationships

3. The CWCMP shall use the Casey Life Skills Assessment for youth in care and Self Sufficiency Matrix for youth participating in aftercare services who have aged out of foster care.

4. The CWCMP shall provide parents, caregivers, foster families, and out of home providers with knowledge and training to teach or reinforce methods addressing the youth's needs.

5. The CWCMP shall also:

a. Refer youth ages 14 and older with a disability (Section 504) or who are receiving services under an IEP based upon disability to appropriate education and employment resources meeting federal Workforce Innovation and Opportunity Act (WIOA) guidelines.

b. Work with DCF and/or programs offering credit check services free of charge and ensure each youth age 14 and older in foster care receives a copy of their consumer credit reports from Experian, Equifax, and TransUnion each year until discharged from foster care. The CWCMP will also assist in interpreting the credit reports and resolving any discrepancies. (PL 113-183).

c. Assist all interested youth ages 14 and older with participation in the Kansas Graduated Driver's Licensing program, including obtaining the age-appropriate permit or license, attending driver's education, and completing the required hours of supervised driving practice. Youth who are not interested in participating will sign an opt out form. Youth who have opted out may subsequently opt in at any time.

d. Ensure each youth has 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.

e. Assist interested youth, 16 and above, to open a bank account at a Kansas state-chartered bank. Youth in foster care may open an account without a cosigner. CWCMP staff will provide youth with verification of foster care status to open an account. The CWCMP will refer youth to a financial literacy program and inform youth of their responsibility for banking costs or penalties associated with holding an account without a cosigner (K.S.A. 9-1204(a)-(d)).

f. Ensure classes in parenting skills and childcare are available for expecting or parenting youth and young adults.

g. Assist DCF in administering National Youth in Transition Database (NYTD) surveys to youth in foster care during each designated survey collection period. The CWCMP will also cooperate with the collection and submission of the data elements of the surveys.

h. Support and encourage youth involvement with Regional and Kansas Youth Advisory Councils through aid with transportation, participation in events and chaperoning.

B. The CWCMP shall prepare transition plans (PPS 3059A My Plan for Successful Adulthood or PPS 3059B My Adult Services Plan) for all youth in out-of-home placement starting at age 14, regardless of case plan goal, that:

1. Support youth in preparing for and obtaining employment, when appropriate.

2. Connect youth to community and mental health resources as needed.

3. Prepare youth for responsible financial management, including obtaining and maintaining safe and stable housing.

4. Support expecting and parenting youth and refer them to appropriate resources within the agency, DCF, and the community.

5. Refer youth with developmental disabilities for guardians, as applicable.

6. Educate youth on housing, including the use of Foster Care Transition Services, and the public transportation options available in their communities.

7. Assist youth with developing and maintaining permanent connections which will provide resources for them as they leave foster care, including referring youth for mentoring services. Permanent connections shall not be CWCMP staff directly responsible for the case.

8. Assist the youth in protecting their identity and future credit worthiness and resolving any inaccuracies or instances of identity theft.

9. Assist the youth and young adults with learning about Medicaid programs and selecting a Managed Care Organization (MCO).

a. PPS Eligibility staff notifies KDHE using the PPS 5918 Continuous Eligibility (CE) and Aged Out Foster Care Medical (AGO) Transfer Form when a youth is no longer eligible for Foster Care Medical (FCM) and is eligible for Aged Out Medical.

b. The CWCMP shall assist young adults in understanding the process of changing their mailing address and the importance of maintaining an updated mailing address with their MCO for the purposes of receiving and answering KanCare yearly reviews to ensure continued healthcare coverage through Medicaid in Kansas.

c. The CWCMP will assist young adults exiting care to live in another state in locating and completing an application for the Aged Out Medical program in that state. Youth and young adults shall be assisted with providing citizenship and identity documents to KanCare or other state entity accepting Aged Out Medical applications.

10. Encourage and enable youth to maintain sibling connections, when possible and appropriate, and support youth as they prepare to reconnect with their biological families after exiting foster care.

11. Support and encourage youth involvement with Regional and Kansas Youth Advisory Councils through aid with transportation, participation in events and chaperoning.

5270 Aftercare Responsibilities of the Child Welfare Case Management Provider

The Child Welfare Case Management Provider (CWCMP) shall provide services and supports for 6 months following the achievement of reintegration, adoption, permanent custodianship, Another Permanent Planned Living Arrangement (APPLA), or youth/young adults who have aged out of care. Services are provided to assure safety and stability of the child and to assist all family members in connecting with community providers to improve family functioning and may include information and referral of other services, education (e.g., parenting skills, advocacy skills with school systems, etc.), clinical and therapeutic services, access to material resources and access to community-based supportive networks (e.g., support groups, recreational activities and respite care).

A. The CWCMP shall:

1. Implement a 6-month aftercare services program following case closure achieved through reintegration, adoption, permanent custodianship, APPLA, or youth/young adults who have aged out of care.

2. Make contact with all family members, including the child/youth/young adult, at least monthly in person and at least weekly telephone contact;

3. Staff all cases with the Reintegration or Adoption Case Manager at least thirty (30) days prior to the transition of the case as per PPM 3005;

4. Develop transition and time-limited aftercare plans in partnership with families;

5. Ensure availability and accessibility of services and support without disruption;

6. Engage the community in meeting the continuing needs of children and families. Aftercare services and support planning begins at the time of placement. DCF, its partners and the community shall continue to support youth and their family after reintegration occurs and until the family is self-sufficient and able to provide for its children’s safety, permanence and well-being;

7. Utilize collaborative and collegial strategies to engage and motivate families;

8. Use client-directed assessment across life domains, ongoing safety assessment and planning, domestic violence assessment, suicide assessment and crisis planning;

9. Use cognitive and behavioral research-based practices and behavioral intervention skills development;

10. Provide and/or help the family access tangible goods and services which are directly related to achieving the family's goals, while teaching them to meet these needs on their own;

11.Coordinate, collaborate and advocate with state, local, public and community services and systems affecting the family;

12. Provide twenty-four hours, seven days per week, crisis on-call services;

13. Provide services within the family's homes and community;

14. Tailor services to family's needs, strengths, lifestyle and culture;

15. Create a packet of information, including a safety plan and culturally appropriate neighborhood resources, for to use after exiting aftercare services;

16. Provide ongoing emotional support and case management for families. Case management services are to include:

a. Assistance in completing the child's or youth/young adult's Medicaid application;

b. Referral for housing and food assistance;

c. Referral for financial assistance, assistance with childcare and other services;

d. Referral for substance use disorder and/or behavioral/mental health services;

e. Assistance with identifying external and internal support systems;

f. Assistance with the development of practical and realistic time management systems;

g. Provide ongoing parent education;

h. Coordination with the family and all service providers, including but not limited to DCF Independent Living;

i. Coordination with the family and the educational system, if applicable.

B. Aftercare Services for Children in DCF Custody

1. For children who remain in DCF custody, the Child's Permanency Plan with the case plan goal of maintenance at home shall be submitted to the DCF region, the court and other required parties within 30 calendar days of a

child's reintegration. (See Section 3000 for additional information on case planning.)

2. The CWCMP shall continue to complete monthly child/worker visits and submit encounter data.

3. The CWCMP shall provide intensive in-home services for six months and continue to provide in person services, engage the family, and assess the safety of all children in the home.

4. If the child remains in DCF custody past the six months of aftercare, a case transfer staffing is required prior to the end of the six months. See Appendix 5M.

5. If custody is released before the end of six months, the CWCMP shall make concerted efforts to continue to provide intensive in-home services for the remainder of the six month time frame and develop an Aftercare Contact Agreement (PPS 3070) with the family to outline the services and supports needed to maintain the placement and meet the needs of the child.

6. The CWCMP shall submit the Aftercare Contact Agreement (PPS 3070) within 5 working days.

C. Aftercare Services for Children Released from DCF Custody

1. When a child has reintegrated with their parent and released from DCF custody the CWCMP shall make concerted efforts to provide intensive in-home services for six months.

An Aftercare Contact Agreement (PPS 3070) shall be developed with the family to outline the services and supports needed to maintain the placement and meet the needs of the child.

2. When a child is adopted, the Aftercare Contract Agreement is signed at the meeting to complete the Adoptive Placement Agreement (APA). If there are questions or concerns about the Aftercare Plan the CWCMP shall confer with DCF to resolve them prior to APA.

3. Once the aftercare plan is developed, the CWCMP shall be actively engaged to meet with the child and family in person in the home on a monthly basis as outlined in the aftercare plan. Whether or not a meeting occurs, a monthly report, PPS 3071, shall be completed.

4. If the family expresses the need for additional services, a consultation with DCF is required.

5. When a youth/young adult is released from custody upon reaching the age of majority and anytime thereafter, the CWCMP shall complete the PPS 3070 A, Aftercare Contact Agreement for Young Adults, with the youth/ young adult and make concerted efforts to provide intensive services for six months. Whether or not contact occurs, a monthly report, PPS 3071, shall be completed and provided to the Foster Care Liaisons and Independent Living team. CWCMP and DCF IL Coordinator shall collaborate to serve the young adult in a manner that is in the young adult's best interest any time a young adult is being served

by both programs. CWCMP shall assist any young adult to obtain any required identifying documents they did not obtain prior to transitioning out of care.

D. Assisting Families with Obtaining Medical Coverage in Aftercare

The Child Welfare Case Management Provider shall assist the family in accessing medical coverage and services for which they are eligible. This includes:

1. Assuring the child's Medicaid card is given to the permanency resource; and,
2. Assisting the parent/caregiver in adding the child to private insurance; or,
3. 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,
4. Submitting an application to KanCare for an income eligible or SSI Medicaid; or,
5. Requesting Medicaid from DCF through an adoption assistance agreement.
6. 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.

5271 Exceptions to Aftercare Responsibility of Case Management Providers

The aftercare period does not apply to:

A. Youth who are transferred to Kansas Department of Corrections - Juvenile Services (KDOC-JS) or to the Tribal Court.

B. Children released from the Secretary's custody and placed with an individual who is not the child's parent, adoptive parent, legal guardian, or custodian.

C. Youth with no open ICPC case who are no longer in custody and are living out of state. If there is an open ICPC case and court maintains jurisdiction, aftercare services would continue.

D. Direct adoptive placements by the court in which the child(ren) are released from DCF custody.

E. Probate guardianships pursuant to KSA Chapter 59.

5300 Adoption Services

When children cannot be safely reintegrated with their parents/caregivers, adoption is the preferred permanency plan. Adoption is a lifelong commitment for the entire family. Most children and youth in the custody of DCF in need of an adoptive family have experienced trauma due to being removed from their parents/caregivers because of abuse or neglect. All children need families who will provide love, commitment and assistance to reach their full potential.

A. Adoption services shall begin when the primary case plan goal changes to adoption.

B. Adoption services involve:

    1. Matching children in need of adoptive homes with parents who wish to adopt them;

    2. Recruiting and training appropriate prospective adoptive families;

    3. Preparing the child(ren) for adoption;

    4. Preparing prospective adoptive families for the process of adoption of child(ren) from foster care;

    5. Matching child(ren)'s needs to the family's ability to meet those needs;

    6. Supporting child(ren) and families through the transition from foster care to adoption and beyond;

    7. Helping formalize the relationship through finalization of adoption.

5301 Adoption Roles and Responsibilities

When parental rights are terminated or relinquished, the following responsibilities apply:

A. DCF Responsibilities
    1. Forward the PRT Journal Entry or Voluntary Relinquishment of Parental Rights immediately to the regional attorney for review of legal sufficiency.

    2. Issue the Consent to Adopt.

    3. Review and approve Aftercare Contact Agreement.

    4. Sign the Adoption Placement Agreement.

    5. Negotiate and execute the Adoption Assistance Agreement.

    6. Determine child's eligibility for Adoption Assistance.

    7. Send the Child Welfare 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.

    8. Assess whether parental relinquishments should be accepted.

B. Child Welfare Case Management Provider Pre-Adoptive Casework Responsibilities:
    1. Utilizing practices to maximize children's likelihood of adoption and minimize the trauma children experience;

2. Utilizing concurrent planning, as appropriate, to facilitate placing children as early as possible with relatives/caregivers who are open to adopting them if they are unable to return home;
3. Reducing placement disruptions as much as possible and minimizing the trauma of moves between placements;
4. Collaborating with Child Placing Agencies when a child has more than one adoptive resource needing assessments, and to complete additional family/ home assessments when needed.
5. Utilizing the Rapid Permanency Review (RPR) tracking tool to understand the barriers to permanency and enforce accountability for achieving it.
6. Preparing the Adoption Packet, in collaboration with the Foster Care Liaison and Adoption Specialist for DCF Adoption Consent;
7. Ensuring effective networking within communities and with schools, mental health centers, courts and community-based programs;
8. Ensuring once an adoptive home has been approved, whether in-state or out of state, the child moves to the placement without delay, considering the best interests of the child.

C. Child Welfare Case Management Provider Responsibilities Post-Finalization
   1. Provide 6 months of aftercare with monthly contacts and reports to DCF. Refer to PPM 5270.
   2. Refer families to the Kansas Post Adoption Resource Center (K-PARC).

D. When a family has not been identified for a child the Child Welfare Case Management Provider shall:
   1. Send the Adoption Exchange Provider the completed PPS 5310, Adoption Exchange Information form for the child within 5 working days of DCF acceptance of relinquishment or within 5 working days of the end of the Parental Rights Termination (PRT) appeal period on both parents if no appeal has been filed. The PPS 5310 shall be completed annually.
   2. Send the Adoption Exchange Provider the PPS 5315, Adoption Exchange Child Status Update Form, when there is a change in the child's circumstances.

E. Adoption Exchange Provider Responsibilities:

Send the CWCMP the completed PPS 5305 Individual Recruitment Plan for Child in Need of Adoption Resource annually from date of initial referral.

5311 Preparation of the Child

Preparation of the child for placement with an adoptive family is the responsibility of the Child Welfare Case Management Provider (CWCMP). 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 Child Welfare Case Management Provider;
2. the current placement;
3. other individuals who know the child well, e.g. DCF foster care liaison, teachers, therapist, meaningful relative connections.

B. Preparation Tasks

The Child Welfare Case Management Provider is responsible for preparing and supporting the child to be adopted, which begins at the point when the decision is made that reintegration is no longer viable, and continues through placement and finalization of an adoption.

The CWCMP shall incorporate sound casework practices that minimize harm by placing children initially with resource families, supporting children to understand and cope with traumatic experiences, and minimizing the extent of losses they must endure by stabilizing placements, requiring Lifebook work, and facilitating the level of openness in the child's best interest.

1. Child Welfare Case Management Provider shall take into consideration the following:
    a. a review of the child's social history and assessment, including trauma and placement history, to determine the child's developmental level, personality, and understanding of adoption;
    b. the relationship of the child to the prospective adoptive parent(s) and the length of time they have been living with them;
    c. 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;
    d. the child's expressed interest and willingness to accept the adoption;
    e. the child's preferences regarding adoptive placement;
    f. assessment of the child's claiming behaviors and the family's ownership of parenting children not born to them;
    g. assessment of the child's needs and what the parents will need to provide for him or her;
    h. referrals made or still needed for healthcare, including a qualified mental health professional, to process the adoption with the child and family;
    i. maintaining meaningful relative connections with the child;
2. Children go through several stages as they adjust to living with a new family. Their adjustment shall be documented when requesting the consent to adopt. Some stages may occur prior to the Adoptive Placement Agreement

being signed, and there may be regression to earlier stages as the child adapts to the plan for adoption. Prospective adoptive parents and CWCMP case managers shall discuss the child's readiness for adoption in terms of their:

a. getting acquainted

b. honeymoon

c. ambivalence

d. reciprocal interaction

e. bond solidification.

See Appendix 5Z for additional information.

3. Children of different developmental stages and diagnosis will require unique adjustment periods. Staff should assess the child's progress at least monthly and more often if needed. The CWCMP shall facilitate the development of a plan that provides for a mutually agreed upon adjustment period. If the child has lived with the family for less than six months, the adjustment period shall be at least six weeks.

4. 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.

   e. Explore attachment, trauma and loss of siblings, extended family, kin and previous caregivers.

The Child Welfare 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 PPS 3114. For more information on preparing the child for adoption, see Appendix 5W. The documentation needed for requesting the consent to adopt is in PPM 5363.

5312 Individualized Recruitment Plans

A. An Individualized Recruitment Plan (IRP), shall be completed by the Adoption Exchange Provider for all children that have been referred to the Adoption Exchange and do not have an adoptive resource. (See PPS 5305 Individualized Recruitment Plan.)

B. The goal of the IRP is to identify general and targeted recruitment efforts for each child registered on the Adoption Exchange, for the purpose of securing an adoptive resource.

C. The written individualized recruitment plan shall be incorporated in the case plan for the
child.

D. The IRP shall be updated annually from the initial date of referral.

5313 Specialized Recruitment Activities

A child shall be referred to the Kansas Adoption Exchange by the Child Welfare Case Management Provider when there is not an identified adoptive resource documented on the PPS 5316. (See PPM 0160 for definition of an identified resource.) The Child Welfare Case Management Provider sends the Child Adoption Exchange Information form (PPS 5310) to the Adoption Exchange Provider within 5 working days of DCF acceptance of relinquishment or within 5 working days of the end of the Parental Rights Termination (PRT) appeal period on both parents if no appeal has been filed.

The Child Welfare Case Management Provider will:

1. Complete a thorough review of the child's complete file to identify all possible relatives, resources, and formal or informal connections for possible current interest in adoption.
2. Ensure the child's social history is accurate and up to date, fully exploring the child's physical, social, emotional, intellectual and behavioral well-being, including a complete assessment of the child's trauma history and impact of the trauma on the child.
3. Identify the child's strengths, needs, areas of particular challenge, interests, likes, dislikes, and the child's stated desired characteristics of the adoptive family.
4. Develop an individualized and detailed PPS 5310 that is strengths based and community focused, documenting each of the above mentioned areas. The written PPS 5310 shall include recommendations for adoptive family characteristics that may be the best match for the child.
5. PPS 5310 and recruitment photo shall be updated annually, as needed, and sent to the Adoption Exchange.

The Adoption Exchange Provider:

A. Receives the Adoption Exchange Information form and registers the child on the exchange. Writing a child's narrative is an important part of creating a profile that will inform families and compel them to learn more. While each child's profile is unique to him or her, there are important principles that should guide your efforts to write

effective profiles. Additional information on writing children's narratives is located at: http://www.adoptuskids.org/for-professionals/writing-childrens-narratives

B. The Child Welfare Case Management Provider and the Adoption Exchange Provider determine which specialized recruitment activities may be appropriate for the child. Activities may include, but are not limited to, a professional photograph, T.V., radio and print media profiles, church bulletins, and Public Service Announcements.

C. The Adoption Exchange Provider is responsible for the general and targeted recruitment services for the children listed on the exchange. 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.

All recruitment initiatives shall respect the dignity and confidentiality of the child.

5320 Legal Risk Adoption Situations

A. The Child Welfare Case 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. an appeal is filed but the court's decision is expected to be upheld.

C. A legal risk adoption shall not be considered in cases involving the Indian Child Welfare Act and when pre-adoptive parents are not relatives or currently licensed.

D. The Case Management Provider shall document the legal risk placement on the PPS 3051, Section VI.

5330 Assessing the Adoptive Family

All families considering adoption from foster care shall receive the Appendix 5T Adoption from Foster Care brochure.

A comprehensive assessment of a family interested in adopting a child in the custody of the Secretary of DCF, including sponsored adopt-only families, shall be completed by a Child Placing Agency (CPA) using the Family Assessment and Preparation Study, PPS 5318 prior to being considered at a Best Interest Staffing. The assessment shall include items listed in KSA 59-2132 and KSA 59-2130.

The PPS 5318 shall be updated at least annually and anytime there is a significant change, including but not limited to death in the family, divorce, or move to a new home.

The assessment shall address the prospective family's capacity to incorporate the child into their household in relation to their lifestyle, standard of living and future plans, and overall capacity to meet the immediate and future needs of the child, including but not limited to: social, emotional/mental health, physical, and educational.

Unlicensed staff may assist with gathering and compiling information for the assessment, but a licensed professional must review, approve, and sign the assessment.

In addition to evaluating the safety and suitability of prospective parents and the characteristics of child(ren) they are prepared to parent, the family assessment process provides an opportunity for the prospective parents to learn about caring for a child with special needs, and to explore their own worries, needs and strengths. The assessor is responsible to continue to inform the family about adoption related issues, assess the family's capacity for successful adoption and parenting, and guide the family in determining the appropriateness of adoption for their family. The assessor is also responsible for determining the appropriateness for the family to adopt a specific child from foster care, which shall be documented in an updated family assessment prior to consideration in a Best Interest Staffing.

A. A quality adoption preparation and assessment process shall include at least two in person contacts by the adoptive home assessor. The total number of contacts shall be based on the family and circumstances of the case, and adoptive home assessors shall make as many contacts as necessary to complete a thorough and comprehensive assessment. A face-to-face in-home interview with each member of the household is required, if applicable, including the parents together, the parents individually, and the children individually.

B. The written assessment (PPS 5318) of the adoptive family shall include:

1. Motivation to adopt a child from foster care;

2. Family's attitude toward accepting an adopted child, and plan for discussing adoption with the child;

3. Emotional stability, physical health, compatibility and quality of relationship between adoptive parents;

4. Strategies to cope with problems, stress, frustrations, crises, and loss;

5. A statement from the potential adoptive parents' primary care physician 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, educational and emotional needs;

8. Adjustment of children born to them, if any, including school reports;

9. Insights about parenting a child adopted from foster care;

10. Description of how caregiver gives and receives affection;

11. Physical, social, emotional, intellectual, developmental, and disabilities in children the family is willing and able to accept;

12. Physical, social, emotional, intellectual, developmental, and disabilities in children who would not be appropriate for the placement with this family;

13. Description of the home and physical space for the child;

14. References, to include a minimum of three, only one of whom may be a relative;

15. Interview with all children, excluding foster children, of the adoptive family, who reside both inside and outside of the home;

16. The current capacity of the adoptive resource to serve in terms of the number, age, sex, characteristics, and special needs of the children;

17. Ability to access community resources to meet the child's specific needs;

18. Ability to incorporate the child into the family.

19. The current or on-going role as foster parents shall be addressed and noted in the Additional Assessor section of the Family Assessment and Preparation Study (PPS 5318).

C. All prospective adoptive parents, except relatives, shall complete an approved preservice training for foster care licensure prior to a child's placement. If a family completed a pre-service program not pre-approved by DCF, the Child Welfare Case Management Provider shall request a waiver for the family from the DCF Foster Care Program Administrator.

D. All prospective adoptive parents considered as an adoptive resource at BIS shall have:

1. A written adoptive family assessment completed on PPS 5318, by a licensed child placing agency which is updated at least annually; and

2. Medical or health information on, adoptive parent or parents regarding anything impacting the adoptive parent(s)' ability to parent a child; updated at least annually, and

3. Clearance through KBI updated at least annually and a national criminal history fingerprint check.

a. If a national criminal history check has been completed on a foster parent who 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.

c. Clearance through KBI for all family members 10 years of age and older.

d. Fingerprints for additional household members, 18 years and older shall be submitted to DCF.

4. A complete DCF History check on all members of the home who are age 10 and older. A complete DCF history check is comprised of Web KDHE Request Processor (WKRP), Family and Children Tracking System (FACTS), Kansas Intake/ Investigation Protections Systems (KIPS), Kansas Initiative for Decision Support (KIDS), Kansas Adult Abuse, Neglect, Exploitation Central Registry and Kansas Child Abuse and Neglect Central Registry Search (CERS) checks. If the family resided out of state during the last five years, child abuse registry checks in all the state(s) where they resided shall be completed for all adults.

See Section 5340 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

Case file reviews and searches for extended relatives may also be necessary to assist the child in achieving permanency through adoption. Adoption by a relative that is unknown to the child requires more planning and preparation.

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 and Licensed Non-related Kin as an Adoptive Placement

When adoptive placement with a relative is not possible, adoption by foster parents or licensed non-related kin 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.

5333 Adoption By a Family Unknown to the Child

Adoption by a family that is unknown to the child often requires more planning and preparation.

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 an appropriate match on the Kansas Adoption Exchange the Child Welfare Case Management Provider shall explore families listed on the national adoption exchange, AdoptUSKids.

