

Summary of Prevention and Protection Services (PPS) Policy and Procedure Manual Changes July 2022

INTRODUCTION:

The Summary of Prevention and Protection Services (PPS) Policy and Procedure Manual Changes provides a list of policies, forms and appendices with explanations for the PPS substantial policy revisions and clarifications for July 2022. These policy revisions are effective July 1, 2022.

DEFINITIONS:

Substantial Changes- Substantial Changes to policy, forms appendices include revisions affecting the meaning or involves a change to practice.

Clarifications- Clarifications to policy includes revisions to improve clarity or style.

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SUBSTANTIAL CHANGES Substantial Changes to policy, forms appendices include revisions affecting the meaning or involves a change to practice. *(Click on policy/form/appendix links to review the draft changes)*

Section 0000 General Information (All Program Policy Writers)

No changes

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Section 1000 Intake (Christin Villareal, FACTS Manager and Theresa Cortez, KPRC)

FACTS: Disability/Severity

List of Policy(s), Forms or Appendix(es) involved in this revision: (Click links to see drafts)

- **1883 Disability/Severity**
- **Appendix 1J**

What prompted this revision?
New AFCARS

Brief description of the revision:
Updated Description, FACTS Disability Code, AFCARS Data Element Number, and Definitions per New AFCARS.

What is the anticipated impact to practice?
No huge impact to practice at this time – just additional codes that FACTS will be utilizing.

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Section 2000 Investigation and Assessment (Kieli Frey and Stephanie Olmstead)

CARE Referral

List of Policy(s), Forms or Appendix(es) involved in this revision: (Click links to see drafts)

- **PPM 2450 CARE Referral and Medical Examination or Treatment Related to Abuse/Neglect**
- **PPS 2450 CARE Referral form**

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What prompted this revision?

In 2021, a three-year grant was awarded to Children's Mercy Hospital to begin accepting referrals from DCF. The grant funded a project to assist in improving services to children alleged to be victims of abuse or neglect in Wyandotte and Johnson County. Children's Mercy Hospital served as the medical network accepting referrals from those two DCF counties in the Kansas City Region. The momentum of the pilot project led to high hopes of a statewide expansion of this pilot project to go live July 1, 2022. The bill was not passed into statute, but funding was set aside by the legislature to begin expanding the CARE Referral process across the entire state.

Brief description of the revision:

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. The wording for this referral process is being added to the already-established policy regarding medical treatment for victims of abuse or neglect.

What is the anticipated impact to practice?

CARE Referrals will be made for children under the age of 6 who are alleged victims on reports of physical abuse or physical neglect as soon as the program is available in the county or region. On July 1, 2022 this program will expand to all 5 counties in the Kansas City Region.

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KIDS to FACTS Interface

List of Policy(s), Forms or Appendix(es) involved in this revision: (Click links to see drafts)

- **PPM 2821 Entering Contact with Victim Family**
- **PPM 2822 Entering Safety Determinations**
- **PPM 2823 Recording Ongoing Safety Assessment**

What prompted this revision?

Data being entered into KIDS is now being interfaced onto the FACTS MAAS Screen.

Brief description of the revision:

Data being entered into KIDS is now being interfaced onto the FACTS MAAS Screen.

What is the anticipated impact to practice?

N/A. This has already been implemented, and just needs to be updated in policy.

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Section 3000 Case Management (All Service Programs)

Foster Care Court Report

List of Policy(s), Forms or Appendix(es) involved in this revision: (Click links to see drafts)

- **PPS 3004 Foster Care Court Report**

What prompted this revision?

The old court report form was not being utilized. This change was instituted as part of the issues identified by DCF's Leading for Results workgroup. The review and revision were included in the Office of Judicial Administration (OJA) Court Improvement Program Strategic Plan. The form has been updated and improved.

Brief description of the revision:

The form has been completely overhauled and vetted by stakeholders to make it more efficient and useful.

What is the anticipated impact to practice?

That it will institute a more consistent practice of using the FC Court Report.

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Case Transfer Summary Form

List of Policy(s), Forms or Appendix(es) involved in this revision: (Click links to see drafts)

- **PPS 3006 Foster Care Case Transfer Staffing**

What prompted this revision?

Saint Francis Ministries (SFM), Foster Care Grantee

Brief description of the revision:

This Case Transfer Form (PPS 3005) was brought to DCF by CMP/Grantee request. The intent is to further expand information provided on the form when a case is transferred from one staff member to another or to a Tribe. In expanding the form, it was noted there will now be two different ones to fit the needs of two different programs. PPS 3005 will remain unchanged and will be utilized by Family Preservation Staff. PPS 3006 will be a new form to be used for Foster Care/Adoption cases. Items needing to be filled out has been expanded and include places to capture information such as SSI application, IEP and other significant information for a case.

What is the anticipated impact to practice?

It is anticipated will result in better transferring of cases between staff members, and no information will be lost.

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Foster Care Initial Service Plan

List of Policy(s), Forms or Appendix(es) involved in this revision: (Click links to see drafts)

- **PPS 3031 Foster Care Initial Service Plan**
- **PPS 3031 Foster Care Initial Service Plan Instructions**

What prompted this revision?

The PPS 3031 needed to be updated to better match practice and policy language. In particular the removal of the language Signs of Safety was removed. Other language was updated as well. In working through updating the form, it was noted instructions may be helpful for staff. This was developed in response to that request.

Brief description of the revision:

Language was updated on the form, including the removal of Signs of Safety and adding PPS 2020 being attached if completed. Instructions were also added to assist staff in the filling out of the updated Foster Care Initial Service Plan.

What is the anticipated impact to practice?

It is anticipated this will ensure staff are more familiar with this language and forms currently being utilized in practice. The instructions will assist staff in filling out of the Foster Care Initial Service Plan form.

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FACTS: Services and Codes

List of Policy(s), Forms or Appendix(es) involved in this revision: (Click links to see drafts)

- **PPS 3057 Services and Codes**

What prompted this revision?

The form is being updated to better comply with changes coming for AFCARS in October 2022.

Brief description of the revision:

The form is being updated to better comply with changes coming for AFCARS in October 2022.

What is the anticipated impact to practice?

It is anticipated this will assist with better data collection and reporting.

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Transition Plan

List of Policy(s), Forms or Appendix(es) involved in this revision: (Click links to see drafts)

- **PPS 3059 Transition Plan**
- **PPS 3059 Transition Plan Instructions**

What prompted this revision?

DCF conducted an audit of transition planning and aftercare services. A recommendation was made to change the wording on the PPS 3059 form, Section 11 to reflect policy language and indicate that if the Exit Plan is completed after the release of custody due to extenuating circumstances, it must be done within 45 days of the youth's release. Federal law does not provide for such delay, however.

Brief description of the revision:

The form and instructions indicate that the transition plan is to be completed within 90 days prior to release of custody rather than within 90 days of release of custody. Delays should be documented through the exception process and then completed as soon as possible and no later than 45 days after release of custody.

What is the anticipated impact to practice?

CWCMP staff will need to ensure that transition plans are completed prior to release of custody except in rare circumstances (youth missing, youth released from custody with no notice). Delays due to rare circumstances will be documented through the exception process already outlined in policy.

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FACTS: Entering Plan Type

List of Policy(s), Forms or Appendix(es) involved in this revision: (Click links to see drafts)

- **PPM 3811 Entering Plan Type**

What prompted this revision?

Beginning July 1, New AFCARS no longer requires EC and RC plans to be entered into FACTS. The child's existing CC plan will remain open until the child is discharged by the court vs opening an EC or RC plan in FACTS.

Brief description of the revision:

Starting July 1 2022, Reintegration Custody Plan (RC) and Emancipation Custody Plan (EC) will no longer be entered into FACTS. The prior policy was updated to past tense because existing EC and RC plans will remain open until the child has been released from custody.

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What is the anticipated impact to practice?

FACTS staff will no longer be required to enter EC and RC plans and will keep the existing CC plan open until the child is discharged by the court.

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Delete FACTS: Entering Case Planning Conference Information

List of Policy(s), Forms or Appendix(es) involved in this revision: (Click links to see drafts)

- **Delete PPM 3840 Entering Case Planning Conference Information**

What prompted this revision?

FACTS staff have already ceased entering the Case Planning Conferences on the SESS screen. This is no longer required or necessary in policy.

Brief description of the revision:

Removing 3840 from policy as it is no longer necessary and FACTS staff have already ceased to enter this information.

What is the anticipated impact to practice?

None at this time as FACTS staff are no longer entering this information.

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FACTS: Entering Total Number of Siblings

List of Policy(s), Forms or Appendix(es) involved in this revision: (Click links to see drafts)

- **PPM 3882 Entering Total Number of Siblings**
- **PPS 3052 Administrative Requirements**

What prompted this revision?

New AFCARS.

Brief description of the revision:

A field is being added to the PPS 3052 form for FACTS staff to obtain the total number a sibling(s) a child in care has. This information will be recorded into FACTS.

What is the anticipated impact to practice?

Staff will enter this information on the PPS 3052 so FACTS can input the information on the MACL screen.

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Section 4000 Prevention Services (Family Preservation Program Manager, Jennifer Preston, Family Services/State Plan Administrator, Jennifer Bretsnyder, Family First Prevention Services Grants Manager and Ariel Erwine Family First Prevention Services Program Manager)

Family Services Updates

List of Policy(s), Forms or Appendix(es) involved in this revision: (Click links to see drafts)

- **PPM 2740 Family Based Assessment**
- **PPM 2903 Providing and/or Purchasing Services**
- **PPM 4102 Family Service Case Management Responsibilities**
- **Delete PPM 4103 Prevention Service Case Manager Responsibilities When Child is Missing**
- **Delete PPM 4117 Community Family Service Provider Assessment**

What prompted this revision?

This revision was prompted by the ending of the Community Family Services grant on 6/30/2021.

Brief description of the revision:

DCF Grant #PPS-2018-Community Family Service Provider grant concluded on 6/30/2021, therefore "Community Family Service Provider" no longer exist. However, if regions choose to provide ongoing case management services themselves or contract with a local community agency to provide case management services, they can choose to either close the Family Service Case as long as the decision is made with consultation with the supervisor and/or there are no child(ren) in the custody of the Secretary.

What is the anticipated impact to practice?

CPS Supervisors and staff would need to know that "Community Family Service Provider" no longer exist. If they choose to contract with a case management provider, it is now known as "Provider assigned to work with the family".

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FACTS Prevention Services Procedures

List of Policy(s), Forms or Appendix(es) involved in this revision: (Click links to see drafts)

- **PPM 4800 FACTS Prevention Services Procedures**

What prompted this revision?

The former title, FACTS Family Services is too vague. There are multiple types of in-home services. A title update is necessary for 4800.

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Brief description of the revision:

Changing the title to FACTS In-Home Services Procedures

What is the anticipated impact to practice?

None

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Section 5000 Child Welfare Case Management Providers

(Michelle Warner, Foster Care Program Administrator, Chris Tomlinson, WARDS Program Manager)

Educational Enrollment Information for School Placement

List of Policy(s), Forms or Appendix(es) involved in this revision: (Click links to see drafts)

- **PPS 5254 Educational Enrollment Information for School Placement**

What prompted this revision?

A directive was added for school staff to ensure to pass form along if the school has a Mental Health in Schools program, and a remove of information that is not necessary for school staff.

Brief description of the revision:

A directive was added for school staff to ensure to pass form along if the school has a Mental Health in Schools program, and a remove of information that is not necessary for school staff.

What is the anticipated impact to practice?

It is anticipated this will ensure school staff will be more aware of when youth who are in care may need an assessment completed by the Mental Health in Schools Program.

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Aftercare Responsibilities of the Child Welfare Case Management Provider

List of Policy(s), Forms or Appendix(es) involved in this revision: (Click links to see drafts)

- **PPM 5270 Aftercare Responsibilities of the Child Welfare Case Management Provider**

What prompted this revision?

DCF conducted an audit of Transition Planning and Aftercare services. As a result, a recommendation was made for DCF to establish a clear delineation of responsibilities for Independent Living versus Aftercare Services to ensure responsible parties are aware of their required duties.

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Brief description of the revision:

The revision indicates that CWCMP Aftercare Services and DCF Independent Living if there is an open IL case during aftercare services, DCF ILC and Grantee Aftercare worker shall collaborate to serve the young adult in a manner that is in the young adult's best interest. If a young adult transitioned out of foster care and did not have their identifying documents as required, Aftercare shall continue to assist the young adult in obtaining any remaining identifying documents.

