

**RE/FC/AD Acknowledgment of
Referral
Instructions**

This form is used to document placement and client funding updates needed in relation to placement. It is not meant as an all inclusive form that can serve as notification of each and every daily situation affecting a child's life.

This form is **not** required as notification of each interaction that a child has with a parent. While DCF is to be provided information about a child's location, this form will not serve the purpose of documentation of parent/child interaction.

This form shall be completed by the Provider and provided to DCF within 48 hours of initial referral for out of home services for children in DCF custody. If the child is in out of home placement for less than 24 hours, no acknowledgment is needed. It shall also be completed and provided to DCF any time there is a placement change, address change, or level of care change.

For moves, planned (including trial home placements) or emergency, and for notice of release from custody, the Acknowledgement shall be sent to DCF within 24 hours following the move or ROC court hearing. (JE to be sent when received.) If the move occurs over the weekend or on a holiday, the Acknowledgement shall be sent to DCF by 11:00 a.m. on the next working day.

When the Acknowledgement is being sent to notify DCF of any of the other circumstances that require the sending of an Acknowledgement (child being AWOL, child receiving inpatient medical or psychiatric services, respite, change of address for the placement, etc) it shall be sent to DCF within 48 hours of the change occurring, the start/end of the inpatient service or respite, or receipt of notice about the child's AWOL status. If these occur over the weekend or on a holiday, the Acknowledgement shall be sent to DCF by 11:00 a.m. on the next working day.

Type of incident being reported:

Please check the appropriate box to alert DCF staff of the reason this form is being completed and sent.

Check Reinstatement if: the aftercare period on a case which had previously achieved permanency and the original referral has become active again.

Check Initial if: This is an Acknowledgment of the original referral by DCF.

Check Change if:

1. Notification that the information being submitted on the form is a change in placement. Please indicate the names of other siblings affected by this move, if applicable. DCF staff will make changes to the child in the notice of change and also check siblings and update regarding sibling placement status, as needed or applicable. Examples of a change for a sibling might be: a sibling enters OOH placement at a later time, siblings previously placed together are now separated, or siblings previously placed apart are now together.
2. Report when a non-related kin placement changes from informal care to temporary licensure, and then from temporary licensure to full licensure by KDHE.

Check Corrected Copy if: This is Notification that the information previously submitted was in error and the current submission is a correction.

Check AWOL if: This is Notification that the child is on runaway status and whereabouts are unknown.

Check Hospital if: Notification that the child has been hospitalized for a medical or psychiatric condition.

Check Trial Home Placement if: This is Notification that the child has returned home according to an approved plan. Checking this box means the Provider will receive payment for the first 30 days the child is at home. It is not required to send an Acknowledgement at the time the trial home placement is ending. If the trial home placement disrupts during the 30 day period, it is required to send an Acknowledgment advising DCF of the child's new placement location.

Check Planned Move if: This is Notification of a move that occurred to meet the needs of the child.

Check Disruption if: This is Notification that the placement has changed for reasons other than a planned move (i.e. at request of care provider, abuse/neglect in the placement, etc).

Check Respite if: This is Notification that a respite service is being provided to a child (a seven consecutive days or less).

Check Change of Venue if: This is an acknowledgment of a referral due to a change of venue.

Services Not Placements: Respite and Hospitalization are considered services, not placements. When submitting information about the child beginning one of these services, do not check the "disruption" box at the top of page 1 as the child is considered to be in the same placement while receiving these services.

If the child does not return to the same placement following the service, the "disruption" box needs to be checked when submitting the information about the new placement.

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SECTION I

Information in this section identifies the child and verifies to DCF that the Provider is using the same identifying information as DCF. This section is completed every time the form is completed. When reporting court case number, provide the number of the court case which resulted in the current referral for out of home services.

SECTION II

Information in this section is required only for Initial Acknowledgment of the referral Out of Home Services

SECTION III

Information in this section is required for initial acknowledgment of the referral.

SECTION IV

Information in this section is required for the previous placement.

Reason for move: Provide information as to the reason why the move is necessary from this placement.

Do not complete Section IV for child when they begin receiving respite or hospitalization, as these are services, not placements. The child is considered to be in the same placement while receiving these services. If the child does not return to the same placement following the service, this section must be completed, and the previous placement end date will be the date the child completed the service. If child has been hospitalized, provide reason.