Family Assessment and Preparation Study (PPS 5318) shall be updated to include information on a specific child prior to being considered in a Best Interest Staffing.

5339 Best Interest Staffing

Adoption from foster care is a service for the child, and a Best Interest Staffing (BIS) is held to select an adoptive family that can best meet the needs of the child. A BIS shall be convened and facilitated by the Child Welfare Case Management Provider (CWCMP) unless an exception has been made.(See PPM 5340) Once an adoptive family is identified and deemed a viable option, a BIS shall be held without delay.

A. Prior to a Best Interest Staffing:

1. If siblings are not being adopted together and have a permanency goal of adoption, the CWCMP shall document the reasons and complete a Sibling Split request, PPS 5147. (See also Appendix 5I) The request shall be approved by Sibling Split Request Review Team, which shall include the CWCMP Director or designee.

2. For children with no potential identified adoptive resource, the CWCMP shall seek to identify approved prospective adoptive families from the Kansas Adoption Exchange and AdoptUSKids to be considered in a best interest staffing for a specific child. When selecting families to be considered in the BIS, the CWCMP shall exclude families who do not have the capacity to meet the child's emotional and social needs, but they shall not exclude families based solely on their race, color, or national origin. (See the Multi-Ethnic Placement Act in Section 5231).

3. The CWCMP shall be responsible to schedule and provide notification to all attendees. All attendees shall be provided the Appendix 5S, Best Interest Staffing Brochure.

4. Persons who shall be invited to participate as a member of the BIS Team to provide input and reach consensus regarding selection of the adoptive family shall include:
    a. County or District Attorney or Designee;
    b. Child’s Guardian ad litem (GAL);
    c. Child’s current Case Manager;
    d. DCF Foster Care Liaison;
    e. Court Appointed Special Advocate (CASA) representative, if applicable;
    f. Court Services Officer, if applicable;
    g. Indian Child Welfare Act (ICWA) tribal representative for the affiliated tribe, if applicable;

    Any member of the BIS Team not able to attend in person shall be included by conference call or video conference upon request. Input can also be submitted in writing prior to the staffing. Any member of the BIS Team may designate another individual within their agency to participate in their place.

    The BIS Team shall include only one participant from any agency

5. Persons who may be invited to provide input for the BIS Team to consider include:

a. The Youth if age 14 or older;

A. The child may choose to provide their input in an alternative method, such as in writing or through the verbal representation of another identified, trusted, person on their case team.

B.If the child does not participate, the reason shall be documented and the Child Welfare Case Management Provider shall be responsible to communicate the youth's perspective and input.

b. Assigned supervisors;

c. Child's former Case Manager;

d. Child's current or former Support Worker;

e. Child's therapist;

f. Teacher or other adult (coach, scout leader, youth pastor etc.);

g. Current placement resource, unless there is a conflict of interest,

h. Any other relevant service providers;

i. Worker for each family being considered;

j. Other identified positive supports or connections for the child.

6. For review prior to the BIS, The CWCMP shall submit documentation to the BIS Team which includes:

a. Family Assessment and Preparation Study (PPS 5318), for each family being considered in the BIS;

b. Child's current social history (PPS 3114);

c. Approved Sibling Split Request (PPS 5147), if applicable.

B. BIS Meeting Process

1. The CWCMP shall present information about the child which includes the reason the child came into care, the completed child social history, the strengths and needs of the child, and the child's/youth's input. Attendees who know the child well may provide clarifying information and input as needed to ensure there is adequate knowledge presented for an informed decision regarding what is in the best interest of the child(ren).

2. The worker for each family, in partnership with the writer of the PPS 5318, if not the same person, shall present an overview of the family information including their strengths, limitations, and needs. See PPS 5320, Family Match Form as well as the PPS 5318.

a. Potential adoptive resources shall be given an opportunity to present the strengths of their family and discuss their desire and intent to provide permanency through adoption. They shall be given an opportunity to answer any clarifying questions as presented by other members of the case team, in a family friendly and solution focused manner.

b. Potential adoptive resources shall not participate in the entire BIS, rather only the portion in which their family is being presented. They are not required to attend, however may provide information about their family through alternative means such as a family photo album, or letter to the team. The professional completing the PPS 5318 may present information on their behalf. Potential adoptive resources shall be given an opportunity to review the child(ren)'s social history; they shall not review the PPS 5318 for other families being considered as a potential adoptive resource.

3. Attendees discuss selection of the adoptive resource which is in the best interest of the child(ren). All factors shall be considered in identifying which family can best meet the needs of the child(ren). Together, attendees shall consider and document the impact of separation, loss, attachment, and subsequent reattachments for the child as well as each family's ability to:

a. meet the needs and temperament of the child currently and over time;

b. understand the current and future impact on their family of adopting this child;

c. recognize and advocate for the needs/interests of the child;

d. understand and support the child through loss and grieving issues;

e. recognize adoption is a life-long commitment with many unknown challenges;

f. provide the child with a safe and secure environment;

g. provide unconditional love and acceptance of the child;

h. accept and incorporate the child's emotional, physical, social, educational, and developmental needs into the family;

i. demonstrate application of knowledge of the effects of deprivation, abuse and neglect on a child and the potential impact on the child's behavior;

j. encourage the child(ren) to develop at his/her own rate to reach his/her maximum potential;

k. accept and support the child's background, culture, ethnicity, heritage, race, medical and mental health needs, and genetic and social history;

l. help the child to learn and accept his/her background;

m. understand the importance of planning and facilitating child/ children's future contact with siblings and/or other family members as deemed appropriate;

n. manage their financial resources.

4.The BIS Team achieves consensus by working together towards an agreement through consideration of all input from attendees and proposed adoptive resources. A child's GAL can provide input regardless of their participation in the BIS meeting. Consensus, for purposes of the BIS, is defined as the absence of objection from any member of the BIS Team.

5. Upon conclusion of the BIS, the CWCMP shall document the meeting and the decision that is achieved through consensus regarding selection of adoptive family that can best meet the needs of the child. Refer to PPM 5341.

a. If additional information is needed for consensus to be reached, the BIS shall be reconvened by phone or in person within 3 working days so a decision can be made. The new information gathered shall be documented on the PPS 5341 Best Interest Staffing Report and Approval Materials shall be reviewed prior to the BIS.

b. If consensus is not achieved within 3 working days of the original BIS date, the CWCMP shall make the final decision regarding what is in the best interest of the child within 24 hours.

6. Documentation of the BIS Decision:

a. The Child Welfare Case Management Provider shall document the BIS decision on the PPS 5341 Best Interest Staffing Report and Approval.

b.Within 3 working days of the BIS, the CWCMP shall send the child's complete packet as noted in PPM 5339.A.4., the PPS 5341 and the chosen prospective Adoptive Family Assessment to the CWCMP Program Director, or designee.

C. On occasion, new information may arise after the BIS is concluded and the decision has been approved. If the new information may impact the decision, that information shall be provided by the CWCMP to all members of the BIS Team. After receipt of this information the team shall:

1. Allow the BIS decision to stand or,

2. Reconvene the BIS to discuss the new information and reconsider the BIS decision. If the information causes the team to choose a different adoptive family, that decision shall be documented on the PPS 5341 and routed through to the CWCMP Program Director, or designee, for approval.

5340 Exceptions to the Best Interest Staffing Meeting

A. When the following criteria are met in a case situation, a formal Best Interest Staffing (BIS) Meeting may be waived:
   1. The child is legally free for adoption, and;
   2. There is one potential identified adoptive resource who is a relative, non-related kin or foster family, and;
   3. If the child is not placed with a relative, concerted efforts to identify, locate and evaluate maternal and paternal relatives as adoptive resources and life-long connections are documented.
   4. The child has been placed with the one identified resource for a minimum of 6 consecutive months with no disruptions.

The Child Welfare Case Management Provider (CWCMP) shall contact DCF to inquire if the identified adoptive resource has been listed as an alleged perpetrator on a DCF intake assigned for an investigation and consider the nature of the report(s) in making the decision to waive the BIS.

B. If all of the above criteria are met, the following process shall be followed:
   1. The CWCMP shall provide notification to all participants (see PPM 5339A.3.), and;
   2. All documentation in the packet identified in 5339B.3, and;
   3. The following message shall be sent with each notification and packet:

Enclosed please find all documentation related to a Best Interest Staffing (BIS) for _____ (child's name and DOB). There is one potential identified adoptive resource who is a relative, non-related kin or foster parent, _____ (name), and the child has been placed with them for 6 consecutive months. If you have any objections to the selection of the identified adoptive resource without holding a BIS, please email_____ within 7 working days of the date of this letter. If one or more persons to whom the notifications have been sent emails an objection, a BIS meeting will immediately be scheduled. If there are no objections, received within 7 working days of the date of this letter, it will be understood you approve the adoptive resource and agree to a waiver of a formal BIS meeting. If all of the persons who received the BIS notifications in a case unanimously approve the potential identified adoptive resource (no invitee emails with objections) a formal BIS meeting will be waived and the adoption will proceed.

C. Documentation of the BIS Team's Decision:

1. The CWCMP shall document the waiver of the formal BIS meeting and the decision of the BIS Team on the PPS 5341Best Interest Staffing Report and Approval.
2. Within 3 working days of the BIS, the CWCMP shall send the child's complete packet and the completed PPS 5341 to the CWCMP Program Director or designee.

5341 Approval of Best Interest Staffing Team Decision

A. Child Welfare Case Management Provider (CWCMP) Program Director or designee Review

1. The CWCMP Program Director or designee shall, within 5 working days, review the documentation provided by the case manager and considered by the BIS Team and approve or not approve the selected family to adopt the child.

2. If the CWCMP Program Director or designee does not approve the family selected in the BIS, they shall provide the rationale in writing to the case manager.

B. Informing Selected Prospective Adoptive Family

1. Once the CWCMP Program Director or designee approves the prospective adoptive family for the child, the case manager shall, within 1 working day, contact the family's adoption worker to inform them of the family's selection as the adoptive family. The CWCMP shall coordinate with the family's adoption worker to establish a time for the family to review the child's file. The review shall occur within 7 working days of the family being notified of their selection to determine the family's willingness to proceed with adoption of the child.

2. The family shall have a staff person with them to assist and answer questions during the file review.

3. If the child does not have an existing relationship with the prospective adoptive family, the family shall review the file with the assigned CWCMP before visits can begin. Refer to PPM 5350 on preparing a family for adoption and visitation.

C. Informing Non-Selected Prospective Adoptive Families

Within 1 working day of the approval by the CWCMP Program Director or designee, the CWCMP shall contact the adoptive family's worker for the families who were considered and not chosen during the BIS. The worker for the family shall promptly inform the family of the approval made by the CWCMP Program Director, or designee. The CWCMP sends a letter the next working day to the families who were not chosen, using the format in Appendix 5Y Notice to Parents Considered at a BIS.

D. Informing DCF

Within 1 working day of approval by the CWCMP Program Director or designee, the CWCMP shall contact the assigned regional DCF staff member(s) and Foster Care Administrator, inform them of the results of the BIS, and provide a copy of the PPS 5341 Best Interest Staffing Recommendation and Selection.

E. Review of Adoptive Placement Decision

1. If families not chosen at a BIS or not approved by the CWCMP Program Director or designee want a review of the decision, the request must be sent in writing within 5 days of the notification of the non-selection. When the CWCMP receives a request for review of the decision, within one working day the request shall be submitted to a designated independent reviewer with the CWCMP organization. The independent reviewer shall have no connection and no conflict of interest regarding the family or child and shall demonstrate competencies in adoption and BIS staffing policy. The purpose for the review is to identify the presence of policy error or omission during the process, or bias which unduly influenced the BIS decision.

The review shall be completed within 5 working days after the request is received and a written response sent to the prospective adoptive family by the next working day.
If the independent review concludes policy was not followed or bias unduly influenced the outcome of the BIS, the reviewer shall reconvene and facilitate another BIS staffing.

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 and foster positive identity development
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. assess child safety and well-being by considering the child's relationships and wishes, and the prospective family's interest and capacity;
2. 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;

3. 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

4. inform the family of the confidential nature of any information released to them;

5. plan all pre-placement visits with prospective adoptive family, current placement resource and prospective adoptive family's social worker;

6. accompany the family to the child's place of residence for the first pre-placement visit;

7. arrange for the family to meet with the child's doctor, therapist, teacher, foster family, etc. as appropriate;

8. 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)

9. monitor the pre-placement visits, answer the child's and family's questions as the placement process progresses;

10. provide the DCF Foster Care Liaison/Adoption Specialist with information needed to determine the child's eligibility for adoption assistance (See PPM section 6200).

5360 Procedures Related to Signing the Adoption Placement 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 Adoption Placement Agreement, PPS 5343.

The Adoption Placement Agreement shall be signed before the Adoption Assistance Agreement is signed. Although both agreements may be executed during the same meeting with the family, the details of the subsidy amount shall be negotiated prior to the signing of the placement agreement(s). (See Section 6220 for additional information on the Adoption Assistance Agreement.)

A. The Agreement to Place a Child in an Adoptive Home shall be signed in the presence of the Child Welfare Case Management Provider and the DCF Foster Care Liaison/Adoption Specialist.

   DCF staff shall:

1. assure the family has been provided with all available information concerning the child, including a required review of the child's file with a member of the case team or family's worker/case team present to answer questions;

2. explain to the family that adoption is a life time commitment to the child;

3. review the entire agreement with the family prior to signing;

4. sign the placement agreement;

5. inform the family of their right to request adoption assistance;

6. negotiate the amount of adoption subsidy with the family.

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 Foster Care Liaison/Adoption Specialist 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.

   See PPM 5311 and Appendix 5Z.

B. The Child Welfare Case Management Provider is responsible for providing the DCF Foster Care Liaison/Adoption Specialist 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. authorization for release of medical/hospital records on 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 required to be included in a petition for adoption as per KSA 59-2128;
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.

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 life of the contract, 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.

E. The Child Welfare Care Management provider shall provide the child(ren's) original birth certificate to the guardian/permanent custodian for the child(ren) at the time of the official appointment by the court.

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.

Refer to Appendix 6F for more extensive information on Adoption vs. Permanent Custodianship.

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.

5500 Recommending SOUL (Support Opportunity Unity Legal Relationships) Family Legal Permanency Custodian(s)

A. SOUL Family Legal Permanency establishes a court ordered legal relationship between a youth aged 16 and above and one or more adults who will be responsible for the youth's care while still maintaining family connections. SOUL Family Legal Permanency recognizes additional relationships with a broad network of caring adults.

B. Prior to submitting SOUL Family Legal Permanency for appointment by the court, the Child Welfare Case Management Provider (CWCMP) shall assess the Custodian(s) and household members, to include:

1. Supporting Youth in their consideration of relatives and individuals with whom the youth has close emotional ties with preference as potential custodians.

2. If there is more than one identified SOUL Family legal permanency custodian, one individual shall be designated as residential custodian by the court with the approval of the youth and the individual to serve in such role if any disputes arise.

3. Observing the youth in the home of the potential SOUL Family Legal Permanency residential custodian and determine the ability and suitability of the potential residential custodian to care for the youth.

4. Conducting background checks of the identified SOUL Family Legal Permanency Custodian(s) to include:

    a. National Fingerprint Check on the custodian(s) and any additional household members 18 years or older.

        i. If the National Criminal Fingerprint Check has been sent to the Federal Bureau of Investigation **(**FBI) two times and the fingerprints are not legible, a name check is acceptable.

    b. Clearance through Kansas Bureau of Investigation **(**KBI) for all family members 10 years and older.

    c. Complete a DCF History check on all members of the home who are age 10 and older. A complete DCF history check is comprised of:

i. Web KDHE Request Processor (WKRP),
ii. Family and Children Tracking System (FACTS),
iii. Kansas Intake/Investigation Protection Systems (KIPS),
iv. Kansas Initiative for Decision Support (KIDS),
v. Kansas Adult Abuse, Neglect, Exploitation Central Registry
vi. Kansas Child Abuse and Neglect Central Registry Search (CERS) checks.

d. If the family resided out of state for the last five years, child abuse registry checks in all the state(s) where they resided shall be completed for all adults.

C. The CWCMP shall submit a report to the court containing:

1. Benefit information for SOUL Family Legal Permanency and other applicable permanency options, to include but not limited to:

a. Financial supports including:
i. Caregiver and youth/young adult monthly subsidy
ii. One-time special payment
iii. John H Chafee Foster Care for Successful Transition to Adulthood Funding (Chafee)

b. Medical coverage
i. Foster Care Medicaid
ii. Aged Out Medicaid

c. Educational and Employment supports,
i. Independent Living monthly subsidy (limited to secondary education)
ii. Educational Training Voucher (ETV) funds
iii. Kansas Foster Child Education Assistance Act (tuition waiver)
iv. John H Chafee Foster Care for Successful Transition to Adulthood Funding (Chafee)

2. Background check information obtained from section B,

3. The extent to which the CWCMP has determined appointment to be in the best interest of the youth.

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.

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.

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).

All children who have been in state custody at least 30 days regardless of goal type, must have the Prior Guardianship/Custodianship" field and "Prior Guardianship/Custodianship Finalized Date" field completed on the GUCU screen. This is an AFCARS requirement. (See PPM section 5882 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). If the adult is already on an open SS plan type, a FP plan shall not be opened. Information will be entered on the open SS plan.

5823 Environment at Removal

The Environment at Removal will be entered as a Service Source code on the PR09N to indicate the type of environment (household or facility) the child was living in at the time removal.

Parent Household (PAR)

Relative Household (REL)

Legal Guardian Household (GRD)

Relative Legal Guardian Household (RGD)

Justice Facility - Correctional Facility/Jail or Detention (JCF)

Medical/Mental Health Facility – Medical/Psychiatric hospital or Residential Treatment Facility (MMH)

Homeless child, not residing with family or living independently (OTE)

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 Foster Care Referral. 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 environment at removal. Enter the Service Status as initiated (IN) and indicate the effective referral date from the Foster Care Referral. Child custody (CC) plans opened prior to 8/29/2022 will have entered the source of the service as Foster Group Contractor (FGC).

If the child is removed from the home, referred to the provider, and is placed back home resulting in a DCF approved foster care referral retraction, enter on the child's CC plan the service action code of RT01N with service source code FGC on the RESP screen. The start and end date of the RT01N code is the date the retraction was approved by DCF.

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 Foster Care Referral, 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 Foster Care Referral, 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.

5825 Entering Prior Sex Trafficking

For all children in DCF custody referred for out of home placement, any prior sex trafficking shall be recorded in FACTS. If prior sex trafficking is indicated on the foster care referral, the service action code ST01N shall be entered, using the date of referral on the responsibility screen with the service source code PSW. The ST01N code will remain open on the CC plan until they have been released from custody.

If DCF reported any prior sex trafficking to Law Enforcement, enter the service action code LE01N with the service source code PSW on the Responsibility Screen. This shall be entered for each date of DCF reporting prior sex trafficking to law enforcement as indicated

on the Foster Care Referral. The service action code LE02N is to be entered if DCF did not report a prior sex trafficking event to Law Enforcement. This is an AFCARS requirement.

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.

5827 Entering Indian Child Welfare Act Information

When race is identified as American Indian, the code of AI is entered on the CASE Screen. A child's tribe is identified with the corresponding federal tribe code on the MACL screen. If the child is not a member of a federally recognized tribe, enter the 3-digit code NOT on the MACL screen. If a child's tribe is unknown, enter the 3-digit code UNK on the MACL screen. Up to two identified tribal codes can be entered onto the FACTS MACL screen. A list of federally recognized tribes can be located within the AFCARS technical bulletin under "Appendix C – List of Federally Recognized Tribes with EPA identifier Code."

The following Indian Child Welfare Act (ICWA) information is to be entered on the MAIC screen in FACTS for each youth placed in DCF custody (CC plan). This information can be located on the Foster Care Referral. ICWA information can be amended in CareMatch, generating an updated PPS 5120 form that is to be sent to its designated FACTS region. The ICWA verification date is located on the child's Journal Entry. Each field on the MAIC screen in FACTS is directly recorded for AFCARS reporting.

On the MAIC screen in FACTS, indicate Y or N if DCF inquired, or asked, if the child is an "Indian child" under ICWA. Indicate Y, yes; N, no; or U, unknown if ICWA applies to the child. If ICWA does apply to the child, record the date that DCF was notified by the State court that ICWA applies. If ICWA does apply, also record Y or N if DCF sent legal notice to the child's tribe.

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 a child was referred and their initial placement is in an in-patient psychiatric hospital, then the service action code FO02N will be used with the service source code of MTF. If a child was referred and their initial placement is in a medical hospital (non-psychiatric) then the placement service action code FO02N will be used with the service source code of MDH. 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 therapeutic 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 the service source code of FFH (family foster home). 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). Enter medical hospital stays as in-patient treatment (MD03N). 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 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), SOUL Family Legal Permanency (SOL), 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 KDOC-CBS, use Transfer to KDOC (TAA) as the reason and enter the date of discharge in the "EndDt" field.
When custody is discharged due to transfer to another person or agency for purpose of private adoption, use Transfer to Another Person/Agency (TPA) as the reason and enter the date of discharge in “EndDt” field.
When custody is discharged due to transfer to a tribe, use Transfer to Tribe (TTT) as the reason and enter the date of discharge in “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, link the provider to an adoptive home (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, Foster Care Referral 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 14 and older. This is a NYTD requirement.

E. Change in status of Sibling(s) remaining in home:

If a sibling who was not previously part of the household and not on the CASE screen in FACTS has been added as per section VII of PPS 5120, enter this sibling on the CASE screen. If race is unknown, enter UK. If a sibling who is listed on the CASE screen as being part of the household has been removed as per PPS 5120, remove them from the case by entering an "X" on ROLE type on the CASE screen. On MACL, enter the Reason Left as "LAF".

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), SOUL Family Legal Permanency (SOL), and Another Planned Permanency Living Arrangement-APPLA (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.

5865 Pregnant or Parenting Foster Care Youth

If a youth in foster care is pregnant as per the PPS 3052 form or PPS 4311 form, enter the FC01N service action code with the service source code of FGC on the youth's open custody plan (SC or CC). The end date is when the youth is no longer pregnant. The FC01N service action code is reported to AFCARS and Family First Prevention Services federal reporting.

If the youth is in foster care and has a child who is not in DCF custody as per PPS 3052 form or PPS 4311 form, enter the FC02N service action code with the service source code of FGC on the youth's open custody plan (SC or CC). The end date is when the youth has been released of custody or parenting circumstances change as per the PPS 3052. The FC02N service action code is reported to AFCARS and Family First Prevention Services federal reporting.

If the youth is in foster care and is parenting a child who is in DCF custody as per PPS 3052 form, enter the FC03N service action code with the service source code of FGC on the youth's open custody plan (SC or CC). The end date is when the youth has been released of custody or parenting circumstances change as per the PPS 3052 form. The FC03N service action code is reported to AFCARS and Family First Prevention Services federal reporting.

If the youth is in foster care and is placed with their child, whether their child is in custody or not, enter the FC04N service action code with the service source code of FGC on the youth's open custody plan (SC or CC). The end date is when the youth has been released of custody or parenting circumstances change as per the PPS 3052 form. The FC04N service action code is reported to AFCARS federal reporting.

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

Termination or modification of parental rights is recorded on the child's MACL screen for each parent. If there are multiple putative fathers, entry is required for each putative father.

When parental rights are severed (SEV) by the court, enter the file stamp date from the Journal Entry onto the child's MACL screen.

If a parent voluntarily relinquishes their parental rights (REL), enter the date the parent signed the relinquishment onto 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 all 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/DEC 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 41- 42, 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. Enter the relationship of the adoptive parent to the child as indicated: stepparent “S”, relative “R”, non-related kin “K”, foster parent “F”. If the relationship is both a foster parent and relative, indicate both “B”. If the relationship is both a stepparent and relative, indicate “C”.

B. Siblings in Adoptive Home

Per AFCARS element 186, indicate the number of siblings who are in the same adoptive home as the child. A sibling to the child is his or her brother or sister by biological, legal, or marital connection. If the child does not have siblings, enter 99. If the child has siblings, but none are in the adoptive home, enter 0. Do not include siblings who have been or will be acquired through the adoption process.

C. 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 MAC2 screen. Specifically, the special needs from ADOP that require a disability be entered on MAC2 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.