What is the anticipated impact to practice?

DCF and CWCMP Aftercare Services will collaborate on a case by case basis to assist the young adult with stability and self-sufficiency and outline with the young adult what agency is responsible for various services and supports.

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FACTS: Moving Policies to In Home Services

List of Policy(s), Forms or Appendix(es) involved in this revision: (Click links to see drafts)

- **Move PPM 5810 to PPM 4860 - Establishing Family Preservation Services for In Home as a Case Action Type**
- **Move PPM 5811 to PPM 4861 – Entering a Family Preservation In Home Referral into FACTS**
- **Move PPM 5812 to PPM 4862 – Case Plan Activity**
- **Move PPM 5813 to PPM 4863 – Entering Pregnancy Result/Outcome**

What prompted this revision?

These policies were in the 5000 section of the PPM which is Foster Care Services. They are being moved into the Prevention Services.

Brief description of the revision:

Policies were moved to the Prevention Services section of the PPM.

What is the anticipated impact to practice?

None

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FACTS: Adding Placement Information

List of Policy(s), Forms or Appendix(es) involved in this revision: (Click links to see drafts)

- **PPM 5831 Adding Placement Information**

What prompted this revision?

The FO02N code was previously being used for Inpatient Treatment for episodes of Drug and

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Alcohol use. In addition, the FO02N code is now being used for initial placements in psychiatric and medical facilities. Adding that along with their service source codes to the policy.

Brief description of the revision:

The FO02N code is being used for initial placements in psychiatric hospitals and medical hospitals. This update will add the description and service sources codes to the policy.

What is the anticipated impact to practice?

None

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Section 6000 Permanent Custodianship and Adoption

(Corey Lada, Adoption Program Manager)

Adoption Assistance Review

List of Policy(s), Forms or Appendix(es) involved in this revision: (Click links to see drafts)

- **PPS 6135 Adoption Assistance Review form**

What prompted this revision?

DCF Regional Staff requesting some additions to the form and some clarifying language on some of the questions.

Brief description of the revision:

Added a section for Parent 1 & 2, as sometimes when a review is sent out, the parents might be separated/divorced and have different addresses. Both parents need to sign off on the review. Additional changes include adding different options for schooling question, clarifying language in some questions, and adding that we will need documentation within the last year from a licensed medical or mental health professional about the child's physical or mental condition in regards to assistance past age 18.

What is the anticipated impact to practice?

The change is expected to help adoption assistance reviews become more efficient and complete.

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Section 7000 Independent Living (Amy Ervin)

Independent Living Subsidy

List of Policy(s), Forms or Appendix(es) involved in this revision: (Click links to see drafts)

- **PPM 7223 Subsidy Rates**

What prompted this revision?

A budget enhancement was approved which allows for maximum Independent Living Monthly subsidy of \$700 per month. This continues to be a maximum amount and the actual amount offered may be less and depends on the youth's income and resources.

Brief description of the revision:

The maximum Independent Living monthly subsidy has increased to \$700.

What is the anticipated impact to practice?

Independent Living Coordinators will continue to complete a budget with youth to determine need for subsidy, but will now be able to request up to \$700 for a monthly subsidy.

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Education and Training Voucher Program

List of Policy(s), Forms or Appendix(es) involved in this revision: (Click links to see drafts)

- **PPM 7250 Education and Training Voucher Program**

What prompted this revision?

DCF was notified by Administration for Children and Families that the maximum federal allowable award for ETV is \$5000 per fiscal year.

Brief description of the revision:

Policy is revised to state that ETV funds may be used for costs associated with post-secondary education and/or training only and cannot exceed \$5000, or the total cost of attendance per youth per plan year, whichever is less.

What is the anticipated impact to practice?

Independent Living Coordinators will continue to utilize the Education & Training Voucher Program Plan (PPS 7001) to document expenses and financial awards, ensuring that no more than \$5000 of ETV funding (or the cost of attendance, whichever is less) is awarded to an eligible student during a fiscal year.

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Section 8000 Continuous Performance Improvement

No changes

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Section 9000 Interstate Compact for the Placement of Children (ICPC) (Jessica Guthery, ICPC Program Manager)

No changes

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Section 10000 Adult Protective Services (Jessica Snyder, APS Program Administrator)

No changes

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CLARIFICATIONS

Clarifications to policy includes revisions to improve clarity or style.

(Click on policy/form/appendix links to review the draft changes)

Section 0000 General Information

PPS 0550 Critical/Significant Incident – Added Family First as a choice for services in Section 1A.

Section 1000 Intake

PPM 1310 Criteria for Determining No Further PPS Action Needed – Added wording from PPM 1430 which has been deleted.

PPM 1351 Initial Assessment Decisions Regarding Non-Family/Unregulated Caregiver – Deleted reference to PPM 1352 regarding reports about school as these all go to Law Enforcement.

PPS 1003 Intake to Law Enforcement – Added statute language into policy regarding sharing of information between Law Enforcement and DCF.

Section 2000 Investigation and Assessment

PPM 2070 Subsequent Reports on Open Assessment/Prevention Case – Removed reference to Community Family Services as the grant ended 6/30/2021.

PPM 2080 Assessment and Prevention Responsibilities When Child is Missing – Removed the reference to PPM 4103 as the Community Family Service Provider

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program ended 6/30/2021.

PPM 2113 Additional Concerns Identified in Ongoing Investigation – Added wording from deleted policies PPM 1450, 1451, 1452, and 1453.

PPM 2116 Requirements for Children Under the Age of One – Changed language to follow the pattern of KPM and easier to understand by families.

PPM 2210 Joint Procedures with DCF and Law Enforcement Agencies – Defined the statute regarding freely sharing information between agencies in the policy.

PPM 2823 Recording Ongoing Safety Assessment – Changed referenced policy to PPM 2310 as PPM 2313 has been deleted.

PPS 2014B Child Sexual Behavior Problems – Updated form to make it easier to fill out and added statement from DCF about the reason for the form.

Appendix 2N My Three Houses – Expanded My Three Houses to options of 1 page and 3 pages to allow for more documentation on the form. Added lines to capture name of child, name of DCF staff member, and date, time, and location along with type of interview on the document.

Section 3000 Case Management

PPM 3233 Development of Objectives and Activities – Changed the reference of the objectives and activities to the PPS 2020 instead of the PPS 2030F.

Section 4000 Prevention Services

PPM 4820 Entering a Prevention Services Case into FACTS – Removed reference to Community Family Service Provider as this program ended 6/30/2021.

PPS 4300 Family First Prevention Plan and PPS 4310 Family First Prevention Services Referral/Case Status – Updated form to account for a non-renewed grant and program name change. Added column for child's age on the PPS 4300.

Section 5000 Child Welfare Case Management Provider Services

PPM 5301 Adoption Roles and Responsibilities and PPM 5313 Specialized Recruitment Activities – Clarified that the PPS 5310 should be completed annually.

PPM 5339 Best Interest Staffing – Fixed an incorrect number in a list.

PPM 5340 Exceptions to Best Interest Staffing Meeting – Added language to indicate that life-long connections are documented.

PPM 5911 Title IV-E for Basic Eligibility – Administrative Funding and PPM 5912 Title IV-E Determination for Federal Financial Participation – Maintenance Funding - Fixed numbering and spacing.

Section 6000 Permanent Custodianship and Adoption

PPM TITLE – Brief description of change

No Clarifications

Section 7000 Independent Living & Self Sufficiency

PPM TITLE – Brief description of change

No Clarifications

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Section 8000 Continuous Performance Improvement

PPM TITLE – Brief description of change
No Clarifications

Section 9000 Interstate Compact

PPM TITLE – Brief description of change
No Clarifications

Section 10000 Adult Protective Services

PPM 10211 APS Investigator – Updated the title of the policy to have the word “Special” in it. This was updated previously in a previous policy revision but did not reflect in the PPM.

PPM 10410 Requests for Expungement – Updated the Registry language for consistency in the manual – now reads “Adult Abuse, Neglect, and Exploitation Central Registry” instead of just “Registry.”

PPM 10500 Providing Services – Clarified language in a sentence by adding a few words. Added “Activated Durable Power of Attorney” in a long list of least restrictive options to discuss prior to moving to guardianship.

PPS 10120A Potential Criminal Notification Coversheet – Added language regarding confidentiality of reporter information.

PPS 10400 Adult Abuse, Neglect, Exploitation, Fiduciary Abuse Central Registry – Updated address for the Office of Background Information on both English and Spanish versions of the form.

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1883 Disability/Severity

Disability codes on MAC2 shall be entered for every child on a case. If a child **has been determined to not have a** ~~has no~~ disability, enter None (NO). ~~If a clinical assessment has been is need and has not yet been completed, enter Not Yet Determined (ND).~~ **If a clinical assessment has been completed but results have not been received, enter Not Yet Determined (ND).** **If an assessment is needed but has not yet been conducted, enter No exam or assessment conducted (NC).** To document a disability, the condition must have been diagnosed by a qualified professional. A qualified professional is a medical or mental health professional as defined by state law or regulation. If a child has been clinically assessed as having a disability, enter disability type from the user manual. Also, review medical or emotional conditions that may qualify as a disability type on Appendix 1J. Enter Other Disability (OD) only if the child's diagnosed conditions meets one of the listed items that corresponds to the OD on Appendix 1J. (See PPM section 3850 for additional information). ~~If a child has no disability, enter None (NO). If a clinical assessment has not yet been conducted, enter Not Yet Determined (ND).~~

Disability codes on 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.

BACK

AFCARS Disability /Special Needs Table and Definitions

The table below lists several medical/emotional conditions that may be mapped to disability codes and special needs codes for FACTS. Following the table is a list of AFCARS definitions for disabilities 45 CFR 1355.40 Appendix A. **This is not an exhaustive list of all conditions** that a State may be using in a State's Information system. In some instances, the ICD-9 code is included.

DESCRIPTION	FACTS Disability Code	FACTS Special Needs Code	AFCARS Data Element
Down Syndrome	MR	MED	11 24
Borderline Intellectual Functioning	MR	MED	11 24
Hydrocephalus	MR	MED	11 24
Microcephaly	MR	MED	11 24
Mental Retardation Intellectual Disabilities (all degrees)	MR	MED	11 24
Blindness and Low Vision (ICD-9: 369)	SI	MEC	42 26
Cataracts	SI	MEC	42 26
Congenital anomaly of the eye	SI	MEC	42 26
Glaucoma	SI	MEC	42 26
Diabetic Retinopathy	SI	MEC	42 26
Retinal Detachment and Defects (ICD-9: 361)	SI	MEC	42 26
Visual Disturbances (ICD-9: 368)	SI	MEC	42 26
Deaf	HE	MEC	42 27
Hearing Loss (ICD-9: 389)	HE	MEC	42 27
Arthritis	PD	PHD	43 28
Brittle Bones/Osteogenesis Imperfectus	PD	PHD	43 28
Cerebral Palsy	PD	PHD	43 28
Chronic Motor Tic Disorder	PD	PHD	43 28
Club Foot	PD	PHD	43 28
Diplegia	PD	PHD	43 28
Multiple Sclerosis	PD	PHD	43 28
Muscular Dystrophy	PD	PHD	43 28
Myasthenia Gravis	PD	PHD	43 28
Paralysis - Paraplegic, Quadriplegic, Diplegic	PD	PHD	43 28
Poliomyelitis	PD	PHD	43 28
Rheumatoid Arthritis (juvenile)	PD	PHD	43 28
Spina bifida	PD	PHD	43 28
Adjustment Disorders	ED	EMD	44 29
Attention Deficit and Disruptive Disorders: ADD, ADHD, Conduct Disorder and Oppositional Defiant Disorder	ED AH	EMD	44 30
Agoraphobia	ED	EMD	44 29
Obsessive Compulsive Disorder	ED	EMD	44 29