SECTION V (Note: For Out of Homes Services Only)

Information in this section is completed at initial placement and at each placement / address / level change thereafter.

It is also completed to report a child receiving respite, or hospitalization. The placement name and physical address shall be the same as what is listed on the KDHE license. The CLARIS Case # is required for the foster home or licensed relative home if applicable.

“Attending Same School” is only applicable to children attending 1st thru 12th grade. In coding “Attending Same School”, a child is considered to be attending the same school if:

1. The school they are attending while in OOH placement is the same public or private school they were attending at the time of their entry into OOH; or
2. The school they are attending while in OOH placement is the same public or private school they would have attended at the time of their entry into OOH respective to grade level or promotion for a child. (e.g. if entry into care occurred during summer break and child's had been promoted to a new middle or high school location); or,
3. They are attending the same school as they would be attending if they were residing with the removal parent(s)/care giver or the resource with whom reintegration, adoption or permanent custodianship is planned (for those situations where the parent/primary care giver has moved since the child entered OOH or the child is reaching permanency in new community). For adoption this begins when the adoption agreement is signed by the prospective adoptive family. For permanent custodianship this begins when the permanent custodianship agreement is signed by the resource family.
4. A child is considered to be attending the same school if they are in an independent living placement.

It is not an expectation that children continue with home school settings; however, there may be circumstances for a child or youth in which that home school setting is appropriate. If the child attended a home school setting school prior to removal into out of home placement and continues to attend that same setting after entering care, then that child is considered to be attending the same school for purposes of outcome reporting.

Provide the name and address of the school the child would have attended at the time of their entry into OOH. Provide the reason for checking attending same school. Select a reason from the above listed reasons.

The child is not “attending the same school” if there is a change in placement and the new placement allows the child to continue to attend the same school as in the previous placement, but the school does not meet the above criteria for “attending same school”.

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Enter school leaving and entering information for all children, even those not old enough to be attending 1st grade. For the younger children, the only information required is the school district number leaving and the district number entering.

When the child has siblings also in out of home placement and they are not placed together, the reason shall be provided. See the form for specific SIO1N and SIO2N code instructions.

Facts Service Action Code and Service Source Codes are listed on page four of this form.

Information in this section is completed at the initial placement and for each change in placement / address /level of care. Section V is not completed when information other than an initial placement and placement changes are being reported using this form. Do not enter a service code if the acknowledgment is being submitted for release of custody. When reporting respite or hospitalization please check the "service" box and provide the start date and expected end date for the service.

When reporting Actual Placement, please report the sponsoring agency in addition to the name etc. of any licensed foster homes reported.

FACTS Service Action Codes and Service Source Codes are on page four. Enter **ONLY** one Service Action Code to identify the type of placement.

Enter **ONLY** one Service Source Code grouped to the correct Service Action Code which specifies information about the placement. Service Action Code and Service Source Code definitions are taken from the service definitions found in the Handbook of Services. For example, a child placed in a specialized foster home which meets the definition of a specialized foster home and for which encounter data is being reported as a specialized foster home (CF036) report Foster Family Placement FO01N/P as the Service Action Code and **DIV** as the Service Source Code.

If it has been found that the Indian Child Welfare Act (ICWA) applies to this child, mark the box.

Incorrect combinations of service action or service source codes shall be returned to the Provider for correction.

SECTION VI

Check appropriate boxes to provide information to DCF about the cessation of Provider payments and/or case closure. For change of venue cases, payment ceases on the date of the referral to the new CWCBS Provider.

Codes are to be used in Section V of the Ack / Notification of placement form. Codes in bold print should be placed in the "Facts Service of Action Code" box on the form. Use the code that most closely defines the child's current placement. Codes in parenthesis () are the Scripts codes which correspond to the Facts codes. The Scripts codes define what the Facts Service /Action Code means. The Scripts codes are not to be used on the Ack / Notification form.

The "Service Action" code is an over all category. Within the category are "Service Source " codes that more specifically define the "Service" taking place within the over all "Action" code.