5882 Permanent Guardianship/ Custodianship Information

AFCARS 2020, Elements 44-45 and 157-186 require data entry on the Maintain Guardianship/Custodianship Screen (GUCU). This information is to determine if there is prior guardianship/custodianship, guardianship/custodianship completed by, any subsidy information, legalization date, demographics of the primary and secondary guardian, family

structure, guardian relation to the child, and number of siblings in the guardianship/ custodianship home. This information shall be entered within 30 days of exiting care. Refer to section 6000 & Appendix 6F of the Prevention and Protection Services Policy and Procedure Manual for more information regarding guardianship/custodianship & subsidy.

A. Prior Guardianship/Custodianship is to be indicated Y or N. Indicate the prior finalization date, if applicable. If there has been more than one prior guardianship/ custodianship enter the most recent date first, followed by the date prior to the first. This information can be located on the Foster Care Referral form.

B. At the time of exit, enter the Legalization Date. Enter Guardianship and Custodianship Completed By, GUCU/Child Relation, Family Structure, Siblings in Gu/ Cu Home, and Primary and Secondary individual demographic information as indicated on the PPS 6185 form.

C. At the time of exit, indicate Y or N to subsidy. If Y, proceed to enter the agreement date, Amt, and Start date. Subsidy will continue after the child exits care, there will not be an End date. Subsidy information is located on the PPS 6150 & 6160 forms.

5883 SOUL Family Legal Permanency Data

When a youth achieves SOUL Family Legal Permanency, there can be up to one residential custodian, and multiple identified custodians as well as other caring supportive adults. The Primary Custodian is the residential custodian as indicated on the PPS 6303. The Other Custodians are not the residential custodian, and the youth does not reside at any of their addresses. Enter identifying information for each custodian as indicated on the PPS 6303 onto the SOUL screen.

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. 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. NRO: No reasonable effort, income greater than 185%
      6. NRR: No reasonable effort, income less than 185% but great than 100% or resources over $10,000
      7. OVR: Income greater than 185%
      8. EIR: Reasonable efforts, income less than 185% but greater than 100% or resources over $10,000
      9. NDP: State only due to no initial deprivation, or no removal, or has not lived with a specified relative in the previous 6 months
      10. NRD: The initial custody and removal order lacks reasonable efforts language and the child is not eligible due to no initial deprivation
      11. NRB: Non-citizen, no reasonable efforts, meets resource and income
      12. GAB: Other reasons why the youth is GA only.

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

Subsections here forward in PPM 5900 series explain criteria and process for determining Medicaid and Foster Care benefits under Title IV-E of the Social Security Act.

1.Title IV-E eligibility funding policies apply to children in the custody of Department for Children and Families (DCF). Title IV-E eligibility determinations are made by PPS Eligibility Specialists for children in the custody of DCF.

2.Title IV-E Medicaid policies apply to children/youth in either DCF or KDOC-Community Based Services (KDOC-CBS) custody and who are in a placement that is categorically Medicaid eligible. (See PPM 5918 for further information.)

When a child/youth is determined eligible for Title IV-E funding, the state may claim Federal reimbursement for a portion of the child's maintenance costs while in out of home placement. Title IV-E funds also help to support staff trainings and administrative

costs. When a child/youth is determined ineligible for Title IV-E funding, the cost of care is supported with State General Funds without federal reimbursement. (For information regarding Tribal Youth IV-E and Medicaid eligibility, see PPM 5960.)

5901 DCF Children and Family Services Responsibilities

Eligibility Specialist responsibilities include:

A. Determining if a child/youth meets basic Title IV-E eligibility criteria upon initially opening of a case in the Kansas Eligibility and Enforcement System (KEES).

B. Determining if a child/youth is eligible for Federal Financial Participation on an ongoing basis throughout the child/youth's custody episode.

C. Initial and ongoing Medicaid eligibility determinations while in out of home care.

D. Application for payee of a child's benefits, i.e. SSI, SSA, VA, Railroad, etc.

E. Maintenance of WARDS accounts.

F. Scanning and maintaining required documentation for all eligibility and payment activities.

G. Closing Foster Care and Medicaid Cases in KEES when the child is no longer in out of home care.

H. Coordination with the Kansas Department of Corrections – Community Based Services (KDOC-CBS) to determine Medicaid eligibility.

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.

A determination shall be completed for each episode of custody. A custody episode begins:

A. When the State initiates custody and OOH placement begins.

B. When a child re-enters foster care following release of custody.

C. Following six months at home with continuous custody. See Section 3251(C) for information on trial home placements.

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 Office of Financial Management (OFM) on behalf of Prevention and Protection Services Division. New referral information is entered into FACTS by DCF staff which is then downloaded into SCRIPTS. 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 monthly.

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 who can contact eScripts Help Desk for assistance. Child Welfare Case Management Providers send a confirmation e-mail to DCF/ OFM by 6 p.m. on the 2nd business day of the month to assure payment-eligible clients in eScripts match their system. After payments are calculated and payment files sent to SMART, 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 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 25th of each month; Subcontractor data is included. Should the 25th fall on a weekend or holiday, the encounter data is due on the previous working day.

SCRIPTS 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 held by the CWCMP. 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 each month.

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 by the Department for Children and Families (DCF).

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. A child's eligibility for IV-E payments is based upon the Aid to Families with Dependent Children (AFDC) relatedness criteria in effect in Kansas on July 16, 1996. IV-E eligibility is not based on the Temporary Assistance for Needy Families Program (TANF) 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 is the costs associated with maintaining the child in out-of-home care. These costs include room/board and supervision for a child's placement in a DCF licensed/approved foster home, childcare institution, shelter care, or group home.

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 Child Protection Services Specialist 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 Eligibility for Federal Financial Participation (FFP):

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 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 enters 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 FFP eligibility.

5911 Title IV-E Determination for Basic Eligibility – Administrative Funding

A child shall be determined eligible for basic Title IV-E Administrative claims if all criteria in this section are met (PPM 5911). A determination may be left in pending status for up to 30 days to allow time to acquire documents or information needed. An initial determination for basic Title IV-E eligibility is made each time there is a new custody episode. A custody episode is defined as the time frame a child enters State custody to the date the child is released from State custody. (see explanation of Custody Episode in PPM 5910 B.2) If a child is determined basic Title IV-E eligible initially, they remain basic eligible throughout their custody episode. This determination ends once they are released from State custody.

The following exceptions apply:

A. If the child re-enters out of home care after being placed home longer than six calendar months while remaining in State custody, a new basic eligibility determination must be completed upon the date of re-entry. If home six months or less with continuous custody, a new determination is not needed. The six calendar months begins the month following the month the child returns home.

B. The child turns 18 years of age and is not enrolled in a secondary school or training program. Basic Title IV-E eligibility ends at the end of the month the youth turns 18. If the youth remains in State custody they are no longer Title IV-E Eligible and their basic eligibility becomes State funded.

C. The youth is 18 years of age and not expected to graduate before the age of 19. The youth is no longer Title IV-E eligible and their basic eligibility becomes State funded.

If a child is determined ineligible for basic Title IV-E Administrative funding initially, they will remain ineligible throughout the custody episode. Their cost of care will be funded through the State.

Basic eligibility is effective the first day of the month in which all 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 until events listed above.

Dual Custody Cases

When a child/youth is in the custody of DCF and placed in Kansas Department of Corrections (KDOC) - Community Based Services (CBS) custody (dual custody), KDOC is responsible for the care and treatment of the child/youth. This includes payment for the youth’s placement. If DCF custody was not released at the time the child/youth entered KDOC custody, DCF responsibility for care and treatment of the child/youth will resume on the day the child/youth is released from KDOC - CBS custody. Child/youth that come into DCF custody from KDOC will be determined state funded using aid code GA01N-GAB. See 5892(C)(2).

Reasonable and Prudent Person Standard

Documentation of Title IV-E eligibility determinations shall meet the “Reasonable and Prudent Person Standard”. A “Prudent Person” is someone exercising good judgment or common sense. A child shall be determined basic Title IV-E eligible if the Eligibility

Specialist has adequate facts and documentation which clearly support a prudent person would concur the child meets Title IV-E eligibility criteria. If there is reason to believe additional information or documentation can be located making the child basic Title IV-E eligible, the worker shall determine the child as “pending” for up to 30 days.

Documentation

Documents supporting Title IV-E eligibility can include, but is not limited to PPS eligibility forms, PPS program forms, court documents, system screen prints, and email documents. Eligibility Specialists shall keep working files (electronic) containing the child’s eligibility determination and any supporting documentation. Any paper IV-E file closed prior to KEES Phase 3 (August 2017) should be merged with the foster case file Section 13.

PPS Eligibility Specialists shall journal in KEES all case activity including phone calls and emails with persons knowledgeable about the case, system updates, and ongoing determination actions. See PPM 0420.

Basic (Administrative) Title IV-E Eligibility Criteria

A. Judicial Requirements

1. Court Order-State Custody

a. There shall be a court order establishing the State agency has custody of the child.

b. State agency refers to the Department for Children and Families (DCF) or Kansas Department of Corrections (KDOC) from here forward. The Court will award custody to the Secretary of either agency dependent upon whether child is a Child in Need of Care or Juvenile Offender.

When a court order transfers custody of a child/youth from DCF custody to KDOC-CBS custody it is the same custody episode when child is released from KDOC custody but remains in DCF custody. A new eligibility determination will not be completed.

2. Contrary to the Welfare (CTW) Judicial Finding

a. In the first (initial) court hearing authorizing removal, the Judge must find continuing in the home would be contrary to the welfare of the child or removal is in the best interest of the child. The finding must include language which describes the circumstance in the home the child is being removed from.

b. Affidavits, Nunc Pro Tunc, or orders citing only the law and statute are not acceptable documentation of CTW, and do not meet Title IV-E criteria.

c. Unless the court order specifically approves a delay of placement into foster care, physical removal of the child from the home shall occur by 5pm of the next business day following the date CTW findings are made. If the child is unable to be located, concerted efforts is a requirement to be IV-E eligible. Documentation is obtained from the CPS specialist and to be reviewed by the regional Program Administrator.

d. If the court places the child in custody other than DCF at the time of removal, the CTW requirement remains if the child is to be determined Title IV-E eligible if later placed in the State’s custody.

When making an eligibility determination, the eligibility specialist shall look back to when the child was first removed. The eligibility specialist shall determine whether CTW findings were made and met criteria in the initial order removing the child from their home. If the findings were made and the child remains in their original out of home placement, they will meet the CTW requirements if/ when they are later placed in DCF custody.

e. A child placed in a foster home without court action due to a parent voluntarily relinquishing their parental rights to the State may be eligible for basic Title IV-E. The initial court order must be received within six months of the relinquishment. The court order must include CTW findings.

B. Eligibility Month

1. Assessment of AFDC relatedness; age, citizenship, specified relative/removal, deprivation, and financial need/resources, must be based on circumstances in the home during the eligibility month.

a. The month DCF initiates court involvement which leads to removing the child, is the eligibility month, except when:

i. A private CINC petition is filed, the month in which it was filed is the eligibility month.

ii. Affidavits, Complaints, Applications and Amended Petitions may be kept with Title IV-E documentation but are not used to determine the eligibility month.

2. A child entering out of home care does not define the eligibility month. The child's removal date may occur in a different month than the filing of the petition. In these situations, the date of the petition continues to determine the eligibility month. The following exceptions apply:

a. If the petition is filed more than six months prior to the child being placed out of home. Under these circumstances the month in which the child is removed determines the eligibility month.

b. If the child is placed in DCF custody prior to the filing of the petition, the month DCF is awarded custody is the eligibility month.

C. Determination of AFDC relatedness

1. Age – A child must be under the age of 18 to be Basic Title IV-E eligible.

a. A youth can maintain Basic Title IV-E eligibility when they are between the ages of 18 and 19 if they are enrolled in a secondary school or an equivalent training program, continuing in the custody of the State and expected to complete their program of study prior to or in the month of their 19th birthday.

i. Once the youth turns 19 years of age, eligibility ends. Under no circumstance shall eligibility continue beyond the child's 19th birthday.

ii. If the youth achieves completed status in their program of study prior to the pre-determined graduation date, Basic Title IV-E eligibility will end effective the end of the month in which requirements have been met and notice is received.

iii. If at any time during the youth's 18th year, it is determined the youth will not complete their program of study by the month of their 19th birthday, the youth's Basic Title IV-E eligibility ends effective the date notification is received.

b. A youth turning 18 years of age who is not attending a secondary school or equivalent training is no longer Basic Title IV-E eligible. If the youth continues in the custody of the State, Basic Title IV-E eligibility shall end at the end of the month in which the youth turns 18 years of age.

2. Citizenship – The child must be a United States citizen by birth, through naturalization or legally admitted for permanent residence to be determined Basic Title IV-E eligible.

a. Acceptable forms of verification

i. Public Birth Record

ii. Birth Certificate

iii. Passport

iv. Hospital Proof of Birth Letter on Letterhead

v. Attending Physician statement showing place of birth

vi. Final Adoption Decree showing child's name and place of birth

vii. Citizen Identification Card (I-197 or I-179)

viii. Naturalization Paperwork

b. U.S. citizenship includes individuals who are:

i. Born within the United States, regardless of the citizenship of their parents.

ii. The Child Citizenship Act (CCA) declares children who are younger than 18 years of age and have at least one parent who is a U.S. citizen whether by birth or naturalization, who immigrate to the U.S. with a U.S citizen parent, automatically acquire U.S. citizenship upon entry for lawful permanent residence; or

iii. Born outside the U.S. of alien parents and has since been naturalized as a U.S citizen. A child born outside the U.S. of alien parents automatically becomes a citizen after birth if his parent(s) are naturalized before the child becomes 16 years of age.

iv. Qualified Alien – As indicated in the Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) of 1996, the term "qualified alien refers to: An alien who is lawfully admitted for permanent residence under the Immigration and Nationality Act (INA); An alien who is granted asylum under section 208 of the INA; A refugee who is admitted to the U.S. under section 207 of the INA; an alien who is paroled into the U.S. under 212(d)(5) of the INA for a period of at least one year; an alien whose deportation is being withheld under section 243(h) the INA as in effect immediately before April 1, 1997, or section 41(b)(3) of the INA; an alien who is Cuban or Haitian entrant; an alien (or the child of parent) who has been battered or subjected to extreme cruelty in the U.S.

c. Children who are in the United States under a visitor's visa, tourist's visa, or student arrangement are not Basic Title IV-E eligible.

d. Tribal enrollment card alone is not sufficient to meet the citizenship verification requirement.

e. If the child is an unaccompanied refugee and has been in the country under 5 years, they cannot be Basic Title IV-E eligible.

f. A child cannot become Basic Title IV-E eligible upon securing Special Immigrant Juvenile Status (SIJS) if they did not hold this status at the time of each custody episode.

3. Specified Relative/Removal- The child must have lived with a specified relative in the month court proceedings were initiated or within any of the six calendar months prior to the eligibility month to be Basic Title IV-E eligible. Identifying the correct specified relative ensures an accurate determination is made on the removal home and AFDC group members. The specified relative with whom the child most recently lived during the eligibility month or within six months prior, is considered the relative from whom the child was removed.

A specified relative is defined as any relation by blood, marriage or adoption who is within the fifth degree of kinship to the dependent child. This includes great-great-great grandparents and first cousins once removed (children of first cousins). When determining Title IV-E eligibility, any otherwise eligible child under age 18 who is removed from the home of a relative and is within the fifth degree of kinship to the child, will be eligible for assistance under Title IV-E. A chart reflecting 5th degree of relationship can be found in the KEES User Manual T-6 Relationship Chart.

a. Spouses of any persons listed in the above group are within the scope of these provisions, even though the marriage is terminated by death or divorce.

b. Specified relative Title IV-E eligibility criteria is met if a newborn child is placed in the State's care and custody directly following birth in a hospital or following birth to an incarcerated prisoner.

c. Practice Clarification: Parent is defined as a biological or adoptive parent whose parental rights have not been terminated or relinquished. A biological or adoptive father or mother whose rights have been terminated or relinquished would be considered a non-parent specified relative and not a parent.

d. A non-related permanent custodian does not meet the specified relative criteria.

4. Removal Home – The child must have been removed from the home to meet Basic Title IV-E eligibility.

a. The eligibility specialist must first consider the initial court document when determining the removal home. The home referenced in the Judicial finding of contrary to the welfare is the home which must be determined as the removal home.

b. If the child is removed from a non-parent specified relative and judicial findings of CTW are not made regarding circumstance in their home, the eligibility specialist must consider the parent with whom the child most recently lived as the removal home. If the child has not lived with a parent in the eligibility month or within six months prior, they cannot be Basic Title IV-E eligible.

c. If the parent lived in the home at any time during the eligibility month, they must be considered in the removal home and AFDC group at determination.

d. The child can be considered removed from the home if the following occurs:

i. Physical Removal: The child has been physically removed by the agency from the home or physical custody of a specified relative. If the specified relative is on the run with the child and the agency is unable to locate the child for removal, there must be concerted efforts documented by the CPS Specialist to find the child. The child's eligibility will not begin until DCF has physical custody of the child.

Constructive Removal: This removal is considered a "paper removal". An example of this is when the agency receives custody of the child, but the agency does not physically remove the child from their current household. In this situation, the eligibility specialist would look back to see if the child had lived with another specified relative in the eligibility month or within the past six months. The specified relative the child lived with prior to the specified relative they are currently residing then becomes the home in which the child was removed. If judicial findings of CTW do not address the circumstances related to the child's living with the prior specified relative, the child cannot be Basic Title IV-E eligible.

e. Scenarios for meeting removal criteria:

i. Child removed from a specified relative at the time the petition was filed (eligibility month) with the Court and placed in out of home care. The removal home is the home of the specified relative the agency removed the child from.

ii. Child removed from a non-specified relative but had lived with a specified relative within six months prior to the petition (eligibility month). The removal home is the most recent specified relative where the child resided within six months prior to the eligibility month.

iii. The State leaves the child in the home of a non-parent specified relative, but the child had lived with a different specified relative within six months of the petition (eligibility month). The most recent specified relative with whom the child lived in the six months prior to the petition (eligibility month), is the removal home.

iv. Child has been living with the same specified relative for over six months. The state is granted custody of the child but leaves them in the home of this specified relative. The agency removes the child from this specified relative at some point in the six months following the petition (eligibility month).

a. The specified relative with whom the child lived six months prior to the petition (eligibility month), at time of constructive removal, and following.

b. If the agency did not remove the child from this specified relative within six months after the petition (eligibility month), the child would not be Basic Title IV-E eligible. If the child enters out of home care, a new eligibility determination is required.

v. Child removed from a non-parent specified relative and judicial CTW findings are regarding circumstances with this same non-parent specified relative or about the circumstances with parental specified relative with

whom the child most recently lived during or within six months prior to the petition (eligibility month).

a. The removal home is the home addressed in the judicial findings.

b. If a finalized adoption disrupts and the child is placed in the agency's custody with placement out of home, the adoptive parents are the removal home.

5. AFDC Group – The AFDC group are the individuals in the household when the petition/complaint (eligibility month) was filed. The income and resources of these individuals must be considered in whether this child meets financial need criteria for Basic Title IV-E eligibility. The eligibility specialist should look at the entire eligibility month regardless of the actual date within the month the petition/complaint (eligibility month) was filed or child was removed. Meaning, if a parent lived in the home at any time during the eligibility month, they and their income and resources must be considered as part of the AFDC group.

a. When a child is removed from their parent(s) home, the AFDC group includes birth or adoptive parents, the child in custody and any minor siblings (birth, adoptive, half) of the child in custody.

b. Practice Clarification: Parent is defined as a biological or adoptive parent whose parental rights have not been terminated or relinquished. A biological or adoptive father or mother whose rights have been terminated or relinquished would be considered a non-parent specified relative and not be considered as part of the AFDC group.

c. A deployed parent serving in the U.S. Military is considered part of the household and part of the AFDC group.

d. An adoptive sibling receiving adoption assistance is not included in the AFDC group. When the child is removed from the home of a non-parent specified relative, the AFDC group includes the child in custody and any minor siblings (birth, adoptive or half) who were living in the home at any time during the eligibility month.

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.

e. Do not Include the stepparent and their children residing in the same household as the child at the time of removal as members in the AFDC group if using Option one for deeming stepparent income. (options explained in section C.8.e.)

f. Include the stepparent and their children as members of the AFDC group if using option two unless the biological parent is missing. (options are explained in C.8.e.)

g. Individuals in the AFDC group who receive SSI benefits: Household members receiving SSI benefits are not counted as members of the AFDC group. If the child in custody receives SSI, they are still counted in the AFDC group, but their income and resources are not.

h. Guardian/Conservators are not part of the AFDC group and their income is not counted.

6. Deprivation – a child must be deprived of support of one or both parents (married or unmarried, if paternity is established) during the eligibility month. Deprivation exists if one of the following circumstances is present in the removal home during the eligibility month:

a. Parent Deceased

b. Parents separated/divorced (Not living together)

c. Parent's whereabouts are unknown / Parent is absent (If the absent parent is serving in the U.S. Military, deprivation is not met.)

d. Parent is Institutionalized/Incarcerated

e. Parent is incapacitated or disabled.

The parent must be determined disabled or incapacitated for at least 30 days by means of competent medical testimony. If the parent(s) is receiving SSI or SSA 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 (ex; award letter, copy of check, caseworker documentation). Mental disabilities shall be documented by psychological evaluation and state the mental disability impacts the person's ability to parent.

f. Parental rights have been terminated or relinquished prior to the eligibility month.

g. Both parents live in the removal home, only one parent is working, and their earned income falls below the AFDC needs standard for the group. If both parents are unemployed, the deprivation factor is met.

7. Shared versus Non-Shared - Income of the AFDC group is compared against the prescribed AFDC Need Standard income limits for the group size to determine financial need. The AFDC need standard income limit for the group size can vary by county and by the roles of individuals in the group. To determine the correct needs standard income limit, a shared/non-shared determination is made based on the adults living in the household who are part of the AFDC group.

a. A stepparent present in the removal home does not determine the household to be shared.

b. Households with adult SSI recipients:

i. If the SSI payment is less than the full payment the AFDC Need Standard is non-shared

ii. If the SSI payment is the full amount the AFDC Need Standard is shared

iii. A child receiving SSI has no bearing on whether it is shared or non-shared.

c. AFDC groups which do not include a parent are always considered shared and wages are not counted. Including grandparents, aunt, uncle, related adult, a related permanent custodian.

d. If the household consists of any other adults, including adult siblings, who are not part of the AFDC group the AFDC Need Standard is shared.

8. Financial Need - The income of the AFDC group is tested against the needs standard income limits. Income is calculated utilizing countable earned and unearned income of the AFDC group.