DESCRIPTION	FACTS Disability Code	FACTS Special Needs Code	AFCARS Data Element
Panic Disorder including Generalized Panic Disorder	ED	EMD	44 29
Phobias	ED	EMD	44 29
Post Traumatic Stress Disorder (PTSD)	ED	EMD	44 29
Separation Anxiety Disorder	ED	EMD	44 29
Anorexia Nervosa	ED	EMD	44 29
Bulimia	ED	EMD	44 29
Impulse Control Disorder	ED	EMD	44 29
Bipolar Disorder	ED SM	EMD	44 31
Cyclothymic Disorder	ED	EMD	44 29
Depressive Disorders	ED	EMD	44 29
Dysthymic Disorder	ED	EMD	44 29
Antisocial Personality Disorder	ED	EMD	44 29
Avoidant Personality Disorder	ED	EMD	44 29
Borderline Personality Disorder	ED	EMD	44 29
Dependent Personality Disorder	ED	EMD	44 29
Histrionic Personality Disorder	ED	EMD	44 29
Obsessive Compulsive Personality Disorder	ED	EMD	44 29
Paranoid Personality Disorder	ED	EMD	44 29
Schizoid Personality Disorder	ED	EMD	44 29
Schizotypal Personality Disorder	ED	EMD	44 29
Reactive Attachment Disorder	ED	EMD	44 29
Delusional Disorder	ED	EMD	44 29
Psychotic Disorder	ED	EMD	44 29
Schizophrenia	ED SM	EMD	44 31
Schizophreniform Disorder	ED SM	EMD	44 31
Schizoaffective Disorder	ED SM	EMD	44 31
Somatoform Disorder	ED	EMD	44 29
Tourette Syndrome	ED	EMD	44 29
Aplastic Anemia	OD	MEC	45 34
Asperger's Syndrome	OD AS	MEC	45 25
Asthma*	OD	MEC	15 Map only if this has been diagnosed as a disability for the child
Autistic Disorder	OD AS	MEC	
Acquired Immunodeficiency Syndrome (AIDS)	OD	MEC	45 34
Blood disorder that required hospitalization once a month	OD	MEC	45 34
Cancers	OD	MEC	45 34
Childhood Disintegrative Disorder (Pervasive Developmental Disorder)	OD DL	MEC	45 32
Chronic Granulomatous Disease	OD	MEC	45 34
Cleft palate	OD	MEC	45 34
Coagulation Defects	OD	MEC	45 34
Congenital cystic lung	OD	MEC	45 34
Congenital heart anomaly	OD	MEC	45 34

DESCRIPTION	FACTS Disability Code	FACTS Special Needs Code	AFCARS Data Element
Crohn's disease	OD	MEC	45 34
Cushing's syndrome	OD	MEC	45 34
Cystic Fibrosis	OD	MEC	45 34
Diabetes	OD	MEC	45 34
Disorders Involving The Immune Mechanism (code 279)	OD	MEC	45 34
Encephalopathy	OD	MEC	45 34
Epilepsy	OD	MEC	45 34
Fetal alcohol syndrome	OD	MEC	45 34
Fetal drug addiction	OD	MEC	45 34
Heart murmur, vigorous activity curtailed	OD	MEC	45 34
Heart disease	OD	MEC	45 34
Hemophilia	OD	MEC	45 34
Hypertension	OD	MEC	45 34
Human Immunodeficiency Hiv Disease (HIV)	OD	MEC	45 34
Human T-Cell Lymphotropic Virus-III	OD	MEC	45 34
Other Human T-Cell Lymphotropic Virus-III	OD	MEC	45 34
Immunodeficiency	OD	MEC	45 34
Kidney disease	OD	MEC	45 34
Klienefelter's syndrome	OD	MEC	45 34
Learning Disability	LD	MEC	45 34
Leukemia	OD	MEC	45 34
Liver disease	OD	MEC	45 34
Lupus	OD	MEC	45 34
Malignant Neoplasms (Malignant tumors)	OD	MEC	45 34
Misplaced facial feature	OD	MEC	45 34
Organic Brain Syndrome	OD	MEC	45 34
Pancreatic Disease	OD	MEC	45 34
Pervasive Developmental Disorders Not Otherwise Specified	OD DL	MEC	45 32
Rett Disorder	OD AS	MEC	45 25
Sarcomas	OD	MEC	45 34
Seizure Disorder	OD	MEC	45 34
Sickle cell anemia	OD	MEC	45 34
Shaken Infant Syndrome	OD	MEC	45 34
Late Effects Of Tuberculosis (ICD-9: 137)	OD	MEC	45 34
Nutritional deficiency	OD	MEC	45 34
Speech	SP OD	MEC	45 34

AFCARS Definitions

Disability Data Element	Federal AFCARS Definition
<p>Mental Retardation</p> <p>Intellectual Disabilities</p>	<p>The child has or previously had significantly sub average general cognitive and motor functioning existing concurrently with deficits in adaptive behavior manifested during the developmental period that adversely affect a child's/youth's socialization and learning.</p>
<p>Visually/Hearing Impaired</p> <p>Visual Impairment and Blindness/Hearing Impairment and Deafness</p>	<p>Having a visual impairment that may significantly affect educational performance or development; or a hearing impairment, whether permanent or fluctuating, that adversely affects educational performance.</p>
<p>Physically Disabled</p> <p>Orthopedic Impairment or Other Physical Condition</p>	<p>A physical condition that adversely affects the child's day-to-day motor functioning, such as cerebral palsy, spina bifida, multiple sclerosis, orthopedic impairments, and other physical disabilities.</p> <p>The child has or previously had a physical deformity, such as amputations and fractures or burns that cause contractures, or an orthopedic impairment, including impairments caused by congenital anomalies or disease, such as cerebral palsy, spina bifida, multiple sclerosis, or muscular dystrophy.</p>
<p>Emotionally Disturbed</p> <p>Mental/Emotional Disorders</p>	<p>A condition exhibiting one or more of the following characteristics over a long period of time and to a marked degree: An inability to build or maintain satisfactory interpersonal relationships; inappropriate types of behavior or feelings under normal circumstances; a general pervasive mood of unhappiness or depression; or a tendency to develop physical symptoms or fears associated with personal problems. The term includes persons who are schizophrenic or autistic. The term does not include persons who are socially maladjusted, unless it is determined that they are also seriously emotionally disturbed. The diagnosis is based on the Diagnostic and Statistical Manual of Mental Disorders Third Edition) (DSM III) or the most recent edition." [Note: the current edition is DSM-IV.]</p> <p>The child has or previously had one or more mood or personality disorders or conditions over a long period of time and to a marked degree, such as conduct disorder, oppositional defiant disorder, emotional disturbance, anxiety disorder, obsessive-compulsive disorder, or eating disorder.</p>

Other Diagnosed Condition	Conditions other than those noted above which require special medical care such as chronic illnesses. Included are children diagnosed as HIV positive or with AIDS. asthma, diabetes, chronic illnesses, a diagnosis as HIV positive or AIDS, epilepsy, traumatic brain injury, other neurological disorders, speech/language impairment, learning disability, or substance abuse issues.
Autism Spectrum Disorder	Having, or had previously, a neurodevelopment disorder, characterized by social impairments, communication difficulties, and restricted, repetitive, and stereotyped patterns of behavior. This includes the range of disorders from autistic disorder, sometimes called autism or classical autism spectrum disorder, to milder forms known as Asperger syndrome and pervasive developmental disorder not otherwise specified.
Attention Deficit Hyperactivity Disorder	having, or had previously, a diagnosis of the neurobehavioral disorders of attention deficit or hyperactivity disorder (ADHD) or attention deficit disorder (ADD).
Serious Mental Disorders	Having, or had previously, a diagnosis of a serious mental disorder or illness, such as bipolar disorder, depression, psychotic disorders, or schizophrenia.
Developmental Delay	Has been assessed by appropriate diagnostic instruments and procedures and is experiencing delays in one or more of the following areas: physical development or motor skills, cognitive development, communication, language or speech development, social or emotional development, or adaptive development.
Developmental Disability	Has or had previously been diagnosed with a developmental disability as defined in the Developmental Disabilities Assistance and Bill of Rights Act of 2000 (Pub. L. 106-402), section 102(8). This means a severe, chronic disability of an individual that is attributable to a mental or physical impairment or combination of mental and physical impairments that manifests before the age of 22, is likely to continue indefinitely and results in substantial functional limitations in three or more areas of major life activity. Areas of major life activity include: Self-care; receptive and expressive language; learning; mobility; self-direction; capacity for independent living; and economic self-sufficiency; and reflects the individual's need for a combination and sequence of special, interdisciplinary, or generic services, individualized supports or other forms of assistance that are of lifelong or extended duration and are individually planned and coordinated. If a child is given the diagnosis of "developmental disability", do not indicate the individual conditions that form the basis of this diagnosis separately.

2450 CARE Referral and Medical Examination or Treatment Related to Abuse/Neglect

~~When it is determined medical services related to abuse/neglect are needed by a child who is the subject of an abuse/neglect report, reasonable actions shall be taken to obtain medical treatment.~~

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. Until further notice, this policy and referral process is specific to the Kansas City Region and subsequent statewide implementation will be subject to availability of the CARE network.

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. The PPS 2450 CARE Referral Form shall be used to make the referral.

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.

3. Upon receipt of the recommendations, the CPS Specialist should discuss the importance of following the recommendations with the caregiver of the child.

B. 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.

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CARE Provider Evaluation Referral

Send referrals for children under the age of 6 with allegations of physical abuse and or physical neglect within 3 days of observing the child. If the child is unable to be located, the referral shall be sent with the information currently available.

Click here to open email to: <mailto:SafeCareKS@cmh.edu> Once email opens, attach saved form

Assigned Date:		Date of Referral:		FACTS Event Number:	
CASE DATA					
CHILD'S NAME	DATE OF BIRTH	AGE	GENDER	Injury/Reported Injury <input type="checkbox"/>	
CHILD'S NAME	DATE OF BIRTH	AGE	GENDER	Injury/Reported Injury <input type="checkbox"/>	
CHILD'S NAME	DATE OF BIRTH	AGE	GENDER	Injury/Reported Injury <input type="checkbox"/>	
ALLEGED PERPETRATOR(S) <input type="checkbox"/> UNKNOWN					
NAME		RELATIONSHIP			
NAME		RELATIONSHIP			
PPS SPECIALIST NAME	PHONE NUMBER		COUNTY		
PPS SPECIALIST'S EMAIL ADDRESS			PPS SUPERVISOR'S EMAIL		
ALLEGATIONS: CATEGORY OF ABUSE/NEGLECT (Check all that apply)					
<input type="checkbox"/> PHYSICAL ABUSE <input type="checkbox"/> PHYSICAL NEGLECT <input type="checkbox"/> OTHER					
REPORTED CONCERN					
ADDITIONAL INFORMATION OBTAINED FROM CONTACTS					
MEDICAL INFORMATION					
Has the child received medical attention for these allegations? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN					
If yes, treating physician's information: Name: Hospital:					
Does the child have an injury or did the report indicate the child had an injury? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN					
Do you have any medical records for this incident yet? <input type="checkbox"/> YES (Attach to referral) <input type="checkbox"/> NO					
Do you have any pictures for this incident? <input type="checkbox"/> YES (Attach to referral) <input type="checkbox"/> NO					
Explain/describe any injuries or suspicion of injury, including location and any possible mechanism of injury. If there are no concerns of injury, are there any other medical concerns related to the allegation? Are there statements from a witness or from someone who has additional information?					



CARE Provider Evaluation Referral

Send referrals for children under the age of 6 with allegations of physical abuse and or physical neglect within 3 days of observing the child. If the child is unable to be located, the referral shall be sent with the information currently available.

Click here to open email to: <mailto:SafeCareKS@cmh.edu> Once email opens, attach saved form

<p>RECOMMENDATIONS FOR FOLLOW UP MEDICAL EVALUATION (TO BE COMPLETED BY PHYSICIAN) more than one recommendation may be made in situations where more than one child was referred. Please review recommendations for each child below.</p> <p><input type="checkbox"/> no medical/forensic evaluation required based on information provided for child _____.</p> <p><input type="checkbox"/> medical exam by general practitioner needed for child _____.</p> <p><input type="checkbox"/> medical examination by a CARE provider needed for child _____.</p> <p><input type="checkbox"/> medical examination by a board-certified child abuse pediatrician needed for child _____.</p> <p><input type="checkbox"/> case review by a CARE provider needed for child _____.</p> <p><input type="checkbox"/></p> <p>Further recommendations for medical treatment:</p> <p>_____</p>	
<p>SIGNATURE OF PHYSICIAN</p> <p>_____</p>	<p>DATE</p> <p>_____</p>

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2821 Entering Contact with Victim/Family

Policy for cases after 11/15/21 due to the KIDS to FACTS Interface:

For all case types, with the exception of FACILITY cases, the date and time the worker first attempted contact with the first alleged victim or first identified child in the assigned report will be prefilled into the work start date and time on the top half of the MAAS screen after it has been entered and saved into KIDS. Facility type cases will continue to manually enter the date and time the worker first attempted contact with the alleged victim. For Non-Abuse Neglect/FINA intakes a tool code of Contact with Child (CWC) will be prefilled onto the MAAS screen after it is entered into KIDS by the investigating worker. If the in-person contact was not made for an identified child, the No Contact with Child (NCC) tool code will be prefilled from KIDS using the date and time of first attempt. FINA cases where the parent has refused access to the child, and PWS type cases will prefill the Work Start date and time with the first attempted contact with the parent or caregiver.