Service Action Code = Foster Family Placement (FO01N/P)

(Choose One Service Source Code)

Family Resource Home **FFH** (CF035 or CF079)
Non-related Kin-- when fully licensed **FFH** (CF035.2)
Non-related Kin **FFH** prelicense(CF070)
Non-related Kin – Prov. approved home for 16 and over **FFH** (CF070)
Satellite **SAT** (CF055)
Satellite-Non Related Kin **SAT** (CF055.2)

Emergency Home **EFC** (CF027)
Specialized FRH **DIV** (CF036)
Spec.-Non-related Kin **DIV** (CF036.2)
Therapeutic FRH **TFC** (CF084)
Maternity RH **MCH** (CF040)

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Service Action Code = Residential / Institutional Placement (FO02N/P)

(Choose One Service Source Code)

Detention Facility DET (CF072)	Youth Residential Center II YII (CF085)
D/A Inpatient Treatment DAT (CF080.2)	KS Juv. Corr. Fac. YCT (CF072)
Secure Care VHI (CF086 for girls, CFO86.1 for boys)	Larned Juv. Corr. Fac. YCL (CF072)
Penal Institution PPR (CF072)	PRTF PTF (CF080.1)
KVC Star RMS (CF080.2)	Jail - Adult JAL (CF072)
KVC Wheatland LSH (CF080.2)	Parsons State Hospital PSH (CF080.2)
Private Bed Occurrence PBO (CFO70.1)	

Service Action Code = Maternity (FO03N/P)

Residential Maternity Care Mother MAH (CF053) Child MAH (CF053.1)	Residential Maternity Care Mother and
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Service Action Code = Group Home Placement (FO04N/P)

(Choose One Service Source Code)

Youth Residential Center YCI (CF038)	Emergency Shelter EMS (CF003)
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Relative Resource Home (FO05N/P)

(Choose One Service Source Code)

KDHE Approved Care by any relative LRH (CF035.1)	Non	Non KDHE Approved care by Grandparent GRP (CF077)
KDHE Approved care by Uncle/Aunt/Cousin REL (CF077)	Non	Care by any relative temporarily licensed by KDHE/ REL (CF077.1)
Non KDHE Approved care by Bro/Sis FAM (CF077)		Relative- Satellite LRH (CF055.1)
KDHE Approved care by a relative not included above/ KIN (CF077)		Relative - Specialized LRH (CF036.1)

Own Home Placement (FO06N/P) = includes "trial" placement. (If trial, procedure code is CF083)

Parent PAR	Non-Custodial Parent NPA	Guardian GRD
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Independent Living (FO07N/P)

Transitional Living Programs SLF (CF074.1)	Job Corps JOB (CF082)
Community Interaction Programs SLF (CF074.2)	

Adoption Home Placement (Adoption Placement Agreement) (FO08N/P)

Adoption Home **ADH** (CF076) = Choose one Service Source Code based on what the adoptive home is. For example, FFH, REL, LRH, KIN, etc. If the family is not a relative or licensed foster home, use ADH.
Adoption Finalization = Use Service Source Code ADH for all placement types.

Runaway (FO09N/P) (Missing for a minimum of 24 hours)

Self **SLF** (CF071)

Services not Placements (each of these have different Service Action Codes as well as the Service Source Codes) **PLEASE NOTE: For FACTS Data Entry, If this is the living arrangement at referral, then it counts as a Placement, and not as a Service.** Subsequent hospitalizations or respite should be recorded as services. The above stated information does NOT apply for Outcome purposes. Counting for Outcomes and FACTS Data Entry are not the same thing.

(Choose One Service Source Code)

Inpatient Medical Hospital Service (Non-Psych) **(MD03N/P) MDH** (CF080.2) If initial placement, use **(FO02N/P)**
Respite Service **(PR06N/P) FFH, EMS, SAT, or EFC** (CF015)

Inpatient Psychiatric Hospitalization **(MD03N/P) MTF**(DRG) (CF080.2) If initial placement, use **(FO02N/P)**

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SECTION VII

If the case plan goal for the target child in foster care is reintegration or maintenance of the child at home, information in this section is to be completed when a sibling, remaining in the home, enters or exits the removal household.

Client ID#: Enter the FACTS Client ID of the sibling, if known.

Check Add if: The sibling entered the removal household.

Check Remove if: The sibling exited the removal household.

Effective Date: Enter the date or estimated date of the change.