The following general rules are applicable:

a. Income must be such that its value can be defined and measured objectively.

b. Only documented income should be counted (IE; custody court orders, 5410A, DCF systems, employment verification systems)

c. Income shall be considered available when a member of the AFDC group has a legal interest therein and the legal ability to make it available.

d. Countable Earned Income – is income in cash or in-kind for which a person performs a service. Examples include:

i. Wages, salaries, tips (before taxes)

ii. Bonuses

iii. In-kind income for work (e.g. shelter received for work)

iv. Work study

v. Self-employment/farm income

vi. Severance pay

e. Countable Unearned Income – is income received by an individual for which no service is performed. Examples include:

i. Armed forces allotment and receipts from a deployed parent

ii. Child support/alimony (minus $50.00): (Child support arrearage payments are counted as unearned income in the month the payment is received.)

iii. Disability insurance (sick pay)

iv. Dividend payment

v. Income for continuation payments

vi. Income from relatives (Income deemed from stepparents)

vii. Inheritance payments

viii. Interest, money payments

ix. Money from churches, charitable organizations, friends, lodges or unions

x. Retirement or Pension (union, private or government)

xi. Social Security payments (non-SSI)

xii. Lump Sum Payments – 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 include retroactive SSA benefits, stock dividends, life insurance settlements, etc.

xiii. Striker’s benefits

xiv. Veteran’s benefits

xv. Worker's compensation

xvi. Unemployment compensation

f. Exempt Earned and Unearned Income – Examples Include:

i. Supplemental Security Income (SSI)

ii. Food programs, such as food stamps, WIC, USDA food surplus

iii. TANF

iv. Payments for home energy assistance and rental subsidies

v. Loans or grants administered by the U.S. Commissioner of Education

vi. Foster Care payments

vii. Adoption Assistance payments

viii. JTPA unearned income

ix. Earned income of child who is a student

x. Income tax refunds and earned income tax credit (EITS) payments

xi. Trust funds not available upon demand

xii. Case to pay for shared living expenses (from person not in the AFDC group)

xiii. Loans, including reverse home equity loans, endorsed for repayment

xix. TANF Tribal allotment

xv. Income derived from a state's "job training program" (CFR-233.20)

xvi. Covid relief payments, including extra unemployment from Federal Government sources

g. Converting Income to Monthly Amounts

i. In determining the earned and unearned income of the child's AFDC group, the eligibility specialist 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 must be multiplied by 4.3

d. Quarterly (paid once every three months) must be divided by 3

ii. Whose income shall be included in the financial need determination

a. Parents (biological, adoptive (rights intact), step (See PPM 5911C.3.a)

b. Deployed parent

h. Deeming Stepparent's Income

i. Option One - Stepparent's AFDC group includes the stepparent, any non-mutual minor children living in or out of the home. Deem the stepparent's income and include in the child's 185% and 100% AFDC group Need Standard Income Test. See the EP Appendix A to determine the amount to be deemed. When you deem the stepparent's income, the stepparent and members of their AFDC group are not counted in the child's AFDC group. Only the deemed income is included. The living arrangement is always non-shared when determining the AFDC Needs Standard Income limit.

ii. Option Two - Include the stepparent and their children (not related to the other parent in the home) residing in the home at the time the child was removed, in the AFDC group. Include their full countable earned and unearned income. Use option 2 when the stepparent has little or no income.

iii. Please see PPS-5410B.1

i. 185% Gross Income Test – If income is less than the Gross Income Limit of 185% of the Federal Poverty Level for the group size, the group meets this income requirement and will move on to the 100% AFDC Need Standard Income test. See PPS-5410B.

j. 100% AFDC Need Standard Income Test – Total Adjusted Income must be less than the AFDC Need Income limit for this AFDC group size, living arrangement and county to be Basic Title IV-E eligible. See PPS-5410B

k. Resources – Defined as "a resource a person possesses or owns".

i. A resource value is determined by its equity. Equity value is determined by the current market value minus any debts still owed on the resource.

ii. To be eligible for Basic Title IV-E eligibility the child's AFDC group must not exceed the maximum limit of $10,000.00 in resources.

iii. Countable resources:

a. Bonds

b. Credit union savings

c. Income property

d. Real estate (the home the family resides in is exempt)

e. Savings accounts

f. Stocks

g. Vacation homes

h. Vehicles (Deduct $1500.00 from total Equity value) (Vehicles seven years and older are valued at $100.00)

iv. Exempt Resources:

a. Inaccessible trusts (includes per capita tribal payments to foster child)

b. Burial plot (one per AFDC group 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 to produce income

9. Infants of Teen Mothers

a. An infant of a teen mother in the custody of the agency can be automatically Basic Title IV-E eligible if the following criteria are true:

i. The infant is not in DCF custody

ii. The infant is placed together in the same family foster home or facility as their mother

iii. The Child Welfare Contract Management Provider is paying for the cost of the infant's care in the placement.

b. If an infant comes into custody of the agency and is directly placed with their teen mother who is also placed out of home, they are not Basic Title IVE eligible. The child has not been removed from the home and remains with the parent specified relative.

c. When the infant enters custody of the agency and is placed separately from their teen mother initially, the infant and the mother may be Basic Title IV-E eligible as determined individually. The infant's Title IV-E eligibility would be determined based on their teen mother's income and resources.

10. Abandoned Children- An abandoned child whose parents are unknown shall be determined state funded using aid code GA01N-GAB. This does not include a parent who leaves a child with a friend or relative and is unreachable, but the identity of the parent is known. In either scenario, all the IV-E eligibility requirements must be met for a child on whose behalf title IV-E foster care or adoption assistance is claimed. Determining a child's financial need requires DCF to examine the parents' income and resources. In the case in which the identity of the parents is unknown, including when a child has been abandoned, DCF will not have any financial information on which to make an AFDC eligibility determination. The worker cannot presume that a child would meet the eligibility requirements simply because the child has been abandoned.

5912 Title IV-E Determination for Federal Financial Participation – Maintenance Funding

A child who is eligible for Federal Financial Participation (FFP) is often referred to as being payment or maintenance eligible. A child is eligible for Federal Financial Participation (FFP) in the Federal Title IV-E maintenance program if they are determined Basic Title IV-E eligible, meet specific judicial and placement criteria and are not receiving Supplemental Security Income.

A. Judicial Determination

1. In the first (initial) court hearing authorizing removal, the Judge must find reasonable efforts have been made to prevent the child's removal or an emergency existed making it not possible for reasonable efforts to be made. (45 CFR 1356.21)

2. Judicial language related to the reasonable efforts finding is separate from findings related to contrary to the welfare.

3. The finding of reasonable efforts to prevent removal and the language documenting this finding must be in the initial court order removing the child Effective March 27, 2000, Affidavits and Nunc Pro Tunc are not considered the initial court order, and the findings and language documented in them do not meet the FFP criteria.

4.The language in reasonable efforts to prevent removal must be documented in the initial court order. If the court order only references the applicable state law absent the language it does not meet FFP criteria. (45 CFR 1356.21)

5. If the initial court order removing the child from home does not include the finding of reasonable efforts to prevent removal language, the child cannot be FFP (maintenance) eligible during this custody episode except when:

A child placed out of home, then reunified in their parental home six calendar months or longer with continuous DCF custody and returned out of home will require a new determination. The six calendar months begins the month following the month the child/youth returns home. In making this determination, there must be a removal order and a new finding of reasonable efforts to prevent removal. If this finding is made and documented in the custody order removing the child from the home, the child will meet requirements for FFP as it relates to reasonable efforts to prevent removal.

B. Placement

A child or youth must be placed in an eligible placement to meet criteria for FFP. An eligible placement is contingent upon the type of placement and the licensure status. If a child or youth is continuously placed in a licensed home, they remain FFP eligible for the entire month(s) the home has met full licensing standards. This includes when the home has full licensure only part of the month. FFP eligible placements shall meet DCF standards and be licensed by the agency.

1. Placements eligible for FFP:

a. DCF Licensed family foster home.

i. If the child's placement is outside of Kansas, their placement must meet licensing standards in the state the home is located.

ii. This includes adoptive homes post signing of APA and up to adoption finalization if the home continues to remain licensed.

b. Licensed Relative

c. Licensed Kinship Home

d. Private Group Home

e. Child Care Facility

f. Shelter Care Facility

g. Secure Care Facility

h. Qualified Resident Treatment Program (QRTP) Facility

i. Publicly operated (by a branch of government) childcare facility, licensed for no more than twenty-five children.

j. Transitional Living Program (TLP)

k. Community Integration Program (CIP)

2. Ineligible Placements

a. Medical Facilities

b. Psychiatric Residential Treatment Facility (PRTF)

c. Unlicensed family foster homes

d. Detention facilities

e. Forestry camps

f. Publicly operated childcare group homes with more than twenty-five children.

g. Training schools

h. Locked and secured facilities used primarily for detention purposes.

i. Court ordered placements – where the court directly orders the agency to place the child in a specific placement.

j. Adoptive placements at finalization - Adoptive placements no longer licensed, post signing of APA.

k. Independent Living Setting not a TLP or CIP in which youth is living on their own supported by a Child Welfare Case Management Provider and remain in DCF custody.

NOTE: Children coming into out of home care who are placed with a parent whose rights had been previously terminated or relinquished: Title IV-E foster care maintenance payments are available for AFDC-eligible children who have been removed from their own homes and placed in a foster family home or congregate care facility. By definition, foster care is provided by someone other than a biological parent. While a termination of parental rights severs the legal ties between the parent and the child, it does not change the biological relationship with the child. A child living with his parents would not be considered to be living in a foster home and, thus, would not be eligible for title IV-E foster care maintenance payments. (Source/Date ACYF-CB-PIQ-89-04 (8/8/89) Legal and Related References Social Security Act - Sections 472 (a)(2)(A) and (C), Section 472 (b))

3. AWOL

a. If a child/youth in the custody of DCF runs or is absent from their placement, the Eligibility Specialist shall continue to monitor the child's case for Journal Entries including ongoing agency custody and regular permanency hearings. The state may claim administrative eligibility and the child remains Basic Title IV-E eligible while on the run if both six-month periodic review hearings (ongoing agency custody) and permanency hearings occur as required. The child/youth is not Title IV-E FFP (maintenance/payment) eligible while on the run.

4. Respite Care

a. A child or youth remains eligible for Title IV-E FFP when they stay temporarily or short-term in a respite home if the home is an eligible licensed foster home or facility.

5. Relative placements

a. The CWCMP case managers may choose a relative placement for the child/youth. Relatives may choose to apply to be approved by DCF, receive TANF or become payee of the child/youth's SSI, if receiving benefits. If the relative placement chooses to be approved by the CWCMP, this does not equate to being a licensed eligible placement. If choosing to become payee for SSI benefits, the case manager will refer the relative to the Social Security office.

C. Supplemental Security Income (SSI)

A child's basic eligibility does not change if or when they become eligible for SSI. If receiving SSI, the child is no longer FFP eligible. The child is not FFP eligible regardless of who the representative payee is. DCF contracts with Kansas Legal Services (KLS) to apply for SSI on behalf of disabled children entering foster care and not already receiving SSI. When entering out of home care, the child is referred to a Child Welfare Contract Management Provider. This Provider refers the child to KLS along with needed background information.

While waiting for the outcome of the child's SSI eligibility determination, the child is not FFP eligible. If the child is determined to be SSI eligible, the agency may receive a lump sum benefit on their behalf. A request from DCF to Social Security can be made to request back benefits (see PPM 5927 – 5929 for more information).

When a court transfers custody between DCF and Kansas Department of Corrections (KDOC) – Community Based Services (CBS), the Eligibility Specialist shall notify any agency from which the child/youth receives benefits (SSA, VA, etc.) to inform them which agency is now responsible for the child/youth's placement and care. If the child/youth is transferring from DCF to KDOC, the Eligibility Specialist shall provide a copy of this notification to the local KDOC- CBS agency.

1. Psychiatric Residential Treatment Facility (PRTF)

a. Eligibility Specialist shall notify the Social Security Administration (SSA) when a child is placed in a PRTF, acute psychiatric facility or state hospital.

b. SSA will calculate potential benefit reductions while child is in this placement, See PPM 5929.

2. Payee

a. In most cases, DCF is the representative payee for SSI benefits on behalf of a child in Foster Care and placed out of the home.

b. If a third party is acting as payee on behalf of the child, the third party is responsible for completing and submitting the Representative Payee Report to SSA.

3. Suspension of SSI Benefits

a. DCF may request a suspension of the child's SSI benefits for up to one year.

b. SSA must approved the suspension.

c. 3rd Party Representative Payees in receipt of SSI on behalf of the child are not considered a suspension of benefits.

d. During the time benefits are suspended, a child determined basic Title IV- E eligible may resume FFP.

5913 Cases Pending Foster Care Funding Source Determination

When a child is placed in the custody of the Secretary of DCF for out of home placement, the PPS eligibility specialist shall determine the correct funding source for their foster care episode. The CPS Specialist 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. A determination may be left in pending status for up to 30 days to allow time to acquire documents or information needed.

Enter GA01N PEN as the EP segment in FACTS and KEES for pending cases.

Once all the information is available to accurately determine the foster care funding source, delete the GA01N PEN and enter the correct funding source beginning with the first date the child entered foster care.

5914 Ongoing Eligibility

The activities explained in this section occur throughout a child's custody episode and relate to the child's ongoing eligibility. These activities affect administrative and payment eligibility for Federal Financial Participation (FFP).

A. Children/Youth determined basic Title IV-E eligible initially continue to be basic eligible throughout their custody episode if the following criteria continue to be met:

1. The child meets the age requirement for the Title IV-E program as described in PPM 5911. When the child reaches age 17, documentation regarding school attendance and expected graduation date shall be requested by the PPS eligibility specialist.

2. The child continues to be in the custody of DCF and placed out of the home. The DCF Liaison shall forward journal entries documenting continued DCF custody.

B. Placement Eligibility

1. A child is never maintenance eligible when living in the home of their parent.

2. A child is never maintenance eligible when returning to the home of the specified relative from whom they were removed.

3. An eligibility redetermination for a child who is IV-E eligible is completed each time a child changes placement. A review is done checking for licensing compliance each time a new placement is entered in the Kansas Eligibility and Enforcement System (KEES). If EDBC is not run for 12 months, a review task is generated in KEES to prompt the Eligibility staff to run EDBC and update the review date.

C. Returning to the Removal Home

1. When a child is placed in their removal home after being in out of home placement whether the removal home is a parent or non-parent specified relative, the child is no longer in Foster Care.

2. When children return to the removal home of a non-parent specified relative but are not identified by the CWCMP as achieving reunification, eligibility remains open and maintenance eligibility is determined based on the placement.

3. Children returned to a parent or non-parent specified relative and identified as achieving permanency by the Child Welfare Case Management Provider, are considered reunified and basic and maintenance eligibility ends the day prior to placement.

D. At Home in State Custody

1. When a child is home longer than six months or released of custody, the child is no longer basic Title IV-E eligible.

a. If a child returns to out of home care in the same custody episode, within six months of being placed at home, the child retains their initial basic

eligibility. Their basic eligibility cannot be changed to basic Title-IVE eligible if they were not determined basic Title IV-E eligible initially.

b. If a child returns to out of home care after six months and in the same custody episode, the Eligibility Specialist shall complete a new basic determination. Refer to Section 5911 for criteria in completing an initial determination.

E. Runaway or Absent

If a child is absent from placement or has run away, the child is basic Title IV-E eligible if they remain in DCF custody. Six-month Custody Reviews and Permanency Hearings should continue.

F. Judicial

Kansas statute requires judicial findings of contrary to the welfare and reasonable efforts be made; when a child is placed at home longer than six months, remains in the custody of the agency and re-enters out of home placement. A new petition is not required, the month in which the notice was provided to the Court is the eligibility month.

1. Emergency Removal

a. If the CWCMP determines the child is in imminent danger and the family is unable to assure the safety of the child, the child will be removed, and the Case Manager will notify the Court by the next working day.

b. The notification to the Court shall include a request for new judicial findings of contrary to the welfare and reasonable efforts.

2. Non-Emergency Removal

a. When the removal does not require emergency actions, the CWCMP shall provide advance written notice to the Court of intent to move the child.

b. The notice of intent to move sent to the Court shall include a request for new judicial determinations of contrary to the welfare and reasonable efforts.

c. Statute allows the Court 45 calendar days from the date of the notice to issue the required Judicial determinations.

d. The Court may respond by setting a hearing no later than 14 calendar days from the date of notice.

e. The Court may issue the judicial determinations without a hearing.

G. Reasonable Efforts to Finalize Permanency

1. Every twelve months the Court must find the agency has made reasonable efforts toward achieving permanency for the child if the child is to remain maintenance eligible. The DCF Liaison shall forward a copy of Permanency

Hearing journal entries to the PPS Eligibility Specialists to include in their review of ongoing eligibility.

2. If the finding is not made timely, the child's maintenance eligibility ends the month the finding is due.

3. Maintenance eligibility resumes on the first of the month the findings are made.

4. Eligibility Specialists shall determine how the permanency hearing will be coded in the Kansas Eligibility and Enforcement System (KEES):

    a. Permanency hearings with language meeting Title IV-E requirements will be coded in KEES as "PH".

    b. Permanency hearings with language indicating the Judge did not find reasonable efforts will be coded in KEES as "PH-No Efforts", resulting in an aid code of "NOS".

    c. Permanency hearings where no finding of reasonable efforts have been made (no language in the order), shall be coded in KEES as "Custody Review" resulting in an aid code of "NOR".

H. Managing Court Documents

Eligibility Specialists shall enter the following court documents into the Kansas Eligibility Enforcement System (KEES) until the child's case is closed:

1. Petition
2. Ex Parte Order
3. Temporary Custody Order
4. Adjudication
5. Disposition
6. Permanency
7. Review Hearings
8. Parental Rights Terminated
9. Change of Venue
10. Release of Custody
    a. Court documents coded in KEES as "PH" or "Custody Review" will transfer from KEES into the Family and Child Tracking System (FACTS).

    b. FACTS staff will continue to enter all other court orders which do not transfer from KEES.

    c. Eligibility Specialists shall journal receipt of court documents in KEES if received after the eligibility case has closed.

    d. Journal Entry releasing the child from custody of the State must be journaled to the case in KEES.

5915 Eligibility Desk Review at Case Closure

When closing a child's eligibility, a desk review of ongoing maintenance eligibility shall be reviewed to ensure all months of eligibility since the initial determination are accurate. Document all factors have been reviewed by creating an entry in the KEES Journal for this child's case.

A. Review age of the child

B. Permanency Hearings were timely

C. Placement eligibility

D. SSI eligible time frames

5917 Foster Care General Assistance (GA-FC) Funding Source

When a child is determined ineligible for Federal Title IV-E funding, their cost of care and expenses while in foster care are paid through State general funds. Eligibility Specialists shall complete desk reviews when the Eligibility Determination and Benefit Calculation (EDBC) is run in the Kansas Economic Eligibility System (KEES) and at case closure.

A. Child not eligible for Federal Title IV-E funding.
    1. Child's cost of care and foster care expenses are paid through State general funds.
    2. Eligibility is documented in the Kansas Economic Eligibility System (KEES).
    3. The reason the child is not eligible for Title IV-E funding is to be recorded in the KEES journal.

B. Desk Review
    1. Eligibility worker is to document the child is still in state custody and continues to be placed out of the home through court documents and placement information. Documents should be imaged to the KEES case and journal entries entered on KEES custody authority page.
    2. Case reviews are completed each time Eligibility Determination and Benefit Calculation (EDBC) is run for the Foster Care program in KEES.
    3. If EDBC is not run for 12 months a review task is generated to run EDBC and update the review date.

5918 Medicaid Requirement for Children in Out of Home Care

Children who are in the custody of DCF, Kansas Department of Corrections (KDOC) - Community Based Services (CBS) or Tribal Authority and removed from their home are eligible for Foster Care Medical (FCM) assistance up to month of their 21st birthday.

A. Eligibility

1. Children in out of home placement while in the custody of the Secretary of DCF and children receiving Adoption Assistance are exempt from the citizenship and identity requirements of Medicaid eligibility.

2. Medicaid eligibility is based on the child's custody and removal status making them a family unit of one.

B. Placement

1. Placements ineligible for Medicaid:

   a. Juvenile Detention Center (JDC)

   b. Juvenile Correctional Facility (JCF)

   c. Jail

   d. Prison

2. A hospital is considered a Medicaid eligible placement when a child in a hospital is placed in custody and is expected to be placed out of home when discharged.

   a. Opening Medical

   i. The Eligibility Specialist shall open a medical block in the Kansas Eligibility Enforcement System (KEES). Selecting the Custody Authority on the Foster Care Eligibility Determination page allows the KEES Eligibility Determination Benefit Calculator (EDBC) to generate the correct medical aid code. This selection generates the aid code when EDBC is run for the Medical program block and prompts the interchange Kansas Modular Medicaid System (KMMS) to reflect the correct population code for budget purposes. This coding also assures the correct custody authority is charged for Medicaid paid placements by the KMMS.

   ii. If the child is currently open for medical in KEES, the Eligibility Specialist is to verify a task was generated for KanCare. This will allow KanCare to close their medical case and allow the child to receive Foster Care Medicaid benefits. If a task is not created in KEES the Eligibility Specialist is to complete a Contact Log notifying KanCare that Foster Care Medical has been established.

   iii. The Child Welfare Case Management Provider (CWCMP) shall receive a Temporary FC Medical Care letter when a child is placed in their care. This provides the child's Medicaid ID number and assigned Managed Care

Organization (MCO) for medical providers to use until the out of home placement receives the child's medical card.

C. Medicaid Coverage at Reintegration

1. When a child is reintegrated, their Foster Care Medicaid eligibility ends. Exceptions to this include:

   a. Extension – approved by the Regional PPS Program Administrator or designee

   b. Extension – approved by the KDOC Director of Early Intervention Services or designee

   c. Youth appointed a Soul Family Legal Permanency Custodian

2. Children covered through an Adoption Assistance Agreement will resume coverage through the Adoption Subsidy Medical program.

3. Children and youth who return home with Continuous Eligibility (CE) coverage left on their medical program will be referred to the Kansas Department of Health and Environment (KDHE) to retain coverage for the remainder of the CE period. Form PPS 5918 Continuous Eligibility (CE) and Aged Out Foster Care Medical (AGO) Transfer Form is to be sent to KDHE.

4. Youth who age out of foster care with CE coverage left on their medical program will be referred to the KDHE to retain coverage for the remainder of the CE period. Form PPS 5918 Continuous Eligibility (CE) and Aged Out Foster Care Medical (AGO) Transfer Form is to be sent to KDHE.

5. Youth who are no longer eligible for Adoption Subsidy Medical and have CE coverage left on their medical program will be referred to the KDHE to retain coverage for the remainder of the CE period. Form PPS 5918 Continuous Eligibility (CE) and Aged Out Foster Care Medical (AGO) Transfer Form is to be sent to KDHE.

6. If a child in the custody of DCF is denied Medicaid coverage by the Clearinghouse, the CWCMP shall forward written documentation of continued need for medical coverage to the Regional Foster Care Program Administrator for approval. The approval for an extension and the documentation shall be forwarded to the PPS Eligibility Specialist.

7. If a child in the custody of KDOC is denied Medicaid coverage by KanCare, the case manager shall forward the denial and written documentation supporting continued need for medical coverage to the KDOC Director of Early Intervention Services. KDOC Juvenile and Adult Community Corrections works with KDHE to reinstate Medicaid medical claims denied by KMMS. The approval for an extension and the supporting documentation shall be forwarded to the Eligibility Specialist.

   a. Extensions may be approved for up to six months.

   b. Extension needed beyond six months must be requested from and approved by the Director of Permanency or designee.

8. If the child continues to need medical treatment and the caregiver(s) cannot pay, the following steps are taken:

    a. In the case log, the PPS Eligibility staff shall provide documentation supporting the need for continued medical treatment and information regarding the lack of medical care being a barrier to reintegration.

    b. Caregiver(s) or relative must apply for medical coverage on behalf of the child through the Clearinghouse if the child is not covered by private medical insurance.

        ~~a~~. i. The application should be sent to the Clearinghouse on the day the child is reunified.
        ~~b~~. ii. If the child has an urgent medical need, it shall be noted on the front page of the application.

    c. To expedite the Medicaid eligibility determination, the following documentation must be submitted with the application sent to the Clearinghouse.

        i. Proof of citizenship
        ii. Proof of identity
        iii. Proof of income
        iv. Proof of other health insurance (if applicable)

5920 Purchase Limitations and Guidelines for Medicaid

Medicaid pays for eligible services furnished by enrolled providers.

A. Kan Be Healthy (KBH) is the name for the federally mandated Early and Periodic Screening, Diagnosis Treatment (EPSDT) program in Kansas. Details on the Kan Be Healthy program are located on the Kansas Department of Health & Environment website at kdheks.gov.
    1. KBH is a preventative health screening program for Medicaid eligible children under the age of 2.
        a. A KBH screen includes a vision and dental check.

        b. Children whose KBH screenings are current are eligible for expanded Medicaid services.

        c. Children in the custody of DCF or KDOC-Community Based Services (CBS) shall receive timely KBH screenings (screen dates can be reviewed in MMIS)

B. Services Delivered Outside of Kansas
    1. May require prior authorization.

    2. May have a limited geographical area in which services may be delivered to qualify for payment.
        a. This is more prevalent in border cities (Kansas Medical Services Manual).

C. Third Party Liability (TPL)
    1. If the child is receiving services through DCF or KDOC-JS and has other health insurance, PPS Eligibility Specialists will enter the third-party insurance information into the Kansas Eligibility Enforcement System (KEES).

    2. Third-party insurance information is sent from KEES to the Kansas Modular Medicaid System (KMMS) via an interface.

    3. Medical providers must first bill other health insurance before they can bill Medicaid.

    4. If third-party insurance ends, the information should be updated in KEES.

D. Payment for Services
    1. Medicaid pays for eligible services furnished by enrolled providers.

    2. Each MCO has different providers in their network and payment rates vary by MCO.

    3. Specific services covered, prior authorization requirements, and the proper payment rate are established by the Kansas Department of Health and Environment (KDHE). KDHE reviews and adjusts rates periodically.