Prior to 11/15/21, the time and date the worker first attempted contact with the first alleged victim or first identified child in the assigned report ~~shall~~ **was** be entered into the work start date and time on the top half of MAAS. Information for this data field ~~is~~ **was** located on the Agency Response section in KIDS for intakes assigned on or after July 1, 2017 for abuse neglect reports, reports involving facilities and third parties, and the 2030E for reports involving Non-Abuse Neglect/FINA or Pregnant Woman Using Substances. The work start time cannot be earlier than the date the report was assigned. If contact was made by DCF or law enforcement prior to report assignment time, ~~enter~~ the date and time assigned **was to be entered** as the work start time on MAAS. If the checkbox for Pregnant Woman Using Substances (PWS) or if a parent/caregiver refused access to child ~~is~~ **was** checked, the Date/Time 1st attempt with parent/caregiver (including PWS) ~~shall~~ **was to** be used for the work start date and time on the top half of MAAS. This is for PWS and FINA only.

For Non-Abuse Neglect/FINA intakes a tool code of Contact with Child (CWC) ~~shall~~ **was** **to** be recorded in the tool section of MAAS screen once in-person contact ~~has~~ **had** been made with each identified child. Work start date/time for the CWC code ~~is~~ **was** when the agency made in-person contact with each identified child and ~~is~~ **was** located on the PPS 2030E. The client id of the identified child is also required when using the CWC code. If the in-person contact was not made for an identified child, enter the tool code of NCC (No Contact with Identified Child). The work start date and time of the NCC code is the work start date and time from the top half of MAAS screen. The client id of the identified child is also required when using the NCC code.

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2822 Entering Safety Determinations

Policy for cases after 11/15/21 due to the KIDS to FACTS Interface:

For all case types, except for FACILITY cases, a tool code for safety determination (SAD) will be prefilled on the MAAS screen after it has been entered into KIDS by the investigating worker. If safety is not determined for an alleged victim, the tool code of NSD (No Safety Determination) will be prefilled using the date and time of the first attempt from KIDS. FACILITY cases will continue to be manually entered as previously done.

A tool code of special investigator (SPI) is recorded in the tool section of MAAS if such a position is utilized during the investigation.

A tool code of courtesy interview shall be recorded in the tool section of MAAS for courtesy interviews between DCF areas. The area requesting the courtesy interview is responsible for entering the worker number of the other area who conducted the interview and times of contact for the interview.

A tool code for safety determination (SAD) shall **was to** be recorded for each alleged victim in the tool section of MAAS for reports alleging abuse or neglect. Work start date and time for the SAD code is the date and time the assigned social worker determined safety for the alleged victim. If the safety determination was completed prior to the intake being assigned, **use** the work start date and time **was to be used** from the top half of MAAS screen for the SAD code. The client id of the alleged victim is also required when using the SAD code. If safety is not determined for an alleged victim, **enter** the tool code of NSD (No Safety Determination) **was to be used**. The work start date and time of the NSD code is the work start date and time from the top half of MAAS screen. The Client ID of the alleged victim is also required when using the NSD code.

~~A tool code of special investigator (SPI) is recorded in the tool section of MAAS if such a position is utilized during the investigation.~~

A tool code of courtesy interview shall be recorded in the tool section of MAAS for courtesy interviews between DCF areas. The area requesting the courtesy interview is responsible for entering the worker number of the other area who conducted the interview and times of contact for the interview.

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2823 Recording Ongoing Safety Assessment

Policy for intakes assigned prior to March 2019

To record the second face to face contact of the ongoing safety assessment, enter the tool code of 'SFI' on the MAAS screen. The start date is the date of the face to face contact with the alleged victim who is under six years old. The ongoing safety assessment information is located on the Agency Response section in KIDS for intakes assigned on or after July 1, 2017. If the second contact with the alleged victim never occurred regardless of reason, enter the tool code of 'TIM' and the date of the finding decision. Finding decision date is located on the PPS 2011.

For additional information on the ongoing safety assessment, see PPM section 2313.

Policy for intakes assigned on or after March 2019

If the ongoing safety assessment is determined to not be needed, enter the tool code of 'OAN' on the MAAS screen. The work start date and time would be the same date and time as the safety determination (SAD). If the ongoing safety assessment is determined to be needed, Record the second face to face contact of the ongoing safety assessment, by entering the tool code of 'SFI' on the MAAS screen. The start date is the date of the face to face contact with the alleged victim. The ongoing safety assessment information is located on the Agency Response section in KIDS. If the second contact with the alleged victim was determined to be needed and it never occurred regardless of reason, enter the tool code of 'TIM' and the date of the safety determination.

For additional information on the ongoing safety assessment, see PPM section 2313.

Policy for cases after 11/15/21 due to the KIDS to FACTS Interface:

For Abuse Neglect and Third-Party cases, the Ongoing Safety Assessment (OAN) code will be prefilled from KIDS with the date and time of first attempt. If the ongoing assessment is determined, the second face to face contact of the ongoing safety assessment (SFI) tool code will be prefilled from KIDS. If the ongoing assessment is determined but unable to be completed, the Timeline Exceeded (TIM) tool code will be prefilled from KIDS using the date and time of first attempt. Facility cases will continue to be manually entered into FACTS as previously done.

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SECTION I: Information about current court case. Court reports to include information relevant to the current court case only. Reports to be provided to the courts in advance of the hearing, check with district on specific timelines.

In the District Court of ____ County of Kansas

Case Number:

Court Date: Click or tap to enter a date. Court Time:

Hearing type (check one): ☐ Post-Adjudication ☐ Disposition ☐ Permanency ☐ Review ☐ Other

Date report provided: Click or tap to enter a date.

Case management agency:

Case manager working with family:

GAL/Attorney for Child:

Email:

CASA (if applicable):

Supervisor:

DCF Foster Care Liaison:

Email:

Email:

SECTION II: Information about the child(ren). Provide the below information for every child in the household.

Name	Age	Birthdate	Gender	Is the child court involved and in DCF custody (yes or no)? If yes, enter court case number.

Add the same information for all sibling residing in other households	Is sibling court involved and in DCF custody (yes or no)? If yes, enter court case number.

Did DCF request removal? ☐ Yes ☐ No

If yes, brief description of reason:

Reason for removal by the court:

List any children from above who have been in custody and in out-of-home placement for 15 of the last 22 months:

If child(ren) are listed, are there compelling reasons why termination of parental rights or permanent custodianship would not be in the best interest of the child(ren)? Describe for each child:

Does the Interstate Compact on the Placement of Children (ICPC) apply to any children? ☐ Yes ☐ No

If yes, list names:

SECTION III: Tribal Affiliation. Indian Child Welfare Act (ICWA) defines “Indian child” as a child under 18 years and either: (1) is a member of an Indian Tribe; or (2) is eligible for membership in an Indian Tribe and is a biological child of a member of an Indian Tribe.

Does the Indian Child Welfare Act (ICWA) apply to any children in family? ☐ Yes ☐ No ☐ Undetermined

Provide the names of each child in which ICWA applies:

Name of Tribe:

Was notice sent to the Tribe? ☐ Yes ☐ No

Date Notice was sent: **Click or tap to enter a date.**

Has the Tribe responded? ☐ Yes ☐ No

If yes, summarize current position indicated by the Tribe (i.e., *Tribe will or will not monitor, intervene, or request transfer of case to their Tribal Court*)

Describe active efforts:

SECTION IV: Information about the family. Provide full legal name for parental/caregiver for each child(ren) listed in Section II.

Name:

Relationship:

Child(ren)’s names:

If applicable, date paternity established:

Address

Phone:

Email:

Attorney:

Parental Rights: ☐ Intact ☐ Relinquished ☐ Terminated ☐ Appeal Pending ☐ Appeal Complete ☐ Deceased ☐ Other

Name:

Relationship

Child(ren)’s names:

If applicable, date paternity established:

Address

Phone:

Email:

Attorney:

Parental Rights: ☐ Intact ☐ Relinquished ☐ Terminated ☐ Appeal Pending ☐ Appeal Complete ☐ Deceased ☐ Other

Name:

Relationship:

Child(ren)’s names:

If applicable, date paternity established:

Address

Phone:

Email:

Attorney:

Parental Rights: ☐ Intact ☐ Relinquished ☐ Terminated ☐ Appeal Pending ☐ Appeal Complete ☐ Deceased ☐ Other

Name:

Relationship:

Child(ren)’s names:

If applicable, date paternity established:

Address

Phone:

Email:

Attorney:

Parental Rights: ☐ Intact ☐ Relinquished ☐ Terminated ☐ Appeal Pending ☐ Appeal Complete ☐ Deceased ☐ Other

SECTION V: Child(ren)'s current placement, placement history and relative/kinship exploration. Account for each child in custody. This should only be updated if information has changed from the last court report.

Child(ren)'s Current Placement Address:

Date child placed at this address: Click or tap to enter a date.

Type of Placement: ☐ Parent/Caregiver ☐ Relative ☐ Non-Related Kin ☐ Family Foster Home ☐ Facility

If Facility, what type: ☐ Group Residential ☐ QRTP ☐ PRTF

If QRTP, does it continue to be the least restrictive arrangement? ☐ Yes ☐ No

Additional information about the current placement (optional)-

Placement History – Include all placements for last 12 months and/or since last court hearing. Include hospitalization, relative and kinship placements, all family foster home, and parent/caregiver placements.

Child's name	Dates	Placement name / type	City	Reason for move, if applicable

If placed with parent/caregiver, describe any previous placement attempts:

Relative and Kinship Exploration – If the child(ren) have not been placed with relatives or non-related kin, identify ongoing attempts, and significant/detailed reasons why placement is not appropriate or not occurring. Add as many relative or non-related kin relations as needed.

Maternal Grandparents Names:

Date of last attempt(s) and reasoning:

Paternal Grandparents Names:

Date of last attempt(s) and reasoning:

Other Relatives/Relation and Names:

Date of last attempt(s) and reasoning:

Non-related Kin/Relation and Names:

Date of last attempt(s) and reasoning:

Other Relatives/Relation and Names:

Date of last attempt(s) and reasoning:

Non-related Kin/Relation and Names:

Date of last attempt(s) and reasoning:

SECTION VI: Family history, parent information, case plan, progress and visitation. This information is for parents/caregivers and/or guardians. Include information for both parents. This section is NOT for foster parents.

Provide concise details of the parents own families of origin (child's grandparents), relationships with one another and their children and the reason the child is involved in the court process. *Provide on the first court report unless new and relevant information is discovered.*

Current Case Plan Goal for child in DCF custody placed at home: ☐ Maintain at home

Current Case Plan Goal for out of home placement: ☐ Reintegration ☐ Adoption ☐ Permanent Custodianship
☐ Another Permanent Plan Living Arrangement (APPLA)

If the child is legally free for adoption and case plan goal is adoption, attach DCF Adoption Tracking Tool (PPS 5400) to this court report

Parents/caregivers court orders/case plan tasks- *Briefly describe if the parent/caregivers are doing what the case plan provides. Include any tasks that have been court ordered to them and give an update on compliance.*

Drug and Alcohol Services: Describe any concerns with parental substance use and services provided or obtained. Include services offered and not obtained.

Date of Test/Service	Type of Test/Service	Results/Outcome

Prepare information based on the **current situation** of the parent or guardian. Update the information if it is different from the past court report. Include information for each parent/caregiver.

Housing- *Provide housing history with address/dates, and all persons, including children and adults, living with parent. If parent has moved since last court report, explain why. Include condition of home.*

Employment- *Employment history, place and length of employment, work hours, and pay rate. If parent has changed jobs, explain why.*

Parent/Caregiver Therapy- *Provide information on therapists, frequency, type of therapy, and therapeutic goals. Include information from therapists, dates of appointments, if appointments are missed explain the reason.*

Parent Medical- *If applicable, add any medical information.*

Describe parent/caregiver strengths and resources- *Describe for each parent*

Other relevant information regarding the parent/caregivers-

Parent/child(ren) visitation: Describe visits that have happened between court reports.				
Date	Supervised?	Duration/length	Attendees	Strengths/Concerns
	<input type="checkbox"/> Yes <input type="checkbox"/> No			

SECTION VII: Child well-being. Describe the state of the child(ren)'s physical, mental, and emotional health as requested. Account for each child in custody. Add any new and relevant occurring between court reports.