    4. At times payment is determined on a case by case basis.

E. Denied Claims
    1. When DCF is notified medical claims for a child in custody have been denied and eligibility is in the MMIS, DCF contacts the MCO to request an investigation.

    2. If the expense is a non-eligible expense the claim should be submitted to the CWCMP for payment.

    3. If the youth is in KDOC custody, KDOC-CBS works with the Department of Health Policy and Finance to resolve Medicaid claims.

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

Children entering foster care or receiving ongoing foster care and/or adoption services may have special needs.

A. Home and Community Based Services (HCBS) Medicaid waivers

    1. Implemented to provide services beyond what is generally covered by Medicaid.

        a. Children's residential services for youth on the DD waiver receiving Adoption Subsidy Medical.

        b. Supportive home care

        c. Adaptive equipment

    2. Designed to prevent children with special needs from being placed in an institution or state hospital.

B. Waivers available for youth in foster care or adoption

1. Autism – HCBS/AU
2. Physical Disability – HCBS/PD
3. Intellectual/Developmentally Disabled – HCBS/IDD
4. Technology Assisted – HCBS/TA
5. Traumatic Brain Injury – HCBS/TBI
6. Serious Emotional Disturbance – HCBS/SED

For more information on waiver eligibility and services see the Kansas Department on Aging and Disability Services (KDADS) website at http://www.kdads.ks.gov/commissions/home-community-based-services-(hcbs).

C. Child Welfare Contract Management Provider

1. Refer children with special needs under their case management to the appropriate community resource for evaluation.
    a. HCBS/AU – KVC
    b. HCBS/PD – Aging and Disability Resource Center (ADRC)
    c. HCBS/IDD – Community Developmental Disability Organization (CDDO)
    d. HCBS/TA – Children's Resource Connection
    e. HCBS/TBI – Aging and Disability Resource Center (ADRC)
    f. HCBS/SED – Community Mental Health Center (CMHC)
2. Participate in and support the waiver plan of care.
3. Coordinate services to the child.

D. Eligibility

1. Children placed in foster care are eligible for waiver services, unless they are in one of the following placements:
    a. Psychiatric residential treatment facilities (PRTF)
    b. State hospitals
    c. Group Boarding homes
    d. Correctional facilities
    e. Detention facilities
    f. Institutions
    g. Residential Centers/Shelters

h. Qualified residential treatment programs (QRTP)

E. ES-3160 Notification of HCBS or Working Healthy Services Referral/Initial Eligibility/ Assessment/Service Information

1. The assessing entity completes the ES-3160 and forwards the form to the KDADS program manager or KanCare.

2. The KDADS program managers for the following waiver types are required to complete the ES-3160 prior to sending to KanCare.

   a. HCBS/PD

   b. HCBS/IDD

   c. HCBS/TBI

3. KanCare scans the document to the case in ImageNow and sets a LTC Communication task assigned to the correct regional PPS queue.

4. PPS Eligibility staff process the waiver information in KEES.

5. PPS Eligibility staff complete Section V of the ES-3160 and image the completed form to case in ImageNow.

6. The completed ES-3160 form is sent to the assessing authority, the Managed Care Organization (MCO), and the KDADS program manager as required.

F. ES-3161 Notification of KanCare, HCBS/MFP Changes and Updates

1. Sent to KanCare when there is a change in waiver services.

   a. Change in service provider

   b. Change of address or phone number

   c. Termination of waiver

2. KanCare scans the document to the case in ImageNow and sets a LTC Communication task assigned to the correct regional PPS queue.

3. PPS Eligibility staff take appropriate action on the reported change.

4. When a youth in foster care enters an ineligible placement (PRTF, state hospital, group boarding home, correctional facility, detention facility, institution, residential center/shelter, or QRTP) and waiver services must be terminated PPS staff end waiver services in KEES, complete Section I and Section II of the ES-3161 and scan the document to the case in ImageNow.

5. PPS staff send the completed document to the assessing authority and the MCO.

G. The HCBS service provider is to adhere to the HCBS regulations and person-centered service plan.

H. DCF PPS Medicaid Liaison will monitor continued eligibility of youth receiving HCBS through monthly reports.

I. When the child is no longer eligible for foster care or adoption medical.

1. PPS staff discontinue medical coverage in KEES.
2. PPS staff refer the family or individual to apply for Medicaid with KanCare.
3. PPS staff complete Section I and Section II of the ES-3161 and scan the completed document to the case in ImageNow.
4. PPS staff send the completed ES-3161 to the assessing authority, the MCO, and the KDADS program manager as required.

J. When a child or youth receiving HCBS services is placed in foster care, the PPS Eligibility Worker is to reach out to determine if HCBS is to continue and cc: the DCF.PPSMedicaidAssistance@ks.gov email box.

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)

Child Support Services (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 Kansas Eligibility and Enforcement System (KEES). Each parent shall be listed on the Non-Custodial Parent Detail pages in KEES. The Eligibility staff shall enter the date the child was removed and the initial type of placement in the comments section on the Non-Custodial Parent Detail page. Additionally, Eligibility staff will email the foster care packet consisting of the 5410A Data Collection form, 5135-Parental Obligation form, birth certificate (if available), and the order of custody to DCF.PPSCSS@ks.gov. The email subject line should begin with the two-letter county

abbreviation (ex. JO) for the county of commitment. The Case Management Services providers send the 5120-Placement information to the PPSCSS mailbox.

Notifications of Changes in Status. Inform CSS of changes in the child and family's status. PPS must notify CSS through KEES 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. The Eligibility staff will update the notes on the Non-custodial Parent Detail screen on foster care cases through the KEES system notifying CSS of the foster care closure date and the placement information – including date of placement and the name and address of the placement.

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 Non-Custodial Parent Detail page notes in KEES. (See KCSEM 2520)

1. Adopted through DCF
The child is coming into foster care from the home of adoptive parents who adopted through DCF. Please indicate in the notes on the Non-custodial Parent screens that the adoptive parent should not be pursued.

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. Please indicate in the notes on the Non-custodial Parent screens that the adoptive parent should not be pursued.

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 CPS Specialist has the responsibility to determine the validity of good cause and to document the same. CSS shall be informed of the good cause.

4. Parental Rights Termination

A referral still must be generated out of KEES for the KEES program to run correctly even if it is against biological parents when rights have been

terminated. n the note box on the Non-Custodial Parent Detail page, notify CSS that the rights have been terminated and they will not open a case.

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 Applying to Be Payee for Outside Benefits

Children and youth may be eligible for state, federal or nongovernmental benefit payments. For children and youth who may be eligible but are not currently receiving such benefits, DCF will assist the child in becoming eligible. For children and youth receiving state or federal benefit payments, DCF will apply to be the payee for such benefits unless another payee is identified.

A. Types of Benefits

DCF can request to be payee for the following benefits when a youth is in the custody of the Secretary and placed out of home. The 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, aka RSDI) is paid to a child based on a parent's retirement, death or disability and is based on the parent's qualifying work history and eligibility. Social Security refers to these benefits as Title II (2) benefits.

2. SSI (Supplemental Security Income) is a need-based benefit paid to a child based on the child's disability. Social Security refers to these benefits as Title XVI (16) benefits.

3. VA (Veteran Administration) benefits are paid to a child based on their parent's military service, service-connected disability, or death.

4. RR (Railroad) retirement benefits are paid to a child based on their parent's history of employment by the railroad or current connection to the railroad.

5. OTH (Other) benefits may include, but are not limited to retirement, disability, or survivor benefits from a private source, or government stimulus checks.

B. Applying for Benefits

When a child might be eligible but is not currently receiving benefits, PPS or Child Welfare Case Management Provider (CWCMP) staff shall apply for benefits on a child's behalf.

1. Applying For SSI.

CWCMP tasks listed below are completed by IL Specialists for youth and young adults aged 18-21 receiving IL services.

a. CWCMP completes questions 7 to the end of Appendix 5U, Disability Determination Form, and sends the completed form to the PPS eligibility specialist.

b. PPS Eligibility Specialist completes questions 1-6 and forwards Appendix 5U to the CWCMP and the Kansas Legal Services (KLS) office serving the county where the child's court case is located.

c. PPS Eligibility Specialist, if the child is IV-E eligible, will change the child's payment eligibility to state funded (AG SSI). See PPM 5912.C.

d. CWCMP will provide KLS with necessary information and documentation as requested.

e. PPS Eligibility Specialists will forward any eligibility decision received directly from SSA to KLS and the CWCMP.

f. PPS Eligibility Specialists will review denials of benefits and KLS recommendations for appeal and either accept the recommendation of KLS or provide additional justification for an appeal.

2. Applying for SSA

If the CWCMP has information which causes them to believe a child may be eligible for income generated from Social Security for a disabled, retired, or deceased parent, they shall contact the FC Liaison in the child's region who will have a WARDS worker contact Social Security.

3. Applying for Veteran Benefits

When a child has a parent with military service, the child may have VA benefits based on that parent's service-connected disability or death. DCF WARDS Worker should initiate a request to confirm eligibility of the Dependency and Indemnity Compensation (DIC) program by mailing a completed VA Form 21P-534a to:

Department of Veterans Affairs
Pension Intake Center
PO Box 5365
Janesville, WI 53547-5365

4. Applying for Railroad Benefits

Children in custody of the Secretary who have a deceased parent who is a former vested railroad employee may be eligible for a monthly annuity from the Railroad Retirement Board (RRB). The process to determine eligibility or request to be payee for benefits is to call (877) 772-5772 with the deceased parent's SSN.

Once eligibility is determined, a child does not lose access to benefit eligibility due to a lack of payee. Benefits for eligible children end when they turn 18 or graduate from high school unless they are determined to have been disabled prior to age 22. If they are determined to have been disabled prior to age 22, benefits are permanent.

Additional Contact Info:

Richard Bolling Federal Building
601 East 12th Street, Room G47
Kansas City, MO 64106
Hours: 9:00 AM - 3:30 PM
Monday through Friday except Federal Holidays
Telephone: (877) 772-5772
Fax: (816) 426-5334

C. Representative Payee Recommendation

A representative payee is a person, selected by SSA or another paying agency, to receive and utilize benefits on behalf of the recipient. DCF and CWCMPs may recommend a person be approved as representative payee, however, only the benefit provider can make the final determination. During any time when DCF serves as representative payee for a child in the custody of the Secretary, DCF will conserve the child's or youth's benefits in an appropriate account and make the funds available to address otherwise unmet needs of the child or youth.

DCF will apply to become payee of outside benefits for children who enter custody of the Secretary and who are in out of home placement and remain representative payee until either someone else is appointed by the organization providing the benefit or the child achieves permanency.

1. CWCMPs and DCF will make inquires to families and caregivers throughout care to locate other individuals or agencies who would be an appropriate representative payee.

2. DCF will consider the following when a recommendation is requested from Social Security Administration regarding a potential representative payee applicant.

    a. Is the benefit in question SSI and does the beneficiary have an ABLE account? If yes, has the potential representative payee completed financial management training through the State Treasurers Office or other organization including education about ABLE accounts?

    b. Is the potential representative payee a long-term placement (reference PPM 5233) for the recipient or do they have a relationship with the

placement which supports access of the recipient to their funds in an appropriate manner?

c. If the potential representative payee is not the current placement, does the current placement wish to become representative payee?

d. If the potential representative payee is not recommended and no other person or agency is identified, will the child, youth, or young adult lose their benefit eligibility? (NOTE: SSI has the potential to be ended if no representative payee is available after 1 year of inactivity.)

e. Is the potential representative payee an adult IL residential payee service?

3. DCF will generally recommend that the following be approved by SSA as representative payee:

a. Long term relative or non-related kin placements existing 2 months or longer.

b. Pre-Adoptive homes, Permanent Custodians or SOUL Custody homes.

c. Young adults capable of handling their own finances even if they remain in the custody of the Secretary

d. Long term Medicaid paid placements or adult residential facilities for individuals living with I/DD.

e. Parents or Caregivers when being payee would support reunification efforts. For example, it would be appropriate to recommend the parent if the child was recently removed and is expected to return home within 30 days, or in situations where financial resources are the sole or largest contributing barrier to reintegration.

4. DCF will generally not recommend that the following be appointed by SSA as a representative payee:

a. Foster homes that are neither relative nor non-related kin placements. If the recipient's placement provider currently serves as payee, DCF generally will not disrupt this arrangement.

b. Congregate care facilities

c. Parents or Caregivers who cannot demonstrate how the funds will be used to directly support the recipient.

d. Short-Term, Transitional, Overnight, Night-to-Night or Crisis placements as those terms are defined in PPM 5233.

D. Applying to Become Representative Payee

1. Social Security Benefits

By phone: 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.

Paper Application: Complete a request to be selected payee applicant.

Benefits are to be made payable to: DCF Children and Family Services for (child's name).

2. Veteran Administration Benefits

A child of a deceased veteran may be eligible to receive a tax-free benefit under the Dependency and Indemnity Compensation (DIC) program. DCF WARDS Worker should initiate a request to be made payee of this benefit by contacting the Lincoln VA Fiduciary Hub at FIDINQUIRY.VBALIN@va.gov.

3. Railroad Benefits

For children in custody who receive a monthly annuity from the Railroad Retirement Act, DCF should request to be made payee of those benefits. Contact the Railroad Retirement Board office at the phone number below and request to be made payee:

Richard Bolling Federal Building

601 East 12th Street
Room G47
Kansas City, MO 64106

Hours: 9:00 AM - 3:30 PM

Monday through Friday except Federal Holidays

Telephone: (877) 772-5772

Fax: (816) 426-5334

E. Representative Payee Actions

1. SCRIPTS - When the DCF PPS Eligibility Specialist is notified DCF will be made payee of a benefit, the worker shall enter the beneficiary's identifying information in SCRIPTS on the Client Transaction screen. Should PPS Administration receive information about a beneficiary before the regional office, WARDS Administrator may have already entered the client information; the PPS Eligibility Specialist shall confirm the information entered is correct.

2. Direct Deposit – DCF prefers direct deposits. Have direct deposits go to:

Capitol Federal

Routing # 301171285

Account # (ask WARDS Administrator)

There are three accounts managed within WARDS. Each has a different account number. You will need to supply both the routing number and account number to set up direct deposit.

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 types of benefits that are not SSI or SSA related are deposited into this account.

3. Paper Checks

Paper checks, including checks received in local DCF offices, shall be mailed to:
DCF Administration Building
Attn: WARDS Mailbox
555 S. Kansas Ave., 5th Floor
Topeka, KS 66603

4. Documentation

a. Logging Within SCRIPTS WARDS – System actions such as approving/ disapproving deposits are automatically logged in the WARDS system labeled as an *Activity*. PPS Eligibility Specialist shall use the system's logging function to record other transactions with the WARDS accounts such as telephone calls, reasons for actions taken, or to upload receipts (purchases over $100 must have a receipt uploaded to the WARDS expense). Log notes do not need to be printed routinely; printing of log notes may be used for audits or the worker's use.

b. Perceptive Content - The DCF PPS Eligibility Specialist shall label and upload all other transactions pertaining to the WARDS accounts within Perceptive Content (KEES) under PPS Forms. 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:

i. All communications from the agency issuing the benefit.

ii. All communications from DCF, including e-mails, letters, or phone calls to the issuing agency documented in a log note.

5928 WARDS Communication and Management of Social Security Benefits

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.

a. Contact the WARDS Administrator 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).

3. Foster Care Alert Data File – Sent monthly to SSA, contains a listing of placement information for all children who were in custody of the Secretary and out-of-home placement during the previous month.

B. Mandatory Reporting of Changes to Social Security

When DCF is payee of Supplemental Security Income (SSI) or Social Security Act (SSA) benefits, DCF shall contact Social Security, via the alert file or GSO and form PPS-5928 by the 10th of the following month, when any of the following occur:

The beneficiary:

1. dies;
2. moves (any placement change);
3. marries;
4. starts or stops working
5. has ongoing earned income;
6. has a foster care eligibility funding change;
7. drops out of school;
8. will turn 18 in the next 6 months;
9. is imprisoned;
10. is adopted (adoptive placement agreement signed or finalized);
11. no longer needs a payee; or
12. 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. 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. If a client receives a back payment lump sum not designated as dedicated funds, resources must be brought down below the $2,000 limit within 9 months.

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) they

E. SSI Balance Limits

Client's SSI eligibility is suspended if their resources are over $2,000. Resources for SSI purposes would include the total of balances, excluding stimulus monies, 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. Resources for a client receiving SSI shall be kept below $2,000 through a combination of conservation of funds in an ABLE account and spending based on the needs of the client. Refer to PPM Section 5929 for information of how benefits can be spent.

A Client Balance Range report in SCRIPTS WARDS anytime a worker wants to know the balance for a client. The WARDS Administrator in PPS Administration runs this report monthly for clients who receive SSI and sends a copy to Social Security Administration and to each region.

Note: SSA benefit only accounts do not have a resource limit.

F. Conserving Funds

There are two ways to save Social Security benefits for a need of the beneficiary.

1. ABLE (Achieving a Better Life Experience) Account

An ABLE Account allows an SSI recipient to save without losing their eligibility for SSI. Individuals can open the account for themselves, or an authorized individual can open an account on their behalf. There are a few requirements that individuals with disabilities must meet to be able to have an account. DCF shall utilize ABLE accounts to conserve benefits for SSI recipients in custody of the Secretary with account balances over $1500. See PPM 5929 WARDS – Benefit Management for more information.

2. PASS (Plan for Achieving Self-Support) for Clients with SSI Balances
    a. 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 (e.g. attend college or start a business).

    Money put into PASS is not considered as a resource when determining a client's eligibility for SSI. More information about PASS, and how to apply for it, can be found at Plan to Achieve Self-Support (PASS) . The PPS Eligibility Specialist shall initiate discussions regarding a PASS with the DCF IL Coordinator and the CWCMP. The DCF IL Coordinator shall complete the needed form and documentation, making sure the PPS Eligibility Specialist has copies of anything submitted to Social Security.
    b. If the PASS is approved the PPS Eligibility Specialist shall send the request to the WARDS Finance Manager in DCF Payables when the PASS funds are needed by the client for their intended purpose.

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 SCRIPTS WARDS. 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.

The PPS Eligibility Specialist completing payee reports shall access Social Security's on-line reporting 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 PPS Eligibility Specialist worker shall be familiar with the following information.

A. 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.

1. Return Home: This change in placement is reported in the monthly Foster Care Alert File sent to Social Security. 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.

2. APPLA: This change in placement is reported in the monthly Foster Care Alert File sent to Social Security. Youth who achieve permanency through APPLA 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.

3. PRTF or Hospital Stay: This change in placement is reported in the monthly Foster Care Alert File sent to Social Security. If a child is placed in a PRTF or hospital stay 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.)

4. Detention, Missing or absent from placement: This change in placement is reported in the monthly Foster Care Alert File sent to Social Security. 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 a runaway to be conserved for the child's return.

5. Adoption subsidy pre-finalization: This change in placement is reported in the monthly Foster Care Alert File sent to Social Security.

a. 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.

b. 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 forwarded.

6. 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. Notify Social Security Administration via completion of an eData Reporting Form (PPS 5928) and upload to GSO Website.

B. Monitoring Account Balances

DCF shall assure the client does not lose their SSI eligibility due to excess accumulation of income.

1. Duties of the WARDS Administrator – Accounts involving SSI are reviewed monthly by the WARDS administrator for setup of an ABLE account when nearing a $2,000 balance.

2. Duties of the Eligibility Specialist – The Inactive Client List with Balance report provides a list of clients and their balances that do not have an open rep payee episode. Workers shall contact DCF.WARDS@ks.gov to close any cases with a balance where DCF is no longer the Representative Payee.

C. ABLE (Achieving a Better Life Experience) Account Management

Beneficiaries in the custody of the Secretary who receive SSI are eligible for an ABLE account. ABLE allows SSI recipients to conserve funds without losing their benefit eligibility due to excess income.

1. Establishing ABLE Accounts: The New ABLE Accounts report in SCRIPTS WARDS provides a list of active clients receiving SSI benefits with a resource balance over $1500. The WARDS Administrator shall complete and submit an ABLE account application for these clients monthly. Applications and supporting documentation shall be sent via email through Ascensus' secure portal as well as via mail to:

Kansas ABLE Savings Plan

P.O. Box 219266

Kansas City, MO 64121

2. Continuing ABLE Transfers

Existing ABLE Accounts – This report in SCRIPTS WARDS provides a list of active SSI clients with a resource balance over $1500 who have an established ABLE account. The WARDS Administrator shall transfer funds

exceeding $1500 from these clients' Personal Needs Accounts to their ABLE accounts monthly via ACH.

DCF will maintain a readily available balance of up to $1500 for personal needs of clients receiving SSI in the WARDS account.

3. Transfer of ABLE Account

When a client is no longer in the custody of the Secretary and DCF ceases to be the payee, DCF is responsible for facilitating the transfer of Authorized Individual status on the client's ABLE account. The beneficiary shall take ownership if they are of legal age and have the capacity to manage their own funds. If the beneficiary is a minor or lacks the capacity to manage the account, DCF should assist in designating a new responsible adult to assume the Authorized Individual role. For assistance, contact the WARDS Administrator.

D. Purchases Made from the WARDS Account

Any qualifying personal item the beneficiary needs can be purchased with money in a WARDS account if the item is not covered under the child welfare case management contract.

1. Receipts and Approved Items

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 as reflected in the Guide for Representative Payees available through the Social Security Website. Receipts for purchased items are required.

a. clothing – coats, caps, gloves, swimming suits, shoes, or uniforms for school

b. therapeutic equipment (if recommended by a doctor and not covered by any other source) – hearing aids, glasses, walkers, book holders, or wheelchairs
    i. For items coverable by Medicaid, consult the Managed Care Organization before using WARDS funds.

c. health and hygiene items – cosmetics, dermatology treatments, or 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, or cameras

g. school items – supplies, class fees, activity tickets, yearbooks, instrument for school band or orchestra

h. convenience items – tv's, clocks, watches, iPods, Kindles, iPads, or laptops

a. miscellaneous items – magazine subscriptions, telephone expenses for out-of-town calls, restaurant meals, or reasonably priced holiday present for the child to give.

j. 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 wheelchair 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.

2. How to Make a Purchase

Upon receipt from the CWCMP for a purchase request, the PPS Eligibility Specialist worker shall explain to the case manager that the CWCMP may purchase the item(s), and upon submission of the receipt(s), reimbursement will be made only to the CWCMP. The PPS Eligibility Specialist should ensure there is money available in the child's WARDS account prior to making the purchase. ABLE account funds may be used for approved purchases if there is not enough money in the client's WARDS account. Any exceptions to purchases or purchases using ABLE funds 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.

3. Request a Check

To request a check from WARDS, the PPS Eligibility Specialist shall complete the PPS 5929 WARDS Account Spending Request and e-mail the form to the WARDS mailbox at DCF.WARDS@ks.gov. Receipts and/or client signatures are required for any purchase request.

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. 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 PPS Eligibility Specialist:

1. Inform Issuing Agency – For Social Security benefits, the client's change in placement status will be reflected in the next month's Foster Care Alert Report. For Veterans Administration or the Railroad Board, phone or e-mail your contact of the child's new placement.

2. Approve/disapprove all pending deposits.

3. Close Rep Payee Period – Enter a Rep Payee closure date on the Client Transaction screen in SCRIPTS WARDS.

4. Close Account – Send a completed PPS5927B Close Out Worksheet to the WARDS mailbox at DCF.WARDS@ks.gov with the following information:
    a. Client's name and ID#

    b. Address where the check is to be sent

    c. To Whom the check should be made out, following these guidelines:
        i. Social Security benefits – Balances shall be paid to Social Security within 30 days of DCF no longer being payee. Social Security will then review the case and if in agreement, forward that balance to the new payee. Note, SSA does not always agree with the remaining balance due to the youth and in some instances an overpayment may be determined. In special circumstances, Social Security may permit DCF to transfer conserved funds directly to a new payee or to a capable beneficiary, if it serves the best interest of the beneficiary.

            The PPS Eligibility Specialist must request approval from the WARDS Administrator and Social Security to transfer the balance directly to a new payee or beneficiary. Social Security will approve such transfers on a case-by-case basis.

        ii. Veterans, Railroad, and other benefits – Balances shall be sent to the new payee responsible for the child's day-to-day care.

5930 Closing the Foster Care Case

Detailed instructions for discontinuing a foster care case are contained in the Kansas Eligibility Enforcement System (KEES) Non-Medical User Manual.