Reasonable and prudent parent standard: *Describe how placement is promoting normalcy for the child. What connections and age-appropriate activities is the child engaged in?*

Physical Health:

Mental Health:

Emotional Health:

Education- *Has child maintained in same school? Provide summary on how child is currently doing in school behaviorally and academically.*

School: Click or tap here to enter text.

Grade: Choose an item.

Anticipated Graduation/GED Completion: chose an item year

Life Skills- List all practical and age-appropriate skills of the child. If child is not school aged, list behavioral/developmental milestones and if not meeting those, what is being done to address.

If child is 14 or older, indicate whether a Transition Plan has been completed. If so, attach a copy of the PPS 3059 Transition Plan to this court report.

Other information- use this area to record any other relevant information about the child(ren)'s well-being.

For each child, provide dates of last appointment and progress on obtaining the following documents. Add information below if needed.

Name of child:

Name of child:

Kan Be Healthy (KBH):

Kan Be Healthy (KBH):

Mental/ Behavioral Health:

Mental/ Behavioral Health:

Dental:

Dental:

Vision:

Vision:

Assigned Nurse Care Manager:

Assigned Nurse Care Manager:

SS card: ☐ in the file ☐ requested ☐ do not have

SS card: ☐ in the file ☐ requested ☐ do not have

Birth Certificate: ☐ in the file ☐ requested ☐ do not have

Birth Certificate: ☐ in the file ☐ requested ☐ do not have

Medical Card: ☐ in the file ☐ requested ☐ do not have

Medical Card: ☐ in the file ☐ requested ☐ do not have

Driver's License: ☐ in the file ☐ requested ☐ do not have

Driver's License: ☐ in the file ☐ requested ☐ do not have

SECTION VIII: Recommendations

Include items or tasks needed to successfully move the family and child toward permanency goal. Recommendations to include previous court orders or case plan goals not yet completed. Include services/supports that will address concerns including safety.

Report prepared/approved by and on this date:

Case Manager:

Case Manager Supervisor:

Date:

Date:

SECTION X: Additional Information if requested by this court

Additional information here:

List all professionals involved. Add information if needed. If personnel are the same as Section I, say “see Sec. I”

Name	Agency	Title
	Court	Judge
	Court	Court Services Officer (CSO)
	Legal	County/District Attorney
	Legal	Guardian Ad Litem (GAL)
	Legal	Mother’s Attorney
	Legal	Father’s Attorney
	CASA	CASA
	DCF	Foster Care Liaison
	Case Management Agency	-
	Case Management Agency	Case Manager
	Case Management Agency	Supervisor
	Case Management Agency	Family Support Worker



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FOSTER CARE CASE TRANSFER SUMMARY

Child(ren)'s Name:		Date of referral:	
Preferred Name to be addressed by:			
Date of birth and age:		Date & time of staffing:	
Case Name:		Date:	
FACTS Case Number:		Date of transfer:	

Date/Time	STAFF PARTICIPATING		
	Full Name	Position	Relationship to the Case

I. Type of Transfer Staffing

Transfer Level of Service (Change in staff responsible for the case: Family Preservation Tier; Family Preservation to FC/RE/AD; FC/RE/AD to aftercare, etc. Excludes DCF referrals to FS/FPS/FC/RE/AD):	
Current Service	New Level of Service
New Worker/Supervisor:	
<input type="checkbox"/> New worker with same agency/level of service	
<input type="checkbox"/> New Supervisor with same agency/level of service	
<input type="checkbox"/> Family moved requiring a new worker	
<input type="checkbox"/> Change of venue or tribal court jurisdiction	
<input type="checkbox"/> Other (<i>Explain</i>):	

II. Discussion

Referral (<i>Briefly review why the family was referred for services</i>)

FOSTER CARE CASE TRANSFER SUMMARY

Review of Case Plan Goal and Activities and Family's Progress			

Decisions/Next steps /Follow-up			

Birth Certificate ordered/received:		Social Security Card ordered/received:	
Hospital Birth Records ordered/received:		State Issued ID (for youth 14 and older)	
Case Plan			
Case Plan Goal:			
Case Plan Date:		Case Plan Due:	
Activities and Progress:			

Other Pertinent Information/Next steps /Follow-up			

General Family Information (Is the family accepting of services, have they engaged, what made the engagement with the family successful, what is the family's opinion of the services/need for services, etc., when is the family available/what is their schedule, general tips and ideas for helping this family be successful, how the family prefers to communicate.)

Non-Custodial Parent, Siblings, Relatives (Review contact information, updates, and/or where information is located in file. Discuss attempts to locate/engage and current status of relationships.)

Child(ren)'s Connections (Review social connections including school, extra-curricular activities, religious organizations, current therapist and contact information and updates for each, if applicable, and/or where information is located in file)

Decisions/Next steps /Follow-up

FOSTER CARE CASE TRANSFER SUMMARY

Has a referral been made for Kansas Infant Toddler Services for a child under the age of three? (Early intervention services funded under part C of the Individuals with Disabilities Education Act.)
<input type="checkbox"/> Yes <input type="checkbox"/> No
Next steps /Follow-up

Other (Explain):
Decisions/Next steps to mitigate/Follow-up

Court Information	
Next Court Hearing Date:	
Person Responsible for next Court Report:	
Attorneys (CA, GAL, Parents):	
Court Orders:	
Probation Officer:	
Other Pertinent Information/Next steps /Follow-up	

Health Services and Providers					
Mental Health Provider Information:					
Mental Health Diagnosis:					
Physical Health Concerns:					
KBH Date		Vision Date		Dental Date	
Intellectual Functioning:					

FOSTER CARE CASE TRANSFER SUMMARY

Waiver Services:	<input type="checkbox"/> Approved <input type="checkbox"/> Application/Assessment Pending <input type="checkbox"/> Needs completed
Provider	
SSI:	<input type="checkbox"/> Approved <input type="checkbox"/> Application/Assessment Pending <input type="checkbox"/> Needs completed
SSI Payee:	
CDDO:	
Substance Use Concerns:	
Medication Prescribed:	
Other Pertinent Information/Next steps /Follow-up	

Educational Needs					
Current School Attending:					
Grade Level:		IEP Type		IEP Date	
Infant/Toddler Services:					
Extracurricular Activities:					
Other Pertinent Information/Next steps /Follow-up					

Family Information	
Mother's Name:	
Mother's Address:	
Mother's Contact Information:	
Father's Name:	
Father's Address:	
Father's Contact Information:	
Sibling's Name(s):	
Other Relative Connections:	
Other Pertinent Information/Next steps /Follow-up	

FOSTER CARE CASE TRANSFER SUMMARY

Placement Provider Information	
Type of Placement (Relative, Foster, Residential, PRTF):	
Placement Name:	
Placement Address:	
Placement Contact Information:	
Sponsoring Agency:	
Support Worker Name:	
Support Worker Contact Info:	
Other Pertinent Information/Next steps /Follow-up	

Visitation	
Type (Sibling, Supervised, Monitored, Unsupervised):	
Schedule:	
Expectations of participants:	
Other Pertinent Information/Next steps /Follow-up	

Safety Concerns Identified (May include: abuse/neglect concerns, self-harming/danger to self, imminent danger, child vulnerability, caregiver protective capacities, safety plans, protective actions mitigating the safety concern)
Decisions/Next steps to mitigate/Follow-up

Risk Concerns Identified (May include: child factors, parent/caregiver factors, environmental factors, family strengths, services, and resources, and case plan progress mitigating the risk concerns)

FOSTER CARE CASE TRANSFER SUMMARY

Decisions/Next steps to mitigate/Follow-up

ICWA (Discuss efforts to determine the child(ren)'s heritage and eligibility, services available through the tribe, contacts with the tribe, etc.)	
Decisions/Next steps /Follow-up	
Indian heritage:	
If yes, how was information obtained (JE's, ICWA Affidavit, CSO, Parents):	
Name of tribe:	
Family member where heritage exists:	
Efforts to include tribe in case decisions:	
Contact Information <small>(name/email/phone/address)</small>	
Other Pertinent Information/Next steps /Follow-up:	

Aftercare			
Custody Status:		If ROC, date of release:	
Date medical card application submitted:			
If adoption transfer, name change of child(ren):			
Other Pertinent Information/Next steps /Follow-up			

Adoption	
Status toward adoption (on target/delayed):	

FOSTER CARE CASE TRANSFER SUMMARY

If delayed, reason for delay:			
Date Inquiry Sent:		Sibling Split Required:	
Mother's rights Terminated/ Relinquished?		Date of Termination/ Relinquishment	
Father's rights Terminated/ Relinquished?		Date of Termination/ Relinquishment	
Identified Resource Name:			
IR Contact Information:			
Family Members Considered:			
Reason any members have been ruled out as a resource:			
Status of Adoption Tracking Tool		<input type="checkbox"/> Completed <input type="checkbox"/> Needs Completed	
Other Pertinent Information/Next steps /Follow-up			

Independent Living			
Reason for unsuccessful reunification:			
Important connections to maintain:			
Negative connections to avoid:			
Casey Life Skills Due Date:		Transition Plan Date:	
Skills youth has achieved:			
Skills youth needs to achieve:			
Youth's post 18th Birthday plans:			
Other Pertinent Information/Next steps /Follow-up			

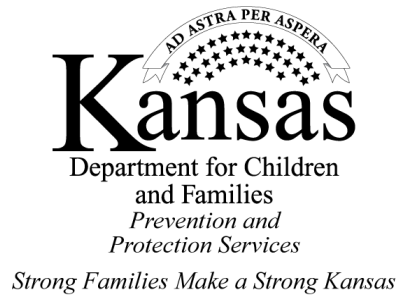
III. Supervisor Approval

Transferring Supervisor Signature	Date

FOSTER CARE
CASE TRANSFER SUMMARY

Receiving Supervisor Signature <i>(if different from above)</i>	Date

Distribution: File, Participants



BACK

Foster Care Initial Service Plan

Section 1 – Family Information				
Case Head:		Facts Case #:		County:
Child Name:	DOB:	Facts Client ID:	Court Case #:	
Child Name:	DOB:	Facts Client ID:	Court Case #:	
Child Name:	DOB:	Facts Client ID:	Court Case #:	
Child Name:	DOB:	Facts Client ID:	Court Case #:	
Region:	Provider:	DCF Office:	Assigned DCF Staff:	
Initial Service Plan Date, Time, Location:				
Describe the reason for referral, including current harm or safety reasons preventing the child(ren) from returning home:				
<div>Section 2 – Assessment Information</div> <div> <input checked="" type="checkbox"/> Signs of Safety- See attached Risk Assessment Map </div>				
<div>Section 2 – Assessment Information</div> <div> <input type="checkbox"/> See attached PPS 2020 (if completed) </div>				
Family/Individual Strengths and Resources:				
<div>Safety Concerns/Reason Child Cannot Return Home:</div>				
<div>Risk Concerns Future Danger and Worries (Describe what may happen to the child(ren) if nothing in the family's situation changes):</div>				
Section 3 – Activities to be Completed Immediately Safety Goals				
Court Ordered	Activity	Steps to Be Taken Immediately	Who Will Participate? (who will do what?)	Estimated Completion Date?
<input type="checkbox"/> Yes <input type="checkbox"/> No				
<input type="checkbox"/> Yes <input type="checkbox"/> No				
<input type="checkbox"/> Yes <input type="checkbox"/> No				

Foster Care Initial Service Plan

<input type="checkbox"/> Yes			
<input type="checkbox"/> No			
<input type="checkbox"/> Yes			
<input type="checkbox"/> No			

Section 4 – Visitation

Visitation Plan Until Case Planning Conference (Required Weekly and Subject to Change)

Example: Every Tuesday at 4:00 PM at the KVC office

Day of the week:

Time:

Section 5 – Initial Service Plan Participation

Participants' Signatures/Dates (For non-family participants, information shared is confidential and shall not be released.)

Child Signature: If age 14 or older, my signature means that I was given and had explained: Appendix 7D, Do you Know Your Rights as a Kansas Foster Youth; my health rights; and my annual credit check. (For those children in out of home placement.)