A. Discontinue the Foster Care case in KEES when any of the following occur:

1. Child returns home

2. Child is living independently or has otherwise achieved permanency

3. Adoption Assistance case opens

4. Death of the child

If the child returns home on or before the 15th of the month, the medical program block shall be closed at the end of that month. If the child returns home after the 15th of the month the medical program block shall close at the end of the following month. When a youth has a Continuous Eligibility (CE) period that will end after their foster care case closes, the Eligibility Specialist shall follow the process outlined in PPM 5918 Medicaid Requirement for Children in Out of Home Care. The Eligibility Specialist shall notify Kansas Department of Health and Environment (KDHE) of child's return home or release of custody by completing and emailing the PPS 5918 Continuous Eligibility and Aged Out Medical Transfer Form to KDHE.

B. Medical coverage is to be discontinued in the following situations:

1. Child is no longer in an out of home placement

2. Child is in a Medicaid ineligible placement (jail, juvenile detention, or correctional facility)

3. Death of a child

Youth released from custody who are appointed a SOUL Family Legal Permanency Custodian will continue to have Foster Care Medical (FCM) coverage while youth is attending high school or completing GED up to age 21. FCM will end when high school education or GED is completed by youth aged 18 or older. Youth who are appointed a SOUL Family Legal Permanency Custodian will be eligible to transition to Aged Out medical coverage. See PPM 5918 regarding requirements for extending foster care medical coverage.

If DCF staff receives the Certificate of Creditable Coverage from the Kansas Medical Assistance Program (KMAP) after a child returns home from foster care, the form shall be mailed to the child's last known address.

5931 Entering Payment Eligibility in FACTS

See section 5892 for Instructions on entering eligibility into FACTS

5940 Coordination with the Kansas Department of Corrections - Community Based Services about Medicaid

A. Kansas Department of Corrections (KDOC) - Community Based Services (CBS) is the designated State agency for serving juvenile offenders in Kansas who have been placed into the custody of the State through a juvenile offender court hearing. PPS and KDOC - CBS staff shall communicate and coordinate work related to these cases when necessary.

B. Community Supervision Officers (Community Corrections) are responsible for the day-to-day management of children/youth who are in KDOC - CBS custody. Some of these children/youth are in out-of-home placement which makes them part of the State's foster care population. While most of the custodial youth are placed at home, some individuals may be placed in an out-of-home placement or in a Juvenile Correctional Facility. Children/ Youth in KDOC - CBS custody and residing in out of home placements are eligible for Foster Care Medicaid if they meet the eligibility criteria per Section 5918.

C. Community Supervision Officers (Community Corrections) shall forward the following information to the PPS Eligibility Specialists for determining Foster Care Medicaid:

1. Copy of Medical Insurance (if applicable)

2. PPS 5460

D. Youth in KDOC - CBS 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 case in KEES.

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.

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 for Permanent Custodianship Subsidy

Permanent custodianship subsidy may be considered if one of the following is met:

1. The child is age 14 and over, or
2. The child is part of a sibling group being placed together and one child is age 14 and over, or
3. The child has an approval for an exception from the Director of Prevention and Protection Services or designee 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.

C. At the time of exit, enter the Legalization Date. Enter Guardianship and Custodianship Completed By, GUCU/Child Relation, Family Structure, Siblings in Gu/Cu Home, and Primary and Secondary individual demographic information as indicated on the PPS 6185 form.

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 Permanent Custodianship 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, a letter from the child (if age 14 or over) confirming they are in agreement with the plan and the PPS 6185, Guardianship, Permanent Custodianship Permanency AFCARS Data form 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.

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. Adoptive families shall be encouraged to add adoptive children to their health insurance policies to assure optimal coverage. They shall be informed their insurance will be considered primary if they choose to do so.

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 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 pre-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 reasonable and customary amounts 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 petition and 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

6203 Special Service Payments

A special service payment is a pre-approved time-limited or one-time payment made at the request of the adoptive parents. The payment provided is to meet the specific need(s) of the child which cannot be met through Medicaid programs, the monthly subsidy payment or other resources. The special service payment should not be used to meet the ordinary needs of a child, or if the expense to State adoption assistance funds exceeds $1000 or is expected to last more than 6 months. Children on the Technology Assistance (TA) Waiver may be eligible for a Special Service Payment up to $3,000 at the request of the adoptive parents.

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 procedures and 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 (6) month period.

B. One-Time Only Purchases

   Unique one-time only purchases are limited to $1000 per child or $3000 for children on the TA Waiver. Purchases may include, but are not limited to:

   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.

See also PPM 6922.

6204 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. While benefits available to the child, i.e. social security, SSI, veterans, may be considered in determining the amount of monthly cash subsidy payments, SSI is the only benefit that automatically has an effect on the payments.

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. Due to the established needs that qualify children for the Technology Assistance (TA) Waiver, children utilizing TA Waivers are eligible for subsidies higher than $500 a month with a minimum amount at least 75% of the monthly foster care reimbursement rate. This also includes children on the IDD waiver who are receiving Specialized Medical Care (T1000).

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;
9. SSI eligible children;
10. TA eligible children;
11. Children on the I/DD waiver receiving specialized medical care (T1000)

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.

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 is an independent/private adoption and in 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 the following criteria:

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 licensed child placing agency in the case of an independent/private adoption.

2. Establishing 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. Establishing the Special Needs of the Child

   The child shall have one or more specific factors or conditions, which limits their 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 6 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 Determining Funding Source for Adoption Assistance

The adoption assistance agreement shall be completed prior to the finalization of the adoption. Adoption assistance payments shall be entered into KEES once the PPS 6130 Adoption Assistance Agreement form is signed by all required parties. The start date of the assistance is listed in Section V of the agreement.

The following shall be considered when determining the funding source for Adoption Assistance:

A. Special Need – Does the child meet the special needs criteria outlined in PPM 6210?

   1. If yes, proceed to section B.

2. If no, the child is not eligible for adoption assistance.

B. Administrative Eligibility

1. IV-E Eligibility in FC - At the initial removal from the home, was the child Title IV-E eligible for the current foster care episode?

a. If yes; proceed to Section C to confirm maintenance eligibility.

b. If no, proceed to B.2.

2. Voluntary Relinquishment

a. Was the child voluntarily relinquished to DCF or voluntarily relinquished to a licensed child placing agency and

b. Did the child have IV-E foster care eligibility established as a result of this 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.

i. If yes, proceed to Section C to confirm maintenance eligibility.

ii. If no, proceed to Section B.3.

3. SSI Eligible -

a. Was the child 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 application date for SSI may not be used as the eligibility date.)

i. If yes, proceed to Section C to confirm maintenance eligibility

ii. If no, proceed to Section B.4.

4. Child’s Parent is a Minor

a. Is the child's parent a minor who is IV-E maintenance eligible and does the minor parent's IV-E maintenance payment covers the child's cost of care?

i. If yes, proceed to Section C to confirm maintenance eligibility.

ii. If no, proceed to Section B.6.

5. Prior Adoption was IV-E

a. Was the child eligible for IV-E adoption assistance prior to becoming available for adoption again because of the dissolution of a prior adoption or the death of their adoptive parents? (See PPM 6230 Subsequent Adoption Assistance Agreements.)

i. If yes, proceed to Section C to confirm maintenance eligibility.

ii. If no, proceed to Section B6.

6. Applicable Child Eligibility (ACE), AKA Fostering Connections

a. Citizenship - Does the child meet one of the following?

i. Child is a United States citizen by birth or naturalization, or

ii. Child is legally admitted for permanent residence in the United States and the initial court order includes a statement that continuation in the home would be contrary to the welfare of the child or words to that effect (per 45 CFR 1356.21)

1. If yes, proceed to Section B.6.b.

2. If no, child is State Funded.

b. Contrary to the Welfare

i. When in foster care, did the child's initial court order of removal contain "contrary to the welfare" language?

1. If yes, proceed to Section B.6.c.

2. If no, child is state funded.

c. Age criteria– Any Age, the applicable age for a fiscal year is as follows:

In the case of fiscal year:	**The applicable age is:**
2010	16
2011	14
2012	12
2013	10
2014	8
2015	6
2016	4

2017 through 2023	2
2024	2 (or, in the case of a child for whom an adoption assistance agreement is entered into under this section on or after July 1, 2024, any age)
2025 or thereafter	any age.

C. Maintenance Eligibility

Maintenance eligibility should be determined when adoption assistance begins. If child is determined state maintenance eligible, no further redeterminations are necessary. When federal maintenance eligibility is determined, a redetermination is necessary at each yearly review and before the child turns 18.

1. Felony Convictions

a. Did the adoptive parents agree to being fingerprinted for which the KBI found none of the following?

i. Convicted for child abuse or neglect, spousal abuse, crimes against children, including child pornography; or crimes involving violence, including rape, sexual assault, or homicide; and

ii. In the past 5 years, convicted for physical assault, battery, or a drug related offense.

1. If yes, proceed to Section C.2.

2. If no, child is state funded.

2. School Attendance

a. Is the child of the minimum age for compulsory school attendance under state law and enrolled, and attending, school per law?

i. If yes, or if child is under the minimum age for compulsory school attendance, child is federally funded.

ii. If no, child is state funded.

3. Age 18-21

a. Does the youth have a documented physical or mental disability (documented by a physician, hospital, clinic, or other qualified medical practitioner)?

i. If yes, federal funding remains.

ii. If no, funding reverts to state funding.

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. An updated adoptive parent home study (see PPM 5330).

    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 and non-transferable. 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 exists, 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, KEES, 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 DCF.CCUnit@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. The Regional Support Services Administrators or Foster Care Administrators must coordinate the transfer of the adoption assistance file to the other Region.

6310 Establishment of SOUL (Support Opportunity Unity Legal Relationships) Family Legal Permanency

SOUL Family Legal Permanency establishes a court ordered legal relationship between a youth and one or more adults who will be responsible for the youth's care while still maintaining family connections. SOUL Family Legal Permanency recognizes additional relationships with a broad network of caring adults. In 2024 the legislature established funding for the SOUL Family Legal Permanency monthly subsidy to assist youth and identified residential custodian.

6311 Requirements for SOUL (Support Opportunity Unity Legal Relationships) Family Legal Permanency Monthly Subsidy

SOUL Family Legal Permanency monthly subsidy may be considered if the following is met:

A. A SOUL Family Legal Permanency order has been entered and a residential custodian identified. Only the identified residential custodian shall receive the SOUL Family Legal Permanency Monthly Subsidy.

B. SOUL Family Legal Permanency monthly subsidy is not prorated. The first and last month's entire monthly payment shall be issued regardless of start and end dates.

C. SOUL Family Legal Permanency monthly subsidy ends when:

1. Youth attains 18 years of age

    a. Unless the youth is still in enrolled in a secondary education program, then the SOUL Family Legal Permanency monthly subsidy may continue until the youth turns 21, unenrolls or completes secondary education program,

2. The youth is emancipated, dies, or otherwise ceases to need support,

3. The youth no longer resides with a SOUL Family Legal Permanency residential custodian,

4. The identified residential custodian fails to complete and return the annual review,

5. The youth engages in Independent Living services and would like to receive the Independent Living Program's monthly subsidy. The SOUL Family Legal Permanency monthly subsidy shall not be issued concurrently with an Independent Living Monthly Subsidy.

D. SOUL Family Legal Permanency monthly subsidy is not an entitlement program, and the youth shall 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 the SOUL Family Legal Permanency is established;

2. SOUL Family Legal Permanency custodian(s) are appointed by the Court;

3. The residential custodian may apply to become the youth's payee for Supplemental Security Income (SSI). However, SSI may impact the SOUL Family Legal Permanency Monthly Subsidy amount.

E. Process to initiate SOUL Family Legal Permanency monthly subsidy:

1. The CWCMP sends the following (items A-C) directly to the DCF Regional Office Contact to initiate approval of SOUL Family Legal Permanency Monthly Subsidy prior to finalization of SOUL Family Legal Permanency

    a. Completed PPS 6300 SOUL Family Legal Permanency Monthly Subsidy Checklist

    b. PPS 6301: SOUL Family Legal Permanency Referral for Payment

    c. W-9 Statement. The SOUL Family Legal Permanency custodian with whom the youth shall reside will be the payee/listed on the W9 form, that person's SSN, address, and signature are required for this form. (Copy of the SS card for the residential custodian completed the W-9 is needed.)

2. Upon finalization of SOUL Family Legal Permanency, the CWCMP sends the following directly to the DCF Regional Office Contact to initiate payment of SOUL Family Legal Permanency Monthly Subsidy
    a. PPS 6302: SOUL Family Legal Permanency Subsidy Agreement

    b. Appointment of SOUL Family Legal Permanency Journal Entry

3. The DCF Regional Office Contact reviews the documents for accuracy, completeness, and saves all documents from section E.1 and E.2 to the SOUL Family Legal Permanency shared drive. Reference the instructions on shared drive for saving. The DCF Regional Office Contact sends notification to CWCMP.
    a. SOUL Family Legal Permanency Monthly begins the first day of the month of appointment of SOUL Family Legal Permanency by the court.

6312 Type of Support and Amounts for SOUL (Support Opportunity Unity Legal Relationships) Family Legal Permanency Monthly Subsidy

A. SOUL Family Legal Permanency Monthly Subsidy Payment

1. SOUL Family Legal Permanency Monthly Subsidy cannot exceed $500 per youth. It may be adjusted lower depending on the income and resources of the youth. The residential custodian shall not receive SOUL Family Legal Permanency Monthly Subsidy if the youth's social security income is higher.

2. Youth income and resources to be considered when determining the SOUL Family Legal Permanency Monthly Subsidy amount.

    a. Social Security Survivors Benefits (SSA)- The residential custodian is to apply to become the youth's payee. The Social Security Survivor's Benefit may impact the SOUL Family Legal Permanency Monthly Subsidy amount.

    b. The residential custodian may apply to become the youth's payee for Supplemental Security Income (SSI). However, SSI may impact the SOUL Family Legal Permanency Monthly Subsidy amount.

    c. Income for the youth from a trust or annuity.

    d. Other benefits, e.g. railroad or veterans benefits.

3. Residential SOUL Family custodians are expected to apply to be the payee for benefits on behalf of the youth. If parental rights are intact, parents may need to agree to the transfer of payee. The amount of benefits may affect the amount of

subsidy and Temporary Assistance to Needy Families (TANF) payment. Once the subsidy amount is established it does not change unless there is a change in the youth's circumstances.

4. The residential custodian may apply for TANF on behalf of the youth and eligibility will be determined based on the Kansas Economic and Employment Services Manual (KEESM).

B. Medical Card

1. Foster care medical is to be maintained by DCF as a part of the SOUL Family Legal Permanency Monthly Subsidy benefits.

2. KAN Be Healthy Screens and all Medicaid rules are applicable.

3. If the residential custodian moves to a different state, the Kansas medical card shall remain active. The residential custodian will need to apply for medical coverage in the state of residency. A medical card may or may not be issued for the youth in that state. If medical becomes active in the receiving state, then Kansas will close medical.

4. Foster Care Medical coverage shall be discontinued when the SOUL Family Legal Permanency Monthly Subsidy is discontinued.

5. Young adults participating in this program will be eligible for Kansas Aged Out Foster Care Medical coverage.

C. SOUL Family Legal Permanency One-time Payment

1. The SOUL Family Legal Permanency one-time payment shall be used to help the youth and residential custodian transition into their new living situation or arrangement, support costs associated with care of the youth, and ensuring their needs are met.

a. The SOUL Family Legal Permanency residential custodian shall receive a one-time $3000 payment upon receiving the journal entry of appointment of SOUL Family Legal Permanency by the court.

b. The SOUL Family Legal Permanency one-time payment shall be issued once, unduplicated, per identified residential custodian with a lifetime maximum of $9,000 per youth.

6313 SOUL (Support Opportunity Unity Legal Relationships) Family Legal Permanency Eligibility Determination

Prior approval from PPS Administration must be obtained before entering into a SOUL Family Legal Permanency subsidy agreement with the residential custodian using the PPS 6302 Soul Family Legal Permanency Subsidy Agreement.

A. The Child Welfare Case Management Provider shall:

1. The CWCMP sends the following (items A-C) directly to the DCF Regional Office Contact to initiate approval of SOUL Family Legal Permanency Monthly Subsidy prior to finalization of SOUL Family Legal Permanency

a. Completed PPS 6300 SOUL Family Legal Permanency Monthly Subsidy Checklist
b. The PPS 6301 SOUL Family Legal Permanency Referral for Payment
c. W-9 Statement. The SOUL Family Legal Permanency custodian with whom the youth shall reside will be the payee/listed on the W9 form, that person's SSN, address, and signature are required for this form. (Copy of the SS card for the residential custodian completed the W-9 is needed.)

2. Upon finalization of SOUL Family Legal Permanency, the CWCMP sends the following directly to the DCF Regional Office Contact to initiate payment of SOUL Family Legal Permanency Monthly Subsidy

a. The PPS 6302 SOUL Family Legal Permanency Subsidy Agreement
b. Appointment of SOUL Family Legal Permanency Journal Entry
c. The PPS 6303 SOUL Family Legal Permanency AFCARS data

3. The DCF Regional Office Contact reviews the documents for accuracy, completeness, and saves all documents from section A.1 and A.2 to the SOUL Family Legal Permanency shared drive. Reference the instructions on shared drive for saving. The DCF Regional Office Contact sends notification to CWCMP.

a. SOUL Family Legal Permanency Monthly begins the first day of the month of appointment of SOUL Family Legal Permanency by the court.

B. The CWCMP shall inform the SOUL Family Legal Permanency Custodians;

1. How to access the Journal Entry with the court date stamp on it.
2. The completed PPS 6302 SOUL Family Legal Permanency Subsidy Agreement with DCF Administration signature.
3. The name and contact information of the regional DCF point-of-contact for questions about payments, returning annual reviews and reporting changes.
4. Instructions for completing and submitting the PPS 6320 SOUL Family Legal Permanency Change in Status Form.
   a. Changes in living arrangements, school, child's income, and closures, etc. are to be reported by the family to the regional office.
5. Instructions for completing and submitting the PPS 6315 SOUL Family Legal Permanency Annual Review. DCF regional offices are to complete annual reviews with the SOUL Family Legal Permanency residential custodian. Failure to complete and return the forms to the regional offices could result in subsidy being stopped. The Soul Family Legal Permanency Monthly Subsidy is not considered income and therefore the agency does

not send out a 1099-MISC, Miscellaneous Information, to the I.R.S. reporting the benefit
6. Accessing information on the DCF Independent Living services for the youth.

C. The SOUL Family Legal Permanency custodian(s) shall assist the young adult with;

1. The instructions to apply for Aged Out KanCare/Medicaid when the youth turns 18.
2. A paper Medicaid application for Aged Out Medical.
    a. The SOUL Family Legal Permanency residential custodian should write AGED OUT Medicaid at the top of the completed application.
3. Accessing information on the DCF Independent Living services for the youth.

6314 SOUL (Support Opportunity Unity Legal Relationships) Family Legal Permanency Subsidy Agreement

The PPS 6302 SOUL Family Legal Permanency Subsidy Agreement shall be signed by the designated residential SOUL Family Legal Permanency custodian. The PPS 6320 SOUL Family Legal Permanency Change in Status form shall be provided to the residential custodian, which shall include information about where to send the form if changes occur.

A. The Child Welfare Case Management Provider (CWCMP) shall inform the residential custodian about the following:
    1. The purpose of the subsidy, including both its financial and social obligations;

    2. The terms and duration of the agreement;

    3. Procedures regarding the utilization of the PPS 6320 SOUL Family Legal Permanency change in status form, for reporting changes to DCF as they occur;

    4. Completion of the annual review is mandatory. Failure to do so may result in termination of the SOUL Family Legal Permanency monthly subsidy. Should the residential custodian neglect to submit the PPS 6315 SOUL Family Legal Permanency Annual Review to the DCF Regional Staff within 30 days of the postage date, the subsidy will be discontinued.

    5.The youth may be eligible for independent living services. The residential custodian should be encouraged to assist the youth by contacting the Independent Living Program Manager to access services;

a. Concurrent issuance of the SOUL Family Legal Permanency monthly subsidy with an Independent Living Monthly Subsidy is not permissible.

6. The possibility of a reduction in Supplemental Security Income (SSI) benefits for the youth if they become eligible for SSI after the approval of the SOUL Family Legal Permanency subsidy;

7. Residential Custodian may apply for other financial benefits for the youth, e.g., SSI or veteran's benefits;

8. Residential Custodian shall notify DCF immediately of any changes in the youth's living situation;

9. Residential Custodian shall notify DCF immediately if the SOUL Family Legal Permanency appointment is annulled or if the custodian ceases to be legally or financially responsible for the youth;

10. Residential Custodian shall notify DCF upon the youth reaching the age of 18:

a. Unless the youth is still enrolled in a secondary education program, in which case the SOUL Family Legal Permanency monthly subsidy may continue until the youth turns 21, unenrolls, or completes the secondary education program.

11. Residential Custodian shall notify DCF if the youth becomes emancipated;

12. Residential Custodian shall notify DCF if the youth or young adult dies, or otherwise ceases to need support.

6315 Termination of SOUL (Support Opportunity Unity Legal Relationships) Family Legal Permanency Monthly Subsidy

A. SOUL Family Legal Permanency Monthly Subsidy shall not continue beyond the month in which:

1. Youth attains 18 years of age

a. Unless the youth is still in enrolled in a secondary education program, then the SOUL Family Legal Permanency monthly subsidy may continue until the youth turns 21, unenrolls or completes secondary education program,

2. The youth is emancipated, dies, or otherwise ceases to need support;

3. The youth no longer resides with a SOUL Family Legal Permanency residential custodian;

4. The youth engages in Independent Living services and would like to receive the Independent Living Program's monthly subsidy. The SOUL Family Legal Permanency monthly subsidy shall not be issued concurrently with an Independent Living Monthly Subsidy;

5. An annual review is due, and the residential custodian fails to submit the PPS 6315 SOUL Family Legal Permanency Annual Review to the DCF Regional Staff within 30 days of the post marked date may result in discontinuance of SOUL Family Legal Permanency Subsidy.

B. If a service case is open, the case manager is responsible for promptly forwarding all information that could lead to termination to both DCF.SOULFamilyBenefits@KS.gov and the Regional Department for Children and Families (DCF) Office as soon as it is received.

6316 SOUL (Support Opportunity Unity Legal Relationships) Family Legal Permanency Annual Review

A. An annual review is required to determine if any changes in the circumstances of the youth exist. SOUL Family Legal Permanency Monthly Subsidy does not require an annual eligibility re-determination.

B. On an annual basis, Department for Children and Families (DCF) staff shall send the PPS 6315 SOUL Family Legal Permanency Annual Review to the family. The PPS 6315 shall be returned to email or and forwarded to DCF Regional staff for review. DCF Regional staff shall upload a copy to the Kansas Eligibility and Support System (KEES).

C. The SOUL Family Legal Permanency Residential Custodian shall submit the PPS 6315 SOUL Family Legal Permanency Annual Review within 30 calendar days of post marked date

1. Failure to submit the PPS 6315 SOUL Family Legal Permanency Annual

Review to the DCF Regional Staff within 30 days of post marked date may result in discontinuance of SOUL Family Legal Permanency Subsidy.

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 Kansas Eligibility and Enforcement System (KEES).

The PCS payment shall be effective the first of the month in which the permanent custodianship is granted. These payments shall continue monthly if the child maintains subsidy eligibility.

Form PPS 6155 Referral for Payment - Permanent Custodian Subsidy shall be used to establish initial and subsequent subsidy payments. Refer to the PPS 6149 Referral for Permanent Custodianship Subsidy Checklist for instructions.

See KEES User Guide for instructions regarding opening PCS cases and issuing payments in KEES.

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

Adoption Assistance Subsidy payments are issued through the Kansas Eligibility and Enforcement System (KEES). These completed documents are required to open a new Adoption Assistance case:

A. Adoption Placement Agreement (APA) PPS 5343

B. Adoption Assistance Agreement PPS 6130

C. Eligibility for Adoption Assistance PPS 6115

D. Referral for Adoption Assistance PPS 6110 OR Application for Adoption Assistance Private Agency Placements PPS 6120

Adoption assistance payments cannot begin earlier than the date on the Adoption Placement Agreement. The first month's Adoption assistance amount shall be prorated.