Child's Input/Comments:

Participation Codes: IP – participated in person, BP – participated by phone, NI – provided input

Parent Signatures: I have participated in the development of this plan. I understand this signed initial service plan may be released to participants in this plan and they may share information among the participants necessary to implement the plan.

Parents' Input/Comments:

	Printed Name	Signature:	Participation Code:	Date:
Parent				
Parent				
Parent				
Parent				

Participation Codes: IP – participated in person, BP – participated by phone, NI – provided input

Other Participant Signatures: Indicate Name, Agency, Title, and Participation Codes

Printed Name	Signature	Agency	Date	Participation Codes

Distribution: Family, DCF Case Record, CWCMP, Court

Foster Care Initial Service Plan



BACK

Foster Care Initial Service Plan Instructions

The PPS 3031 serves as a service plan for families to receive soon after a child or children are placed in the custody of the Secretary. The intent of this form is to be presented during the Initial Family Meeting (IFM) in which DCF and the Child Welfare Case Management Provider (CWCMP) work together to ensure the family understands the reason for the out of home referral and immediate next steps to be taken.

The Initial Service Plan (ISP) is not a formal case plan and should only provide the family with one to three immediate actions steps to take as everyone (professionals and family) begin their work together.

If there are questions, staff should review the PPM for further clarification as to the IFM and ISP.

Section 1 should be filled out with all pertinent information. This includes the reason for the referral, as well as why the child(ren) cannot return home at this moment in time. The language used should be clear, concise and written in family friendly terms. Families are to receive a copy of the ISP (either via digitally/email or printed/hard copy); thus, it is imperative to avoid using professional terminology, jargon, acronyms, or other language which may not be easily understood.

Section 2 should include a brief outline of the family's strengths and resources. If the PPS 2020 is completed at the time of the ISP, it may be attached as well. Regardless of the completion of the PPS 2020, this section should be filled out with the family also identifying their strengths and resources.

Additionally, future dangers should be explored in this section. Danger statements explain what keeps DCF involved, and these should be simple statements of worry for the child(ren) now and into the future. The statement should capture worries about what could happen if nothing changes and are based on the worst fears for the safety of the child. Some components of this statement should include: who is worried; possible worrisome behavior by the adults/caregivers; and any possible negative impact for the child(ren) involved.

Section 3 should provide the family one to three immediate and easily obtainable actions steps they can begin working on while DCF and CWCMP continue to work alongside the family. These may include court ordered steps. Each step should be described in detail, so the family is aware of the expectations. It should be clear who is to participate in the steps, who is responsible for completing which step and an estimated completion date should be provided.

As noted previously, once the family agrees to these action steps, family members are to receive a completed copy of the form. These steps should be a way for the family to begin working toward achieving timely reunification.

Section 4 will provide the family knowledge as to when they will see each other again. Unless there is a court order directing otherwise, a visitation should occur as quickly as possible. CWCMPs can also use the time during the IFM to discuss the Icebreaker Conversation and schedule, if possible.

Section 5 is where participation of those involved in the IFM and discussion of the ISP is captured. It is imperative to include a child or children, or at the very least capture any of their input or comments in this section. Further, a child or children who are 14 and older shall receive the Appendix 7D. Parent's input and comments may also be captured in this section.

BACK

FACTS Case
Name _____

FACTS Case
Number _____

Facts Case ID

(CHECK ALL SERVICES WHICH ARE A PART OF THIS SERVICE PLAN TO BE DELIVERED OVER THE NEXT 170 DAYS)

HEALTH		<input type="checkbox"/> In-Patient Treatment	MD03N/P
<input type="checkbox"/> Physical Examination/Diagnosis	MD01N/P	<input type="checkbox"/> Speech Therapy	MD04N/P
<input type="checkbox"/> Wellness Monitoring	MD01N/P	<input type="checkbox"/> Occupational Therapy	MD05N/P
<input type="checkbox"/> Out-Patient Treatment	MD02 N/P		MD05 N/P
EDUCATIONAL/VOCATIONAL		<input type="checkbox"/> Vocational Education	ED05 N/P
<input type="checkbox"/> Tutoring	ED01 N/P	<input type="checkbox"/> Driver's Education	ED06 N/P
<input type="checkbox"/> Special Education Program	ED02 N/P	<input type="checkbox"/> College	ED07 N/P
<input type="checkbox"/> Adult Basic Education	ED03 N/P	<input type="checkbox"/> Education Advocate	ED08 N/P
<input type="checkbox"/> GED Preparation/High School Grad	ED04 N/P	<input type="checkbox"/> Attendance	ED09 N/P
	ED04 N/P		
MENTAL HEALTH SERVICES/DEVELOPMENTAL SERVICES		<input type="checkbox"/> Partial-Day Social or Educational Services*	ME06 N/P
<input type="checkbox"/> Psychological Testing*	ME01 N/P	<input type="checkbox"/> Medicine Management	ME07 N/P
<input type="checkbox"/> Individual Therapy	ME02 N/P	<input type="checkbox"/> Child/Youth Mentorship (under 15)*	FU03 N/P
<input type="checkbox"/> Group Therapy	ME03 N/P	<input type="checkbox"/> Attendant Care	FU05 N/P
<input type="checkbox"/> Family Therapy	ME04 N/P	<input type="checkbox"/> Early Ed (ITS/IDEA)	FU06 N/P
<input type="checkbox"/> Counseling*	ME05 N/P	<input type="checkbox"/> Waivers (HCBS)	FU08 N/P
HOUSING SERVICES		<input type="checkbox"/> Residence Adaptation	HO04 N/P
<input checked="" type="checkbox"/> Emergency Clothing	HO01 N/P	<input type="checkbox"/> Emergency Utilities	HO05 N/P
	HO01 N/P	<input type="checkbox"/> Emergency Shelter or Rental Assistance	HO06 N/P
<input type="checkbox"/> Emergency House Repairs	HO02 N/P		
<input type="checkbox"/> Household Furniture/Appliances	HO03 NP		
EMPLOYMENT SERVICES		<input type="checkbox"/> Employment Preparation Services	EM01 N/P
PROTECTIVE OR FAMILY PRESERVATION SERVICE		<input type="checkbox"/> Emergency Shelter* (protective)	PR08 N/P
<input type="checkbox"/> Intake and Assessment	PR01 N/P	<input type="checkbox"/> Respite Care*	PR06 N/P
<input type="checkbox"/> In-Home Family Treatment*	PR02 N/P	<input type="checkbox"/> Program (family) support Services*	PR07 N/P
<input type="checkbox"/> Family Preservation Referral	PR03 N/P	<input type="checkbox"/> Family Services Referral	PR10 N/P
<input type="checkbox"/> Parenting Education*	PR04 N/P		
	PR04 N/P		
INCOME SERVICES		<input type="checkbox"/> Budgeting	IN02 N/P
<input type="checkbox"/> Child Support	IN01 N/P	<input type="checkbox"/> Assist with Applications for Assistance	IN03 N/P
<input type="checkbox"/> Family Financial/Reunification Asst *	IN03 N/P		
SUPPORT FOR FAMILY FUNCTIONING SERVICES		<input type="checkbox"/> Social Service Coordination (DCF)	FU04 N/P
<input type="checkbox"/> Case Management	FU01 N/P	<input type="checkbox"/> Mediation Services*	FU07 N/P
<input type="checkbox"/> Basic Living Skills	FU02 N/P		
ADOPTION SERVICES		<input type="checkbox"/> Adoptive Family Assessment (Home Study*)	AO03 N/P
<input type="checkbox"/> Adoptive Placement Services	AO01 N/P	<input type="checkbox"/> Adoptive Family Recruitment	AO04 N/P
<input type="checkbox"/> Adoptive Family Preparation Services	AO02 N/P	<input type="checkbox"/> Adoption Subsidy	AO05 N/P
CHILD CARE SERVICES*		<input type="checkbox"/> Child Care Center Services	CH02 N/P
<input type="checkbox"/> Child Care in Other Home Services	CH01 N/P	<input type="checkbox"/> Child Care in Own Home Services	CH03 N/P
INDEPENDENT LIVING SERVICES only for youth ages 14 to 26 receiving IL Services (See PPS 3057A for definitions)		<input type="checkbox"/> Housing Education	IL08N
<input type="checkbox"/> Special Education	IL01N	<input type="checkbox"/> Health Education and Risk Prevention	IL09N
	IL01N	<input type="checkbox"/> Family Support and Marriage Education	IL10N
<input type="checkbox"/> Needs Assessment	IL02N		
	IL02N	<input type="checkbox"/> Mentoring	IL11N
<input type="checkbox"/> Academic Supports	IL03N	<input type="checkbox"/> Supervise Independent Living	IL12N
<input type="checkbox"/> Post Secondary Education Support	IL04N		
	IL04N	<input type="checkbox"/> Room and Board Financial Assistance	IL13N
<input type="checkbox"/> Career Preparation	IL05N		

<input type="checkbox"/> Employment or Vocational Programs IL06N	IL06N	<input type="checkbox"/> Education Financial Assistance	IL14N
<input type="checkbox"/> Budget and Financial Management IL07N	IL07N	<input type="checkbox"/> Other Financial Assistance	IL15N
OTHER		<input type="checkbox"/> Drug and Alcohol Services	OT04 N/P
<input type="checkbox"/> Clothing Allowance*	OT01 N/P	<input type="checkbox"/> Interpreter Services	OT03 N/P
<input type="checkbox"/> Non-Medical Transportation*	OT02 N/P	<input type="checkbox"/> Courtesy Supervision	OT06 N/P

* Indicates the service is described in the Handbook of Services, EP Appendix E, in the PPS Policy and Procedure Manual. A service is a category of good(s) or service(s) which can be identified within the case plan as an item which is used to address a family's need. The service codes are entered into FACTS to track the goods and services provided to families. The suffix 'N' means the good(s) or service(s) is provided at no direct charge to DCF. The suffix 'P' means DCF is paying the source of the service/good directly.



[BACK](#)

My Plan for Successful Adulthood

First Name:	Last Name:	Date of Birth:	Age:
FACTS Case Number:	Projected ROC:	Date Completed:	Gender:

Section 1: My Identifying Documents

Review for all youth ages 14 and older

*These important documents are critical for your transition to adulthood and are required for you to have before you leave care.
What documents do you have and what do you still need before you leave care?*

Vital Personal Documents	Current Document Status	Where is the document located?
Educational History: <i>Copies of transcripts, report cards, names and addresses of schools attended, etc.</i>	<input type="checkbox"/> Have <input type="checkbox"/> Applied for <input type="checkbox"/> Don't have	
Social Security Card issued by SSA	<input type="checkbox"/> Have <input type="checkbox"/> Applied for <input type="checkbox"/> Don't have	
Valid State-Issued License, Permit or Photo Identification	<input type="checkbox"/> Have <input type="checkbox"/> Applied for <input type="checkbox"/> Don't have	
An Official or Certified Copy of Birth Certificate	<input type="checkbox"/> Have <input type="checkbox"/> Applied for <input type="checkbox"/> Don't have	
Immunization Records	<input type="checkbox"/> Have <input type="checkbox"/> Applied for <input type="checkbox"/> Don't have	
Medical History: <i>Including current medical treatment, current providers and medications</i>	<input type="checkbox"/> Have <input type="checkbox"/> Applied for <input type="checkbox"/> Don't have	
Copy of Medical and Genetic Information	<input type="checkbox"/> Have <input type="checkbox"/> Applied for <input type="checkbox"/> Don't have	
Social History: <i>Including release of allowable records from time in custody</i>	<input type="checkbox"/> Have <input type="checkbox"/> Applied for <input type="checkbox"/> Don't have	
Life Book	<input type="checkbox"/> Have <input type="checkbox"/> Applied for <input type="checkbox"/> Don't have	

The documents below are needed as youth attains age 18.

Copy of Consumer Credit Report	<input type="checkbox"/> Have <input type="checkbox"/> Applied for <input type="checkbox"/> Don't have	
Medicaid Card/Health Insurance information	<input type="checkbox"/> Have <input type="checkbox"/> Applied for <input type="checkbox"/> Don't have	
Tribal Enrollment Card/Tribal Documentation	<input type="checkbox"/> Have <input type="checkbox"/> Applied for <input type="checkbox"/> Don't have	
Voter Registration	<input type="checkbox"/> Have <input type="checkbox"/> Applied for <input type="checkbox"/> Don't have	
Selective Service Registration	<input type="checkbox"/> Have <input type="checkbox"/> Applied for <input type="checkbox"/> Don't have	
Citizenship/Immigration Documents	<input type="checkbox"/> Have <input type="checkbox"/> Applied for <input type="checkbox"/> Don't have	
Healthcare Proxy or Medical Power of Attorney	<input type="checkbox"/> Have <input type="checkbox"/> Applied for <input type="checkbox"/> Don't have	
DCF Custody Verification Letter	<input type="checkbox"/> Have <input type="checkbox"/> Applied for <input type="checkbox"/> Don't have	

Do you have a safe place to keep your important documents when released from custody? ☐ Yes ☐ No

Per DCF Policy, copies of third party information may not be released without written permission from the originating source.