For the child to continue to receive medical assistance as part of the adoption assistance, refer to PPM 5918 for information on the process to be followed.

A. Payment Procedures for Adoption Assistance

1. Payments for adoption subsidy are generated from an open Adoption Assistance case on the KEES system. (See KEES User Guide for instructions.)
2. A payment ID number will be created in the Statewide Management, Accounting, and Reporting Tool (SMART) for the adoptive family which will be linked to the Adoption Assistance case in KEES.

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 programs, 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. Children on the Technology Assistance (TA) Waiver may be eligible for a Special Service Payment up to $3,000 at the request of the adoptive parents. This $3,000 payment should be used to meet the specific need of the child which cannot be otherwise met through Medicaid programs, monthly subsidy payments or other resources. Services are not to exceed 6 months of service for this payment. Requests for approval are to be submitted in writing to DCF Regional Office.

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.

1. Form PPS 6130 “Adoption Assistance Agreement” is used for children who receive other types of adoption assistance.

2. Form PPS 6140 “Non-Recurring Adoption Assistance Agreement” is signed for families eligible for non-recurring only.

3. 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 DCF.CCUnit@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 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.

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 the Office 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 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 using PPS Form 7000B.

C. Submit intake information to the Kansas Protection Report Center (KPRC) for case assignment within one working day of youth's inquiry for services

D. Complete assessments with the youth to determine service needs.

E. 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.

F. Ensure the Self-Sufficiency Plan meets all state and federal mandates and DCF policy and procedures.

G. Complete all paperwork associated with Self-Sufficiency Planning including all required forms and ensure copies are provided to the youth and mentor, as applicable.

H. Monitor the Self-Sufficiency Plan to ensure the goals are being met as planned and assess whether new or revised goals should be established.

I. Contact youth in person, by phone, email, letter, approved social media networks or text messaging monthly.

J. Maintain documentation of youth’s participation and progress in the program.

K. Maintain accurate financial documentation and utilize DCF systems to ensure compliance with financial requirements and limitations for individual service components.

L. Provide case management services.

M. Utilize opportunities to teach youth skills necessary for navigating life.

N. 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/young adult may request access to all IL services for education and employment supports prior to their 21st birthday. After that date, youth/young adult may request access to ETV services prior to the semester in which they turn 26, if enrolled or applying for admission to post-secondary education. 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 14 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 age 14 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, or 18-26 for youth participating in the ETV Program) 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:main.dspROL&rolType=Custom&RS_ID=145
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 and young adults shall complete the PPS 7030 Kansas Independent Living Self-Sufficiency Matrix (SSM) within 60 days of completion of the first Self-Sufficiency Case Plan. A new SSM shall be completed at a minimum of once every 170 days. The SSM may be re-administered at any time, should a youth or young adult experience significant changes in their life. The SSM shall be used to help direct the individual case planning and services provided. Any needs identified by the assessment shall be addressed by DCF and the youth or young adult. See PPM 3000 Case Management and PPS 7030 Instructions 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 collect information about the outcomes of youth who have aged out of foster care and 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 7C, 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 voice call or text message

4. face-to-face
5. e-mail
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 young adult. Self-Sufficiency planning is based on evidence-based practice and a strengths-based perspective, which include:

1. Engaging young adults in a person-centered service design
2. Treating young adults with respect
3. Respecting young adult's privacy
4. Involving young adult’s identified supports and connections as active partners in case planning
5. Providing services in the most young adult friendly setting possible
6. Linking young adults to community-based and comprehensive supports and services
7. Strengthening the capacity of the young adult to function independently

B. All Young Adults receiving Independent Living services from Department for Children and Families (DCF) shall have a PPS 7000 Self Sufficiency Plan

1. The Independent Living Coordinator (ILC) shall review and consider incorporating the court approved PPS 3059A Plan for Successful Adulthood or the PPS 3059B My Adult Services Plan when completing the initial Self-Sufficiency Plan
2. All subsequent Self-Sufficiency Plans shall incorporate the activities, services and supports of the young adult and be updated at least every 170 days

C. Young adults shall be actively involved in the development of their Self-Sufficiency Plan. Young adults 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 young adult's current circumstances
2. Be realistic in terms of the emotional, physical, and intellectual capabilities of the young adult
3. Be written in language that is clear and understandable to the young adult
4. Specify the target dates
5. Have the signature of all Self-Sufficiency Plan participants

D. Young adults no longer in the custody of the Secretary who receive DCF Independent Living services shall contact the assigned DCF ILC a minimum of one time per month. If the ILC has not had contact with the young adult during the month, the ILC should make efforts to contact the young adult. Progress towards completion of case plan

tasks shall be reviewed with the young adult at least once in between Self Sufficiency Plan 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 young adult's case shall be identified as active.
2. The young adult'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

7050 Monthly Budgeting Plan

The PPS7000A, Independent Living (IL) Monthly Budget Plan assists DCF IL Coordinators (ILC) and young adults receiving independent living services to plan for monthly expenses.

This form is used to document a young adult’s financial needs and provide ILCs an opportunity to discuss additional community support options with young adults. ILCs shall consider the young adult’s background, past experiences, trauma, and other interpersonal and external factors that may impact the young adult’s ability to create and manage a budget.

A. The IL Monthly Budget Plan shall be updated:

1. Every 170 calendar days and submitted with the PPS 7000 Self-Sufficiency Plan and
2. When the young adult’s financial circumstances change and
3. As requested by the young adult, ILC, or DCF IL Supervisor.

B. Income & Resources

1. This section documents a young adult’s reported income from employment, and supports such as food assistance, cash assistance, housing assistance, disability benefits, child support, and other financial support.
2. ILCs may indicate that a client is either not eligible or not pursuing those resources at the time of completing the IL Monthly Budget Plan by marking N/A under the specific resource category.
3. ILCs may include information on housing assistance programs that the young adult has either applied for or is receiving.

C. Expenses

1. This section documents a young adult’s monthly expenses. ILCs shall discuss income and resources with young adults to help them understand their finances. These discussions should consider young adult’s individual experiences and needs.

2. It is reasonable and expected for young adults to save for an emergency, to purchase a car, or for other reasons. Reasonable amounts for savings may be included in IL subsidy determinations.

3. When budgeting for food and groceries, ILCs shall consider a young adult's specific individual medical and dietary needs, as well as their ability and skill to plan and prepare meals.

D. The IL Monthly Budget shall be signed by the young adult and ILC on page 2. A copy of this budget should be provided to the young adult and the date the form was provided should be documented under the signatures on page 2 of the form.

E. Start Up Funds and Vehicle Repair

1. This section is to help young adults who qualify and ILCs plan for start-up or vehicle repair expenses, or both. If young adults have previously received these funds, prior amounts and current requests should be documented. The Start Up Funds and Vehicle Repair section may be signed by the young adult, ILC, and DCF IL Supervisor on page 3 if applicable.

F. There are many recommendations on best practices for budgeting. The following may be utilized as resources for ILCs to discuss areas of a young adult's budget:

1. Economic Policy Institute Family Budget Calculator
2. Consumer Financial Protection Bureau Education Tools
3. National Foundation for Credit Counseling
4. USDA Monthly Cost of Food Reports
5. Consumer Financial Protection Bureau Debt to Income Ratio
6. Consumer Financial Protection Bureau Savings Rule
7. Consumer Financial Protection Bureau How to Rebuild Credit
8. US Bureau of Labor Statistics 2022 Consumer Expenditures
9. US Department of Health and Human Services Federal Poverty Guidelines

7100 Eligibility

Specific eligibility requirements apply to all services and supports offered through the Independent Living (IL) and Self-Sufficiency Program.

Marital status does not impact eligibility for services or supports.

Citizenship status may impact a youth or young adult's ability to receive federally funded supports and services. Only citizens and qualified aliens are eligible for federally funded supports and services, including Basic Chafee, Subsidy, Start-Up Costs, Vehicle Repair and Maintenance, Education & Training Voucher (ETV) and Aged Out Medical.

For the purposes of determining eligibility for specific service components, eligible and ineligible placement settings are:

Eligible out of home placements

1. Resource home
2. Relative and non-related kinship placements
3. Group or residential homes
4. Independent living settings
    a. Transitional living program (TLP)
    b. Community Integration Program (CIP)
    c. Youth living on their own who continue to be supported by a Child Welfare Case Management Provider (CWCMP)
5. Secure care, as a child in need of care
6. Runaway/missing child status

Ineligible Placements

7. Placement at home with parent(s)
8. Juvenile detention facility
9. Juvenile correctional facility
10. Adult detention facility (jail)
11. Adult correctional facility (prison)

Refer to the specific service components below to determine eligibility.

B. Youth under the age of 18 receiving aftercare services with the CWCMP shall have any IL services 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

    Youth and young adults who were in an eligible out of home placement in the custody of DCF, Kansas Department of Corrections-Community Based Services (KDOC-CBS) or Tribal Authority for any length of time on or after their 14th birthday are eligible for Basic Chafee.

    a. Youth and young adults who achieved permanency through permanent custodianship or guardianship or who were adopted before the youth's 16th birthday are eligible for Basic Chafee and Vehicle Repair and Maintenance only.

    b. Eligibility for Basic Chafee ends when the young adult attains 21 years of age.

2. Subsidy

a. Young adults who were released from the custody of the Secretary, KDOC-CBS, or Tribal Authority, and from an eligible out of home placement, on or after their 18th birthday are eligible for Subsidy.

b. Young adults who achieved permanency through SOUL Family Legal Permanency are eligible for IL Subsidy. SOUL Family Legal Permanency Monthly Subsidy to the residential custodian must be terminated prior to issuance of IL Subsidy to the young adult.

c. Young adults 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 or designee and the Youth Programs Deputy Director or designee.

d. Young adults who were in Kansas through ICPC and in an eligible placement on their 18th birthday may be eligible for Subsidy, with the approval of the IL Program Manager or designee and the Youth Programs Deputy Director or designee.

e. Youth or young adults who have not been released from KDOC- CBS custody and are not receiving room and board assistance from KDOC-CBS may be eligible for Subsidy.

f. Youth or young adults still under the responsibility of the CWCMP or Tribal Authority are not eligible for Subsidy.

g. Eligibility for Subsidy ends when the young adult attains 21 years of age.

3. Start-Up Costs

a. Young adults who were released from the custody of DCF, KDOC-CBS, or Tribal Authority, and from an eligible out of home placement, on or after their 18th birthday are eligible for Start-Up Costs. Young adults 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 or designee and the Permanency Program Administrator or designee.

b. Young adults who achieved permanency through SOUL Family Legal Permanency are eligible for Start-Up Costs. SOUL Family Legal Permanency Monthly Subsidy to the residential custodian must be terminated prior to issuance of start-up funds to the young adult.

c. Youth and young adults who were in Kansas through ICPC and in an eligible placement on their 18th birthday may be eligible for Start-Up Costs, with the approval of the IL Program Manager or designee and the Youth Programs Deputy Director or designee.

d. Youth who are still under the responsibility of DCF, KDOC-CBS, 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.

e. Young adults who are still under the responsibility of DCF, KDOC-CBS, 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.

f. Youth and young adults who meet the above criteria and are receiving Education Training Voucher (ETV) support continue to be eligible for Start-Up Costs.

g. Eligibility for Start-Up Costs ends when the young adult attains 21 years of age.

4. Vehicle Repair and Maintenance

a. Young adults who were in an eligible out of home placement in the custody of DCF, KDOC-CBS or Tribal Authority for any length of time on or after their 14th birthday are eligible for Vehicle Maintenance and Repair.

b. Young adults who achieved permanency through SOUL Family Legal Permanency are eligible for Vehicle Maintenance and Repair. SOUL Family Legal Permanency Monthly Subsidy to the residential custodian must be terminated prior to use of Vehicle Maintenance and Repair.

c. Young adults who were in Kansas through ICPC and in an eligible placement at age 14 or older may be eligible for Vehicle Repair and Maintenance, with the approval of the IL Program Manager or designee and the Youth Programs Deputy Director or designee.

d. Eligibility for Vehicle Repair and Maintenance ends when the young adult attains 21 years of age.

e. Young adults 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 and young adults served by the following: DCF, KDOC-CBS, or Tribal Authority.

b. Youth and young adults who left a foster care placement subject to permanent custodianship or guardianship or who were adopted before the youth’s 16th birthday are not eligible for ETV.

c. Youth and young adults 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-CBS, 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 14th birthday, unless an adoption, permanent custodianship, or guardianship is finalized prior to the youth's 16th birthday.

d. Youth and young adults who achieved permanency through SOUL Family Legal Permanency on or after age 16 are eligible for ETV.

e. Young adults are eligible until they turn 26 years of age if they are enrolled in a post-secondary education or training program and are making satisfactory progress, as determined by the program guidelines, toward completion of that program.

f. Youth and young adults 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 or young adult completing secondary education or GED for an ETV eligible youth or young adult with an acceptance notice from a post-secondary education institution.

g. Youth and young adults who continue to be under the responsibility of the CWCMP, KDOC-CBS, 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-CBS and Tribal Authority. Tribal case managers, KDOC-CBS case managers and CWCMP case managers shall coordinate services for youth and young adults 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 and young adults requesting ETV services who are served by the CWCMP.

h. Youth and young adults may only participate in the ETV program for a total of five years, which do not need to be consecutive.

6. SOUL Post-Secondary/Certified Training (PSCT) Assistance

a. Youth and young adults who are eligible for SOUL PSCT have earned a high school diploma or GED, are enrolled in a post-secondary education that is pre-accredited, accredited, or certified training program and achieved permanency through SOUL Family Legal Permanency on or after age 16. SOUL Family Legal Permanency Monthly Subsidy to the residential custodian must be terminated prior to the use of SOUL PCST Assistance.

b. Young adults are eligible until they turn 26 years of age if they are enrolled in a post-secondary education or training program and are making satisfactory progress, as determined by the program guidelines, toward completion of that program.

c. Youth and young adults may only participate in the SOUL PSCT program for a total of five years, which do not need to be consecutive.

7. Kansas Foster Child Education Assistance (Tuition Waiver)

a. Youth and young adults who are eligible to apply for the Kansas Foster Child Educational Assistance Act are enrolled in a Kansas educational institution and meet 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. To remain eligible for participation in the program, youth and young adults 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 or young adult is enrolled.

c. Eligibility for Kansas Foster Child Education Assistance service component ends at the conclusion of the semester during which the young adult attains 23 years of age.

d. Youth and young adults eligible for the tuition waiver through the Kansas Foster Child Assistance Act must have been in the custody of the Secretary of DCF.

8. Aged Out Medical

a. Aged Out Medical is available to eligible young adults starting at age 18 until the last day of the month the young adult turns age 26. 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).

i. Young adults who were in the custody of DCF, KDOC-CBS, or Tribal Authority and were in any out of home placement on their 18th birthday are eligible for Medicaid coverage through the Aged Out Medical Program.

ii. Young adults who achieved permanency through SOUL Family Legal Permanency are eligible for Medicaid coverage through the Aged Out Medical Program from age 18 to age 26.

iii. Young adults who were in Kansas through ICPC and in any out of home placement on their 18th birthday are eligible for Aged Out Medical.

iv. Young adults who turned age 18 on or after January 1, 2023, while in any state are eligible for Medicaid coverage through the Aged Out Medical Program (Substance Use-Disorder Prevention that Promotes Opioid Recover and Treatment for Patients and Communities for Patients and Communities [Support] Act).

b. No income or resource testing is required for eligibility.

c. Proof of citizenship and identity must be provided by uploading through the KanCare portal. This may be done by DCF eligibility staff or the young adult.

d. Young adults must have Legal Permanent Resident status for a minimum of five years before they are eligible for Aged Out Medical.

e. The ILC shall inform the young adult they are responsible for keeping KanCare informed of their current address by calling 1-800-792-4884 whenever their address changes.

f. Termination of eligibility for this program occurs when one of the following happens:

i. the young adult turns 26 years of age (last day of the month they turn 26).

ii. the young adult is no longer a resident of Kansas.
iii. the young adult is an inmate in a public institution.
iv. the young adult fails to complete and return the required annual review.

The young adult will be notified by KDHE 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. Discuss referrals to services and the benefits of such services with youth who are pregnant and/or parenting and assist with referrals as appropriate. Services include, but are not limited to, parent skill building programs. See PPM 2116.

K. Assist youth with other training and/or services identified by the youth.

L. 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. Kansas Housing Resources Corporation
10. Kansas Coalition Against Sexual and Domestic Violence

M. Assist and encourage youth to participate in Regional and Kansas Youth Advisory Council activities.

N. 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 (CWCMPs) 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. CWCMP 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.

Financial assistance for dual credit courses shall be requested prior to the course start date by submitting PPS 7211 CWCMP Independent Living Funds Request and required documentation to the regional Independent Living Supervisor or designee. The CWCMP will be responsible for paying at least half of the expenses for dual credit courses.

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 and young adults 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 3059A My Plan for Successful Adulthood or PPS 3059B My Adult Services Plan for youth who are on the I/DD waiver or waitlist. 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
5. Money Management
6. Self-Care
7. Social Relationships
8. Work Life
9. Employment Skills
10. Study Skills
11. 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 and young adults will be provided information regarding all aspects of health care and information regarding avoidance of unsafe health practices included but not limited to;

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 or young adult who has special medical needs.

7214 Alternative Options to Aged Out Medical Program

For those youth not eligible for the Aged Out Medical Program, as documented on PPS 7000B, 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 upon approval by the IL Supervisor. Eligibility for all Medicaid programs shall be determined prior to using Chafee funds for medical purposes. Comparable benefits shall be explored, including the Aged Out Medical Program, prior to using Chafee funds for medical purposes.

The 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 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 Secondary 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) and the youth 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 written into the Self-Sufficiency Plan and may include 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, if requested by the ILC;

    5. Documentation of employment or active pursuit of employment included in the youth’s or young adult's Self-Sufficiency Plan;

    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 and board assistance through the Education and Training Voucher program (ETV).

7222 Employment Plan

If the youth is to 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 apply for subsidy must have a signed employment plan. Subsidy is available to youth who are unemployed or underemployed but are actively searching for employment. Documentation is required to verify the youth's efforts toward becoming employed and the youth's willingness to accept part-time employment while seeking a full-time job. Staff 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 written into the Self-Sufficiency Plan and may include the following:

1. Completed job search plan, which includes the development of a weekly log of a specified number of employment opportunities where the youth will apply for employment and will document the name of the contact person for the job

2. 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; the 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;

3. Referral to formal employment services, as determined appropriate by the Independent Living Coordinator (i.e. Vocational Rehabilitation, Pre-Employment Transition Services, Workforce Center, etc.).

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 $1,100 per month. Most plans are less than this as the amount offered will depend on the youth's income and resources. Earnings are deducted in computing the amount of subsidy needed. Social Security or SSI payments and other public benefits will be considered in determining any subsidy offered to the young adult so that benefits are coordinated. The IL Coordinator shall discuss reporting of income and possible consequences of accepting subsidy on other benefits. The amount provided in subsidy will be reevaluated whenever the youth's situation changes or at a minimum of every six months. 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. Room and board may include, but are not limited to, costs related to housing, food, transportation, hygiene items, cell phone, expenses shown in the PPS 7000A.

B. The intent of the initial Independent Living subsidy for Room and Board is to match the Federal Poverty Level (FPL) to the extent possible, given the annual budget allocation available, to assist young adults in the transition from foster care to adulthood.

C. 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

D. 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.

E. 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

A. The youth or young adult and the DCF Independent Living Coordinator (ILC) shall complete PPS 7000A IL Monthly Budget to plan for monthly expenses and demonstrate a financial need for monthly subsidy. The completed PPS 7000A shall be attached to the PPS 7000 Self-Sufficiency Plan.

B. The DCF ILC shall complete the PPS 7210 Independent Living Subsidy Payment Unit Notification or the PPS 2833 Client Services Agreement and send it to the DCF Regional payment unit or fiscal services team as appropriate. The approved PPS 7210 or PPS 2833 shall be put into the youth or young adult's file. Subsidy payments will be disbursed monthly (e.g. December payments will be paid in early December). There may be a delay in payment if the ILC has not received all required documentation or if the youth or young adult has not made contact during the month.

C. IL Subsidy payments are generally paid directly to the youth, but in certain circumstances payments may be sent to a specific vendor (e.g. landlord or utility company). Any such arrangement must be discussed in detail with the youth or young adult and be approved by the regional DCF Independent Living Supervisor.

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 shall be approved by the Prevention and Protection Services (PPS) Independent Living Supervisor or designee. Cumulative lifetime payments may not exceed $1,000, unless approval is provided by the IL Program Manager or designee. 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 (ETV) are available to eligible youth and young adults 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 $5000, or the total financial need identified on the ETV plan (PPS 7001, Section 3.C.) for that youth or young adult per plan year, whichever is less. All youth must have an open service case to receive ETV. Youth and young adults may only participate in the ETV program for a total of five years, whether or not the years are consecutive.

B. Youth and young adults 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 or young adult 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 (ILC) and youth may need to use phone or e-mail for regular contacts.

C. Youth and young adults 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 and young adults must reapply for ETV funds on a yearly basis, as it coincides with the youth or young adult's education or training plan. All plans shall be for a twelve-month period between July 1 and June 30th. If a youth or young adult finds themselves unsuccessful in completing their education or training plan, the youth or young adult may reapply at any time until they are no longer eligible for the program. The IL Coordinator shall use good judgment in working with youth and young adults 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 or young adult 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 to deny a youth or young adult in accessing ETV unless a pattern is established of the youth or young adult being unable to complete education or training goals. Assistance should be

provided to the youth or young adult 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 and young adults who have not completed high school or GED requirements and who are beyond the age of compulsory school attendance may be eligible for ETV services and supports at post-secondar institutions or certified training programs that accept students under these 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. Room and board may include, but are not limited to, costs related to housing, food, transportation, hygiene items, cell phone, expenses listed on the education institution’s cost of attendance statement, and expenses shown on the PPS 7001 and/or PPS 7000A.

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 Post-Secondary Funding (ETV and SOUL PSCT)

0. All youth or young adults enrolled in a post-secondary education program must have a completed PPS 7000 Self-Sufficiency Plan and the PPS 7001 Education and Training Voucher (ETV) Program Plan. The DCF Independent Living Coordinator (ILC) shall complete both plans alongside the youth or young adult. The youth or young adult must be actively involved in all stages of the plan.

A. ETV Plans should not be used while the youth or young adult is being served by one of the Child Welfare Case Management Providers (CWCMP), unless approval is provided by IL Program Manager or designee.

B. The DCF ILC shall verify and document the youth or young adult’s eligibility for ETV and/or SOUL Post-Secondary Education or Certified Training (PSCT) assistance on both the PPS 7000 Self-Sufficiency Plan and the 7000B IL Eligibility forms. All client

eligibility shall be reviewed and approved by the regional DCF Independent Living (IL) Supervisor.

C. Youth and young adults shall complete the Free Application for Federal Student Aid (FAFSA) and provide confirmation of completed application or copy of financial aid award letter to their assigned DCF ILC prior to receiving ETV or SOUL PSCT funds.

D. Youth or young adults shall provide a copy of their class schedule each semester. Youth and young adults shall provide grades at the end of each semester they receive ETV and/or SOUL PSCT funds.

E. Documentation to support all identified allowable expenses for the year shall be attached to the PPS 7001 ETV Plan. In addition, documentation of all Federal or State financial awards, scholarships, and loans associated with the ETV Plan must also be attached.

F. The PPS 7001 ETV Plan shall be signed by the youth or young adult, DCF ILC, and the DCF IL Supervisor or designee. For any youth or young adult served by the CWCMP who has IL Program Manager approval for an ETV plan, the CWCMP case manager and supervisor shall also sign the approved ETV plan.

G. Tracking for ETV and SOUL PSCT semesters is done through SSIS and documented on the PPS 7001.
    1. For purposes of ETV and SOUL PSCT a year is divided into two six-month periods from July 1 to December 31 and January 1 to June 30. Youth and young adults may not participate for more than five years, or ten six-month periods, which do not need to be consecutive. Participation is defined as a payment having been made within, or for, one of the six-month periods.

    2. The DCF ILC shall enter every semester of an approved ETV plan into SSIS within 10 working days of supervisor approval or payment request. If no expenditures are made for that semester, the ILC shall delete the semester to preserve the eligibility youth or young adult.

    3. The DCF ILC shall ensure the total ETV and/or SOUL PSCT expenditures do not exceed the maximum allowable funds per year or the total cost of attendance for the youth or young adult.

I. All youth or young adults with current ETV plans shall be notified at least thirty (30) calendar days prior to a change in their ETV plan. The DCF ILC shall explore additional resources with youth or young adults receiving ETV and/or SOUL PSCT funding to maximize assistance for post-secondary education.

J. Services and supports through ETV and SOUL PSCT are subject to funding availability.

7253 SOUL Post-Secondary Education/ Certified Training (PSCT) Assistance

SOUL Post-Secondary Education/Certified Training (PSCT) Assistance is available to eligible youth and young adults for assistance, based on need, with post-secondary education and certified training programs.

A. PSCT funds may be used for costs associated with post-secondary education and/or training only and cannot exceed $5000, or the total financial need identified on the ETV Program Plan (PPS 7001, Section 3.C.), including any amount awarded for Education Training Voucher (ETV), for that youth or young adult per plan year, whichever is less. All youth must have an open service case to receive PSCT. Youth and young adults may only participate in the PSCT program for a total of five years, which do not need to be consecutive. SOUL PSCT funding should be used prior to ETV funding. If there is still a remaining need once SOUL PSCT funding has been identified on the ETV plan, then ETV funding can be used.

B. Youth and young adults may elect to attend post-secondary education, certified training programs or both, either inside or outside of Kansas and may use PSCT for this purpose. If a youth or young adult is receiving PSCT 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 (ILC) and youth may need to use phone or e-mail for regular contacts. Other states have no obligation to recognize SOUL PSCT and Kansas is responsible for administering SOUL PSCT benefits.

C. Youth and young adults must reapply for PSCT funds on a yearly basis, as it coincides with the youth or young adult's education or training plan. All plans shall be for a twelve-month period between July 1 and June 30th. If a youth or young adult finds themselves unsuccessful in completing their education or training plan, the youth or young adult may reapply at any time until they are no longer eligible for the program. The IL Coordinator shall use good judgment in working with youth and young adults who have received PSCT in the past and who have not been successful in continuing in their education or training plan. It is foreseeable and acceptable that the youth or young adult 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 to deny a youth or young adult in accessing PSCT unless a pattern is established of the youth or young adult being unable to complete education or training goals. Assistance should be provided to the youth or young adult to keep motivation towards completing their education or training goals.

D. PSCT 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.

E. Youth and young adults who have not completed high school or GED requirements and who are beyond the age of compulsory school attendance may be eligible for PSCT services and supports at post-secondary institutions or certified training programs that accept students under these criteria.

F. Refer to PPM 7251 ETV Services and Supports and PPM 7252 Procedures for ETV for additional guidance in administering SOUL PSCT. SOUL PSCT expenses and awards shall be documented on the PPS 7001 ETV Program Plan.

7260 Kansas Foster Child Education Assistance Act

A. The Kansas Foster Child Educational Assistance Act (K.S.A. 75-53,111-120) applies to eligible young people who enroll in a post-secondary education or certified training program at a Kansas Board of Regents public educational institution which leads to the award of a certificate, diploma or degree upon satisfactory completion of course work requirements. For complete list of individual schools please consult the Kansas Board of Regents website for their accessible list of universities, community colleges, and certified technical programs.

B. This program waives tuition and certain required fees for undergraduate enrollment of eligible young adults through the semester the eligible young adult 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 young adult is enrolled. Youth or young adults eligible for the Foster Child Educational Assistance Act may also be eligible for assistance for other costs associated with completing their post-secondary education through the DCF Independent Living Education and Training Voucher (ETV) Program.

C. Procedures for Kansas Foster Child Educational Assistance Act (Tuition Waiver)

1. Youth or young adults shall complete sections one (1) and two (2) of the PPS 7260 Application for Foster Child Education Assistance Program and submit the form directly to the post-secondary educational institution's registrar or financial aid office.

2. The post-secondary educational institution will email the application to Department for Children and Families (DCF) at DCF.tuitionwaivers@ks.gov for verification of eligibility and signature of Statewide DCF Independent Living Program Manager or designee.

3. DCF IL administration staff shall review and verify eligibility of all applicants.

4. The FACTS code ED04N shall be used, if available, to confirm the date of high school graduation or GED completion to aid in verification of eligibility for the Kansas Foster Child Educational Assistance Act.

5. If accepted applicants are open for DCF IL services, they shall notify their assigned DCF Independent Living Coordinator (ILC) of their current enrollment status and intended program of study within 30 days of enrollment.

7270 Aged Out Medical Program

This program provides medical coverage to young adults who are released from custody of the Secretaries of DCF, Kansas Department of Corrections- Community Based Services (KDOC-CBS) or Tribal Authority at or after age 18 and meet specific eligibility guidelines. Youth and young adults placed in Kansas through ICPC who meet eligibility guidelines are eligible. Young adults who turned age 18 on or after January 1, 2023, and meet eligibility criteria are eligible in all states (Substance Use-Disorder Prevention that Promotes Opioid

Recovery and Treatment for Patients and Communities [SUPPORT] Act). Refer to PPM 7100 Eligibility for Aged Out Medical Program.

Child Welfare Case Management Providers (CWCMP), local KDOC-CBS agency staff, and DCF staff working with youth and young adults who will leave care at age 18 or after, 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. If a youth or young adult is interested in relocating to another state upon release from custody, the CWCMP shall assist the youth or young adult in locating information and applying for Aged Out Medical in the other state.

After release of custody, DCF Independent Living (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 an MCO that best meets their needs. If a youth or young adult is interested in relocating to another state, the DCF IL Coordinator shall assist the youth or young adult in locating information and applying for Aged Out Medical in the other state upon request.

7290 Kansas Youth Advisory Council

Youth 14 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 young adult’s request.

2. When the young adult has financial resources sufficient to meet his or her basic needs and/or has attained self-sufficiency goals.

3. When the young adult attains age 21 and is not participating in the Education & Training Voucher (ETV) program.

4. When the young adult is participating in the ETV program and attains age 26 or has participated in the ETV program for a total of five years, which do not need to be consecutive.

5. If a young adult does not meet or progress towards identified goals and is uncooperative in services.

6. The young adult 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 young adult 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 young adult receiving independent living services, an intake must be assigned with an allegation/presenting situation code of Independent Living Services (ILS) on the BEGN screen.

Enter a self-sufficiency plan (SS) for a young adult who is not in the custody of the Secretary but receives independent living services by referencing the PPS 7000 and entering the FU01N service action code with the service source code PSW. (See PPM section 3811 on Self Sufficiency Plan).

For young adults 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. This will remain open until the time of closure.

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 $600 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 $600 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 and Young Adults

Payments may be made to support Independent Living (IL) youth and young adults in their educational and employment plan(s) as determined by the PPS 7000 Self Sufficiency Plan.

There are some instances where payments for these services or goods will be made directly to the youth or young adult. When payments are made directly to the youth or young adult for services or goods, the youth or young adult shall provide a receipt of purchase or payment with a copy of the receipt to be kept in the DCF IL file for documentation. Purchase of Foster Care Transition Support services shall be accompanied by a written lease between the youth or young adult and foster family, specifying the beginning and end date of the service and agreement of the family to give the youth or young adult 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 or young adult's KEES 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 Chafee Expenses: Speedchart ISD27812 and the appropriate INF45 code.

2. IL Subsidy Expenses: Speedchart ISD27813 and the appropriate INF45 codes.
3. Education and Training Voucher (ETV) Program Expenses: Speedchart ISD27821 and the appropriate INF45 codes.
4. SOUL Post-Secondary and Certified Training (PSCT) Program Expenses: Speedchart ISD27824 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 can be found on the DCF intranet webpage under Operations and then clicking Finance and then the Reports tab. DCF IL staff can also reach out to their regional fiscal unit for the list of definitions.

Youth and young adults who receive ETV or SOUL PSCT are eligible for a maximum $5,000 per fiscal year for each funding source. Monthly tracking and reporting of individual youth or young adult expenses may be found on the Self-Sufficiency Information System (SSIS) and at the PPS SharePoint web site in the PPS Finance and Allocations section. Eligible youth or young adults may receive ETV or SOUL PSCT funds for a maximum of five years, which do not need to be consecutive. Youth or young adults are who are eligible for ETV and SOUL PSCT may receive funds until they turn 26 years of age or utilize the maximum number of years, whichever comes first.

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.

8400 Residential/Group Home Monitoring

All Residential/Group Home placement providers shall be licensed through DCF Foster Care Licensing 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 shall initiate the process of obtaining a new provider agreement or amending an existing one by contacting

the Group Home Program Manager in DCF Administration. It should be noted facilities may be granted a license through DCF Licensing, not all facilities may be approved for a provider agreement, as these are contingent upon need.

A. Implementing a New Facility or Renewing/Changing a Provider Agreement:
    1. The Group Home Program Manager shall consult with Leadership and DCF regional staff to 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. The Group Home Program Manager shall provide information to the prospective or existing provider, including a copy of the DCF Placement Standards, Child Welfare Handbook of Client Purchases and contact information for DCF Foster Care Licensing.
    3. DCF regional staff shall provide technical assistance in regards to the DCF Placement Standards and Child Welfare Handbook of Client Purchases to new and existing providers once a provider agreement is issued.
    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. 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.
    6. DCF regional staff shall conduct an initial on-site review prior to the facility opening to ensure compliance with the Placement Standards and the Child Welfare Handbook of Client Purchases. The on-site review shall include a physical tour of the facility, review of policy and procedures, human resource files and staffing patterns using the site review instrument listed below.
    7. DCF regional staff shall conduct a follow-up on-site review 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.
    8. 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.
    9. DCF regional staff shall maintains provider agreements, ensure facilities have copies and provide ongoing support and monitoring of facilities in their assigned areas.

B. On-going Monitoring:
    1. DCF regional staff shall conduct informal, unannounced on-site visits of facilities in their assigned region on a quarterly basis. The purpose of these visits is to ensure continued compliance with the DCF Placement Standards and Child Welfare Handbook of Client Purchases. Regional staff shall complete the PPS 8300 and submit to the Group Home Program Manager and Permanency Administrator in DCF Administration within seven (7) working days once the visit is completed.
    2. DCF regional staff shall conduct a formal annual on-site review of each facility in their assigned region. These annual reviews will include a tour of the facility, review of policy and procedures, youth/resident files and human

resource files and staffing patterns/staffing ratios. Regional staff shall complete the on-site review instrument which corresponds with the facility type being reviewed. Instruments listed below:

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)
g. Staff Secure (PPS 8400F)
h. Qualified Residential Treatment Program (QRTP) (PPS 8400H)

C. PPS Investigations and Concerns:

1. When a facility has an assigned intake from the Kansas Protection Reporting Center (KPRC) or through DCF Foster Care Licensing, regional staff shall work in conjunction with assigned assessment staff. If there are provider agreement or placement standard non-compliance issues, regional staff shall notify the Group Home Program Manager to assist in developing and monitoring a Corrective Action Plan (CAP).
2. If DCF Foster Care Licensing notes regulatory violations and provides the facility a notice of survey findings (NOSF), Licensing shall share this information with both the regional staff and Group Home Program Manager.

8500 Administrative Reviews of Child Placing Agencies

The DCF Audit Division is responsible for assuring the Administrative Requirements outlined in the Reintegration/Foster Care/Adoption and Family Preservation contracts are monitored. Through annual on-site Administrative Site Visits, DCF Audit staff examine documentation provided by the Child Placing Agencies who provide contract services, and assess whether the Child Welfare Case Management Providers are meeting expectations. If expectations are not met, Corrective Action Plans are developed and tracked for completion.

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. The Articles and Regulations 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 in C. 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.

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 a foreign agency having custody or 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

Referrals of children in DCF custody served by a Child Welfare Case Management Provider (CWCMP) shall be completed by the CWCMP. The CWCMP shall forward all referrals to the Kansas ICPC office, to exchange paperwork with the Kansas ICPC Office and other states. The National Electronic Interstate Compact Enterprise (NEICE) the CWCMP shall enter the referrals in NEICE.

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.

The National Electronic Interstate Compact Enterprise (NEICE) system shall be used to enter ICPC paperwork and forward documents to Kansas ICPC. 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 case will be entered in NEICE which generates the ICPC 100A. For cases not entered in NEICE, the CWCMP retains a copy, and one copy is included in the referral packet. This form is used to request and approve all placements from Kansas.

2. 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.

3. 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.)

4. 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.

5. Case plans: the initial and most current.

6. 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.

7. 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.

8. 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 to the ICPC Office.

9. If available, include child's medical history, including immunization records, psychological reports, and school records.

10. Statement of Case Manager/ICPC Potential Placement, form PPS 9100. This form shall contain the CWCMP case manager's signature.

11. Regulation 7 referrals shall include the documentation required in the above section 9210.1.a through 9210.1.i, and the following:

    a. Signed Regulation 7 court order. See Appendix 9-G for a sample regulation 7 court order, and

    b. Completed PPS 9145 (ICPC 101) form for each child.

12. For Psychiatric Residential Treatment Facility (PRTF) placements, include the following:

    a. Letter of acceptance from the PRTF.

    b. A statement acknowledging the responsibility to pick up and return the child to Kansas in the event of a disruption.

c. Court order with a Delinquent Adjudication Statement per ICPC Article VI. Institutional Care of Delinquent Children.

d. Current Mental Health treatment plan

13. Referrals for public adoptions shall include the documentation described in the above section 9210, and the following.

    a. 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.

    b. Voluntary relinquishment signed by birth parents and accepted by DCF or a journal entry terminating parental rights signed by the judge.

    c. Journal Entry documentation reflecting compliance with the Indian Child Welfare Act.

    d. 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 to 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, or upload in NEICE 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, or uploaded in NEICE to the designated Kansas ICPC Specialist immediately, when:

        i. A child is placed in another state

        ii. The type of referral changes, example: from Foster Care to Adoption

        iii. The child achieves permanency and case is closing

        iv. A family moves after the child is placed

v. 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, or upload in NEICE 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). If the potential placement was requested or ordered by the court, sign and submit the PPS 9100 to the court to advise 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 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, or upload in NEICE 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. Per the compact, the receiving state is required to make an in-person visit with the child and family within 30 calendar days of the receipt of the 100B and continue supervision with monthly in-person visits.

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, or upload in NEICE 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. When a placement has been monitored for a period of usually at least six months and it appears appropriate to close, send a request for concurrence to the receiving state through the designated Kansas ICPC Specialist.

    The receiving state continues supervision until supervision is terminated by the sending state. Concurrence of the receiving state compact administrator for termination of supervision should be sought by the sending state prior to termination. Concurrence is when the receiving and sending Compact Administrators agree to a specific action pursuant to ICPC. Concurrence to discharge is when the receiving ICPC office gives the sending agency written permission to terminate supervision and relinquish jurisdiction of its case pursuant to Article V leaving the custody, supervision and care of the child with the placement resource.

    Supervision shall continue until one of the following occurs:
    a. the child reaches the age of majority or is legally emancipated; or

    b. the child's adoption is finalized; or

    c. legal custody of the child is granted to a caregiver or a parent and jurisdiction is terminated by the sending state; or

    d. the child no longer resides at the home approved for placement of the child pursuant to Article III(d) of the ICPC; or

    e. jurisdiction over the child is terminated by the sending state; or

    f. legal guardianship of the child is granted to the child's caregiver in the receiving state; or

    g. the sending state requests in writing that supervision be discontinued, and the receiving state concurs.

13. 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.

14. When permanency is achieved, send completed ICPC 100B and of the Decree of Adoption or appropriate court order to the ICPC liaison, who shall forward, or upload in NEICE to the designated Kansas ICPC Specialist.

15. Upon closure due to achieved permanency and sending state concurs or due to a placement disruption, the PPS 9200 Section V. Monitoring Case Closure and provide to FACTS Data Unit and PPS Eligibility Unit.

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 Child Welfare Case Management Provider Responsibilities as the Receiving State

Following are the Child Welfare Case Management Provider (CWCMP) responsibilities as the Receiving State:

A. The CWCMP ICPC Liaison shall notify Kansas ICPC Office and Regional FACTS data unit of the assigned worker within 24 hours of case assignment (per PPS 1002). The notification shall be documented on Section I of the ICPC Acknowledgement and Updates PPS 9200. The CWCMP shall complete subsequent sections of the PPS

9200 and submit to Kansas ICPC and Regional FACTS data units as the work is completed.

B. Enroll child/children in the Kansas medical card program, if appropriate. See Appendix 9F for reference.

C. The CWCMP ICPC worker or designee shall complete the family assessment using the ICPC Home Study Guideline in Appendix 9A. The assessment shall include a clear recommendation for placement. The worker shall forward the report to the Kansas ICPC office, or upload one copy in NEICE. 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. Reference PPM 5235 and 5234 for licensing requirements.

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 relatives will require foster care payments, clearly state in recommendations. 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 schedule an in-person visit to occur within 30 calendar days of receipt of the 100B with the child and the placement resource. The visit shall occur in the home to ascertain conditions and progress toward compliance with applicable federal and state laws and requirements of the receiving state. Complete PPS 9200 Section IV. Placement and provide to regional FACTS data unit. Specialized services shall be purchased and paid for by the sending agency.

J. Provide supervision of the placement by meeting with the child and family in-person at least monthly to monitor the ongoing appropriateness of the placement. A majority of visits must occur in the child's home. Whenever possible, the child shall be seen privately. The purpose of the in-person visits is to help ensure the on-going safety and well-being of the child and to gather relevant information to include in written reports back to the sending state. If significant issues of concern are identified during an in-person visit or at any time during a child's placement, the Child Welfare Case Management Provider shall promptly notify Kansas ICPC who will notify the central compact office in the sending state in writing. If the child is returned to the sending state, the CWCMP shall complete the PPS 9200 Section V. Monitoring Case Closure and provide to FACTS Data Unit and PPS Eligibility Unit.

Such supervision visits shall continue until supervision is terminated by the sending state. Concurrence of the receiving state compact administrator for termination of supervision should be sought by the sending state prior to termination. Concurrence is when the receiving and sending Compact Administrators agree to a specific action pursuant to ICPC. Concurrence to discharge is when the receiving ICPC office gives the sending agency written permission to terminate supervision and relinquish jurisdiction of its case pursuant to Article V leaving the custody, supervision and care of the child with the placement resource.

K. Complete written progress reports at least once every ninety (90) days following the date of the receipt of the form 100B by the receiving state's central compact office notifying the receiving state of the child's placement in the receiving state, or as requested by the sending state on the PPS 9130 (100A) form. All reports shall be sent, or uploaded in NEICE, 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.

    1. At a minimum such reports shall include the following:

        a. Date and location of each in-person contact with the child since the last supervision report was completed.

        b. A summary of the child's current circumstances, including a statement regarding the on-going safety and well-being of the child.

        c. If the child is attending school, a summary of the child's academic performance along with copies of any available report cards, education-related evaluations or Individual Education Program (IEP) documents.

        d. A summary of the child's current health status, including mental health, the dates of any health-related appointments that have occurred since the last supervision report was completed, the identity of any health providers seen, and copies of any available health-related evaluations, reports or other pertinent records.

        e. An assessment of the current placement and caretakers (e.g., physical condition of the home, caretaker's commitment to child, current status of caretaker and family, any changes in family composition, health, financial situation, work, legal involvement, social relationships; child care arrangements).

        f. A description of any unmet needs and any recommendations for meeting identified needs.

        g. If applicable, the supervising caseworker's recommendation regarding continuation of the placement, return of legal custody to a parent or parents with whom the child is residing and termination of the sending state's jurisdiction, finalization of adoption by the child's current caretakers or the granting of legal guardianship to the child's current caretakers.

    2. Once a supervising case worker provides a recommendation to close a case, supervision shall continue until one of the following occurs:

a. the child reaches the age of majority or is legally emancipated; or

b. the child's adoption is finalized; or

c. legal custody of the child is granted to a caregiver or a parent and jurisdiction is terminated by the sending state; or

d. the child no longer resides at the home approved for placement of the child pursuant to Article III(d) of the ICPC; or

e. jurisdiction over the child is terminated by the sending state; or

f. legal guardianship of the child is granted to the child's caregiver in the receiving state; or

g. the sending state requests in writing that supervision be discontinued, and the receiving state concurs.

Upon closure due to achieved permanency and sending state concurs or due to a placement disruption, the PPS 9200 Section V. Monitoring Case Closure and provide to FACTS Data Unit and PPS Eligibility Unit.

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, or uploaded in NEICE, 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 or upload in NEICE, 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, or uploaded in NEICE 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 assigned CWCMP staff 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. Any time 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: KDOC_Kansas_ICJ@ks.gov (KDOC_Kansas_ICJ@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 Interstate Compact on Adoption and Medical Assistance (ICAMA) specialist shall:

A. Complete new referral.
Regional office ICAMA specialist shall make the ICAMA referral in eCare vault and attach the adoption assistance agreement. The residence state will update eCare vault when enrollment is complete. A notification will automatically generate and the regional office ICAMA specialist and Kansas ICAMA administrator will be notified.

B. Upload decree.
When adoption finalization occurs, the regional ICAMA specialist shall attach a copy of the decree of adoption in eCare vault. This documents the finalization for ICAMA purposes and is required to have the child's name updated per the decree.

C. Yearly review.
1. The regional office ICAMA specialist shall send the PPS 6135 adoption assistance review annually to the family.

D. Changes to case.
1. 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. When notified of these changes, the regional office ICAMA specialist shall update eCare vault with relevant update.

E. Case closures.
1. When the regional ICAMA specialist becomes aware of changes which necessitate the case being closed, case closure shall be entered in eCare vault.

F. 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 Interstate Compact on Adoption and Medical Assistance (ICAMA), the following procedures shall be followed:

A. Upon receiving an ICAMA referral in eCare vault from another state indicating a child is moving to Kansas the Kansas ICAMA compact administrator shall, process and add 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 issued, the DCF regional ICAMA specialist shall open the case in eCare vault, which will generate a notification to the sending state notifying of case opening.

D. If later the adoption is finalized, the sending state shall send a copy of the decree along with the child's updated name in eCare vault. 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 PPS 9200 ICPC Acknowledgement and FACTS Updates, Section II. The Initial End Date is the date the home study was sent to the Kansas ICPC Administrator with PPS Administration per PPS 9200 Section III.

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 PPS 9200 ICPC Acknowledgement and Updates from the Child Welfare Case Management Provider with Section III Home Study completed, the FIND screen is entered in the following manner:

1. Case Conference Date: Date ICPC 100A is signed by Kansas ICPC with PPS Administration located in NEICE.
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.

Prevention and Protection Services

Policy and Procedure Manual

Published July 1, 2025

A .pdf file is provided for easier printing options at this link: http://www.dcf.ks.gov/services/PPS/Pages/PPSpolicies.aspx

About this Format

This manual is provided in a format tat contains table of contents, search and glossary functionality.

- The contents button displays the table of contents in a collapsible/expandable book and page format.
- Click or double click the desired book or page in the table of contents to go to the specific page.
- Bread crumbs at the top left of the page provide a way to navigate backwards.
- The search button lists pages that contain the search item. Click the desired page to go to the page.
- The glossary button displays the glossary. Click on the desired term - the definition displays in the "Definition:" window below the glossary item in the "Term" window.
- To print from the online manual: go to File, Print Preview and select the desired view in the "Select Content" drop down box (see table below).

As laid out on screen	Displays what is on the screen.
Only the selected frame	Displays the Table of Contents frame unless the cursor is placed in the Content frame.
All frames individually	Displays all pages of the section and allows previewing all individual pages that can then be selected for printing from the print dialog box.
As selected on screen	Displays the highlighted selection on the page. Note: There may be a delay while the preview is populated.

- Click the printer icon to display the Print dialog window.

- From the Print dialog window select the pages you wish to print or 'all', click the print button.
- To print the entire section without previewing, click in the content frame and then click the print icon. Note: Some sections can be up to 150 pages.

Kansas
Department for Children and Families

PPM Appendices and Forms

For all Appendices and forms please click the link below.

Forms and Appendices - Prevention and Protection Services (ks.gov)

System Manuals

Help Desk System Manuals

- Central Registry Accounting Manual
- CWCBS
- FACTS Data Warehouse Reports User Guide
- FACTS User Manual
- Federal Review Quality Control (FRQC Imaging)
- ICPC Training Manual
- KIDS User Manual
- NYTD User Manual
- SSIS Desk Aid
- SSIS User's Guide (OFM)
- WKRP User Manual