Steps my case manager and I need to take to obtain my identifying document(s):

1.

2.

3.

Section 2: Getting to Know You

Required for all youth ages 14 and older (Attach additional pages as needed.)

What I would like people to know about me:

Examples: interests/hobbies, what you like to do for fun, likes/dislikes, etc.

What I would like people to know about my culture and things that are important to me:

What holidays do you celebrate? Do you attend church? If so, which one? What other events or values are important to you?

My greatest strengths and talents are:

Examples: get along well with others, study hard in school, create art/music, express feelings in a healthy way, etc.

The top three things that I need most right now are:

I think that these things could change if:

When I am an adult, I want to be:

Some things that I would like to accomplish are: *(list short-term and long-term goals)*

My Plan for Successful Adulthood

Section 3: Life Skills <i>Required for all youth ages 14 and older</i> <i>What skills have you already learned and what areas you would like to strengthen?</i>		
Specific Skill	Youth Assessment	Placement/Worker Assessment
Laundry (<i>washing, drying, folding, stain removal, ironing, separating colors before washing, frequency of washing clothes and bedding, etc.</i>):	<input type="checkbox"/> I feel confident in performing this skill. <input type="checkbox"/> I need support as I continue developing this skill. <input type="checkbox"/> I have limited experience and will need assistance in developing this skill.	Describe the youth's level of competency:
Grocery Shopping (<i>understanding sales/coupons, making healthy meal choices within a budget, buying ingredients for a recipe, etc.</i>):	<input type="checkbox"/> I feel confident in performing this skill. <input type="checkbox"/> I need support as I continue developing this skill. <input type="checkbox"/> I have limited experience and will need assistance in developing this skill.	Describe the youth's level of competency:
Cooking/M Meal Preparation (<i>preparing meals with multiple ingredients, basics of cooking, kitchen safety, etc.</i>):	<input type="checkbox"/> I feel confident in performing this skill. <input type="checkbox"/> I need support as I continue developing this skill. <input type="checkbox"/> I have limited experience and will need assistance in developing this skill.	Describe the youth's level of competency:
Self-Care/Hygiene: (<i>bathing, shaving, caring for your teeth, nail and hair care, use of deodorant and other hygiene products, exercise, healthy stress management, etc.</i>)	<input type="checkbox"/> I feel confident in performing this skill. <input type="checkbox"/> I need support as I continue developing this skill. <input type="checkbox"/> I have limited experience and will need assistance in developing this skill.	Describe the youth's level of competency:
Communication Skills: (<i>making appointments for keeping a schedule, setting up an e-mail, and communicating in a professional manner</i>)	<input type="checkbox"/> I feel confident in performing this skill. <input type="checkbox"/> I need support as I continue developing this skill. <input type="checkbox"/> I have limited experience and will need assistance in developing this skill.	Describe the youth's level of competency:

My Plan for Successful Adulthood

Healthy Living Environment: <i>(dusting, mopping, dishes, vacuuming, understanding household chemicals, using the A/C and heater, pet care, etc.)</i>	<input type="checkbox"/> I feel confident in performing this skill. <input type="checkbox"/> I need support as I continue developing this skill. <input type="checkbox"/> I have limited experience and will need assistance in developing this skill.	Describe the youth's level of competency:
Money Management/Budgeting: <i>(saving money, budgeting for bills and groceries, understanding the pros and cons of student/car loans, credit cards, payday loans, etc.)</i>	<input type="checkbox"/> I feel confident in performing this skill. <input type="checkbox"/> I need support as I continue developing this skill. <input type="checkbox"/> I have limited experience and will need assistance in developing this skill.	Describe the youth's level of competency:
Accessing Community Resources/Public Transportation <i>(bus/taxi services; emergency resources for food, clothing, and shelter; crisis/emergency services, etc.)</i>	<input type="checkbox"/> I feel confident in performing this skill. <input type="checkbox"/> I need support as I continue developing this skill. <input type="checkbox"/> I have limited experience and will need assistance in developing this skill.	Describe the youth's level of competency:
Have you completed a Casey Life Skills Assessment (CLSA)? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure <i>(If yes, please attached most recent CLSA.)</i>		
Becoming an Adult		
My thoughts about becoming an adult are: 		
Some things I would like to learn before I become an adult are: 		
Placement/Worker Assessment- specific suggested areas of life skill development include: 		

My Plan for Successful Adulthood

Section 4: My Education Plan *Required for all youth ages 14 and older Plans for your educational and career goals.*

Current Student Status: *(Ages 14 and older)*

☐ Current or Most Recent School Attended: _____ ☐ Highest grade completed: _____

Vocational Supports: *Do you have any of the following? (check below) (Ages 14 and older)*

An Individualized Education Plan (IEP) ☐ Yes ☐ No ☐ Unsure

504 Plan ☐ Yes ☐ No ☐ Unsure

Visual/Hearing Impairment ☐ Yes ☐ No ☐ Unsure

Use of an Assistive Device for Learning ☐ Yes ☐ No ☐ Unsure

Other Disability ☐ Yes ☐ No ☐ Unsure

I intend to complete my (check below): (Ages 16 and older)

☐ HS diploma at (name of school): _____

☐ GED at (name of school):
Testing completed: ☐ Yes ☐ No

☐ Obtain a Vocational Certificate at (name of school): _____

☐ Post-secondary training/degree at (name of school): _____

Highest Level of Education Completed: (Ages 16 and older)

☐ # of Credits Earned _____ ☐ HS Diploma (name of school) _____

☐ GED ☐ College Credits ☐ Technical Training

If enrolled in high school or GED, I have:

- ☐ Completed ACT or SAT Entrance Exam
☐ Completed a Kansas Kids @ Gear Up Application
☐ Bought or Have Been Provided Materials/Books
☐ Paid Registration Fees

I would like more information about the following:

<input type="checkbox"/> A-OK Program	<input type="checkbox"/> Gear Up	<input type="checkbox"/> FAFSA Application	<input type="checkbox"/> Tuition Waiver
<input type="checkbox"/> Tutoring	<input type="checkbox"/> First-Aid/CPR	<input type="checkbox"/> IEP/504 Plan	<input type="checkbox"/> Scholarships
<input type="checkbox"/> Choosing my Classes	<input type="checkbox"/> Dual Credit Classes	<input type="checkbox"/> Credit Recovery	<input type="checkbox"/> Bullying/Anti-Bullying
<input type="checkbox"/> Feeling Alone on Campus	<input type="checkbox"/> Sports/School Activities	<input type="checkbox"/> Military Education	<input type="checkbox"/> Educational Counseling
<input type="checkbox"/> Help with Choosing Electives (<i>High School Level</i>)	<input type="checkbox"/> Vocational Rehabilitation (VR)	<input type="checkbox"/> Understanding Student Loans and Financial Aid	<input type="checkbox"/> Pre-Employment Transition Services (<i>Pre-ETS</i>)
<input type="checkbox"/> Contacting My School Counselor	<input type="checkbox"/> Test Preparation (<i>ACT/SAT</i>)	<input type="checkbox"/> College Campus Tours	<input type="checkbox"/> Upward Bound
<input type="checkbox"/> Applying for an Education Program	<input type="checkbox"/> Senate Bill 23 (<i>Graduation requirements for youth experiencing foster care</i>) (KS Statute #38-2285)	<input type="checkbox"/> Obtaining Education with a Disability (<i>Federal WIOA H.R 803 Section 422</i>)	<input type="checkbox"/> Other:

What I need to do to achieve my education goal(s) and what supports I have identified are needed to accomplish this:
(*Enroll, submit FAFSA application, talk to an advisor, scholarships, meet with school counselor, pick my elective classes, etc.*)

My Plan for Successful Adulthood

Section 5: Youth Advocacy <i>Required for all youth ages 14 and older</i> <i>Kansas is proud to have councils that support youth who have experienced foster care, to ensure that youth's voices are heard for advocacy and to promote change within the child welfare system.</i> <u>"Nothing About Us, Without Us!"</u>	
Kansas Youth Advisory Council & Regional Youth Advisory Council: (check below)	
I have been to a Regional Youth Advisory Council (RYAC) event: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	
I have been to Kansas Youth Advisory Council (KYAC) event: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	
I am interested in KYAC and /or RYAC: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	
I would need help getting rides to KYAC and/or RYAC meetings: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	
Section 6: My Connections Plan <i>Required for all youth ages 14 and older</i>	
Who could you call for issues related to money, job, transportation, school, housing, physical or emotional health? Who could you call for general/everyday support when you need it?	
Name:	Phone:
	Email:
I see him/her as much as I would like to: <input type="checkbox"/> Yes <input type="checkbox"/> No I would like him/her at my case planning meetings: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name:	Phone:
	Email:
I see him/her as much as I would like to: <input type="checkbox"/> Yes <input type="checkbox"/> No I would like him/her at my case planning meetings: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name:	Phone:
	Email:
I see him/her as much as I would like to: <input type="checkbox"/> Yes <input type="checkbox"/> No I would like him/her at my case planning meetings: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name:	Phone:
	Email:
I see him/her as much as I would like to: <input type="checkbox"/> Yes <input type="checkbox"/> No I would like him/her at my case planning meetings: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name:	Phone:
	Email:
I see him/her as much as I would like to: <input type="checkbox"/> Yes <input type="checkbox"/> No I would like him/her at my case planning meetings: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name:	Phone:
	Email:
I see him/her as much as I would like to: <input type="checkbox"/> Yes <input type="checkbox"/> No I would like him/her at my case planning meetings: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Mentor Supports:	
I would like help finding a supportive adult/mentor: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I already have a mentor	
Would you or this mentor be interested in participating in YouThrive? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	
<i>If you already have a mentor, please list their name and contact information:</i>	

My Plan for Successful Adulthood

Section 7: My Health/Well-Being <i>Required for all youth ages 15 and older</i> <i>Taking care of yourself is important. Without health insurance, you could end up with large bills for having to see a doctor.</i>		
My Medicaid or other health insurance provider is: (check below)		
<input type="checkbox"/> United <input type="checkbox"/> Sunflower <input type="checkbox"/> Aetna <input type="checkbox"/> Other:		
My Primary Care Doctor is:	Phone:	
My OB/GYN Doctor is:	Phone:	
My Eye Doctor is:	Phone:	
My Mental Health Provider is:	Phone:	
My Preferred Pharmacy is:	Phone:	
My Dentist is:	Phone:	
My Other Provider is:	Phone:	
My Other Provider is:	Phone:	
I know how to: (check below)		
<input type="checkbox"/> Schedule Appointments <input type="checkbox"/> Fill Prescriptions <input type="checkbox"/> Take Medications as Prescribed <input type="checkbox"/> Obtain/Use Birth Control <input type="checkbox"/> Ask for Help <input type="checkbox"/> Other:		
I take the following medications: (list all medications and the reason they are prescribed): or <input type="checkbox"/> I am not taking medications		
Medication:	Reason:	How often:
Medication:	Reason:	How often:
Medication:	Reason:	How often:
Medication:	Reason:	How often:
Medication:	Reason:	How often:
Do you understand the short-term and/or long-term effects of the medications you are taking? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Do you plan to continue taking your prescribed medications after being released from custody? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<i>If No, please work with your case manager to set up an appointment for medical guidance from a professional.</i>		
Are you receiving any HCBS waiver services or supports from a Community Developmental Disability Organization (CDDO)? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If "Yes," list service provider(s) names and contact information:		

My Plan for Successful Adulthood

I would like more information on: (check below)		
<input type="checkbox"/> Changing Doctors	<input type="checkbox"/> Communicating with my Doctors	<input type="checkbox"/> Sobriety Support
<input type="checkbox"/> Scheduling Appointments	<input type="checkbox"/> Applying for Medical Insurance	<input type="checkbox"/> LGBTQI Supports
<input type="checkbox"/> Filling Prescriptions	<input type="checkbox"/> Substance Abuse Treatment	<input type="checkbox"/> Physical Health
<input type="checkbox"/> Taking Medications as Prescribed	<input type="checkbox"/> Mental/Emotional Health	<input type="checkbox"/> Domestic Violence Resources
<input type="checkbox"/> Healthy Relationships	<input type="checkbox"/> Abstinence/Sexual Health	<input type="checkbox"/> Renewing Health Insurance
<input type="checkbox"/> Obtaining/Using Birth Control	<input type="checkbox"/> Tobacco Use/Quitting	<input type="checkbox"/> Weight Management
<input type="checkbox"/> Healthy Habits	<input type="checkbox"/> Connecting to Community Resources	<input type="checkbox"/> Other:

Section 8: My Employment/Financial Plan <i>Required for all youth ages 16 and older</i>		
My Current Employment Status (Check all that apply): <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Volunteering <input type="checkbox"/> Disabled <input type="checkbox"/> Student <input type="checkbox"/> Active Job Search <input type="checkbox"/> Unable to Work <input type="checkbox"/> Internship/Work Study <input type="checkbox"/> No Work History		
I would like more information about the following topics:		
<input type="checkbox"/> Job/Career Fairs	<input type="checkbox"/> Opening a Checking/Savings Account	<input type="checkbox"/> Understanding My Credit
<input type="checkbox"/> Interviewing (<i>dress for success</i>)	<input type="checkbox"/> Completing Job Applications	<input type="checkbox"/> Saving Money for My Future
<input type="checkbox"/> Finding a Job with Criminal History	<input type="checkbox"/> Creating a Resume/Cover Letter	<input type="checkbox"/> Understanding Taxes and W-2s
<input type="checkbox"/> Vocational Rehabilitation (<i>VR</i>)	<input type="checkbox"/> Finding a Job	<input type="checkbox"/> Job Corp
<input type="checkbox"/> Jobs for America's Graduates-Kansas (<i>JAG-K</i>)	<input type="checkbox"/> Pre-Employment Transition Services (<i>Pre-ETS</i>)	<input type="checkbox"/> Joining the Military (<i>Army, Air Force, Navy, Marines, Reserves</i>)
<input type="checkbox"/> Credit Recovery Programs	<input type="checkbox"/> Online Banking/Bill Pay	<input type="checkbox"/> Job Shadowing
<input type="checkbox"/> Applying for/Understanding Social Security Benefits (<i>SSI/SSDI</i>)	<input type="checkbox"/> Obtaining Employment with a Disability	<input type="checkbox"/> Other:
Have you completed a career assessment such as ONET, My Next Move, OneStop, or another tool? (check below) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure <i>If yes, when?</i> What were the results?		
Would you like to complete a career assessment, to see what jobs might interest you? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure		
What are some jobs or careers that interest you?		
Financial Awareness:		
Do you have a checking account? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you have a savings account? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, who has access to your account(s)? _____		
Would you like to open a checking/savings account? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Who can help you set up a banking account? _____		
Do you understand fees that are associated with a bank and/or debit card? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Do you have any credit cards or loans? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you interested in financial literacy classes? <input type="checkbox"/> Yes <input type="checkbox"/> No		
I have \$_____ saved. My goal is to save \$_____ per _____ (week/month) for _____		
Where will you get the money from for your savings? _____		
Who will have access to the money that you are saving? _____		

The estimated cost of my housing plan is: \$ _____ per ☐month ☐semester ☐year (*check one*)

Where will you get the money to pay for your housing? _____

Who will have access to your money to pay bills? _____

Some things that I need to learn regarding money before I become an adult are:

Section 9: My Transportation Plan
Required for all youth ages 16 and older

I currently have the following transportation available to me (*check all that apply*):

☐Family/Friends ☐Placement/Caseworker ☐I have my own car ☐I borrow a car
☐Paid Ride Service/Taxi ☐Bike ☐Walk ☐Bus ☐Other:

I need transportation to: (*check all that apply*)

☐School ☐Employment ☐Recreation ☐Appointments ☐Complete My Restricted License ☐Other:

If you own a vehicle:

Who is it registered to? (*list all names on registration*)

When do the tags expire?

Insurance company name:

Insurance policy number:

Drivers listed on the policy:

When does the insurance expire?

When does your driver's license expire, *if applicable*?

My understanding of car repair/upkeep is: (*oil change, gas, regular maintenance, etc.*)

I know how to keep my car in working order by: (*change a tire, pick the correct gas, change my oil etc.*)

I would like to learn how to perform regular car upkeep/repair: ☐Yes ☐No ☐Unsure

My Legal Driving Status: Youth ages 16 and older

I currently have a: ☐Valid Driver's License ☐Valid Restricted Driving Permit ☐Valid Learning Permit
☐Expired License/Permit ☐No Permit/License ☐Suspended License ☐Other:

I am interested in getting my: ☐Driver's License ☐Restricted Driving Permit ☐Learning Permit
☐Taking Drivers Education ☐Completing Driving Hours ☐Practicing the Permit Test ☐Other:

What I see as a barrier to me obtaining my license is:

Who I plan to live with: *(name, relationship and address, if applicable)*

My Plan for Successful Adulthood

This Section to be Completed by Case Worker:

Summarize progress made since last transition plan meeting (required).

List any concerns that you have regarding the youth's plan to transition into adulthood.

Each entry shall include the name of the staff member completing the update and the date.

Transition Plan for Successful Adulthood: Participant Signatures & Date of Completion		
<i>Youth feedback:</i> (comments)	<i>Concerns about your plan?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	<i>Discussed concerns with team?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No
<i>Youth Signature/Date:</i>		
<i>Case Manager feedback:</i> (comments)	<i>Concerns about youth's plan?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	<i>Discussed concerns with team?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No
<i>Case Manager Signature/Date:</i>		
<i>DCF IL Coordinator feedback:</i> (comments)	<i>Concerns about youth's plan?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	<i>Discussed concerns with youth?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No
<i>DCF IL Coordinator Signature/Date:</i>		
<i>Supportive Adult feedback:</i> (comments)	<i>Concerns about youth's plan?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	<i>Discussed concerns with youth?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No
<i>Youth-Selected Supportive Adult Signature/Date:</i>		
<i>Supportive Adult feedback:</i> (comments)	<i>Concerns about youth's plan?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	<i>Discussed concerns with youth?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No
<i>Youth-Selected Supportive Adult Signature/Date:</i>		
X		
Other Attendee Signature		Date
X		
Other Attendee Signature		Date
X		
Other Attendee Signature		Date

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Section 11: Exit Plan

This section must be completed within 90 days of 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.

**This plan is to be completed with the
Youth, Case Manager and DCF Independent Living Coordinator.**

Revisions must be made to ensure the youth's transition plan reflects accurate post-release information.
Federal requirements are listed below and shall be addressed and finalized prior to release from custody.

After release, my contact information will be as follows: (Please fill in the information below.)

Address:

Email:

Phone:

Social Media:

If this plan falls through, the address for my back up plan is: (Please fill in the information below.)

Address:

Phone:

Alternate Email or Name of Social Media Contact who will know where you can be located:

Do you have any children? ☐ Yes ☐ No If yes, how many?

Are you currently expecting a child? ☐ Yes ☐ No If yes, how many?

If you have children or are expecting a child, what services are you receiving to assist you and your children? (list below)

Check the box(s) for documents you have in your possession:

☐ State Photo Identification

☐ Medical Card

☐ Citizenship/Immigration Documents

☐ Life book

☐ Social Security Card (*not a copy*)

☐ Driver's License (*currently valid*)

☐ Copy of Immunization Records

☐ Educational Records

☐ Diploma/GED

☐ Letter Verifying Custody

☐ Medical Power of Attorney, if requested

☐ Copy of the PPS 5340 Medical and Genetic Information for Child

☐ Original or Certified Copy of Birth Certificate

If planning to finish your high school diploma or GED, have you enrolled in classes? ☐ Yes ☐ No ☐ N/A

If planning to attend college or other training program, have you enrolled in classes? ☐ Yes ☐ No ☐ N/A

If planning to work, are you employed? ☐ Yes ☐ No ☐ N/A

If employed, what is your employer's name and address?

List the name, address, and phone number of up to five people who would know how to contact you after release from the Secretary's custody:

(By providing emergency contact information, I agree to allow DCF to contact these individuals in efforts to locate me. I understand that DCF will not release any information about my case to these contacts.)

Name:	Phone number:	Address: Email:
Name:	Phone number:	Address: Email:
Name:	Phone number:	Address: Email:
Name:	Phone number:	Address: Email:
Name:	Phone number:	Address: Email:

National Youth in Transition Database (NYTD):

(Final Rule: Section 477 of the Social Security Act)

The National Youth in Transition Database (NYTD) helps Kansas measure success in preparing youth for the transition from foster care to adult living by surveying youth at 17, 19, & 21 years of age.

You may be contacted at age 19 and 21 and asked to complete a survey by DCF Independent Living staff.

If you have any NYTD questions, please email: KS.NYTD@dcf.ks.gov

Medical Power of Attorney/Living Will: (Federal Reg. 475(1) F)

It is important that you choose a trusted adult, in case there is an emergency and you become unable to make medical decisions for yourself. Having a Medical Power of Attorney will protect you in emergency situations. This adult would make decisions for you only if you were seriously injured, critically ill, or became unable to speak regarding medical treatment. If you do not have a formal Medical Power of Attorney, then you risk having someone that you may not trust making these decisions for you.

When you select a trusted adult for this document, we can help you obtain the needed document.

Have you selected a trusted adult to make important decisions regarding emergency medical treatment? ☐ Yes ☐ No

Do you have documentation for your selected Medical Power of Attorney? ☐ Yes ☐ No ☐ Unsure

The person who I would like to list as my "Health Care Power of Attorney" is:

Name:	Phone:	Email:
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My Plan for Successful Adulthood

What services/supports are you interested in receiving from DCF, if eligible? Check all that apply:

- | | | |
|--|--|--|
| <input type="checkbox"/> Aged Out Medical Card | <input type="checkbox"/> Life Skills | <input type="checkbox"/> Independent Living Subsidy |
| <input type="checkbox"/> Employment Services | <input type="checkbox"/> Case Management | <input type="checkbox"/> Tuition Waiver |
| <input type="checkbox"/> Access to Medical Services | <input type="checkbox"/> Continuing Education | <input type="checkbox"/> Community Resources |
| <input type="checkbox"/> Accessing Mental Health | <input type="checkbox"/> Food Assistance | <input type="checkbox"/> Start Up Assistance |
| <input type="checkbox"/> Childcare Assistance | <input type="checkbox"/> Other | <input type="checkbox"/> Pre-ETS/Voc. Rehab Services |
| <input type="checkbox"/> YouThrive Program Referral | <input type="checkbox"/> Crisis Care Information (<i>specific to the community that I plan to live in</i>) | |
| <input type="checkbox"/> Completion of Secondary Education (<i>High School Diploma or GED</i>) | | |

DCF Independent Living Coordinator Contact Information:

Name: _____ Office Location: _____

Phone: _____ Email: _____

Regional Group Email: _____

Exit Plan Participant Signatures & Date of Completion:

Youth's Signature **Date**

Case Manager's Signature **Date**

DCF IL Coordinator or Designee's Signature **Date**

Send the Final PPS 3059 My Plan for Successful Adulthood forms along with the completed Exit Plan (*Section 11*) to the DCF Independent Living regional email for the region where the youth will be located or has requested services. All provider referrals shall have copies of the following attached as applicable: copies of the youth's identifying documents, PPS 3050 series, confirmation the youth has been assisted with applying for Aged Out Medical (*if eligible*), and the last completed Casey Life Skills Assessment (CLSA).

BACK

The PPS 3059 serves as the formal transition plan document required by Federal and State policy, in accordance with the Family First Prevention Services Act of 2018. It is crucial that workers understand that transition planning with youth is a process that is to be completed through close youth engagement. It is to be used as a tool to help youth assess their strengths and needs, and to address any current or future challenges while preparing them to for their transition to adulthood. The My Plan for Successful Adulthood is the form to be used for all youth in the custody of the Secretary of DCF who are 14 or older, regardless of case plan goal. The My Plan for Successful Adulthood shall be updated prior to the case planning conference. The My Plan for Successful Adulthood shall be reviewed at the case planning conference to ensure that the youth's goals and needs are being addressed and progress is being made toward a successful transition.

The transition plan is a strategy for assisting youth in achieving self-sufficiency. This plan should be viewed as a process that is youth-centered and focuses on the long-term goals of the youth by breaking them into smaller short-term goals. The PPS 3059 is initiated prior to the case plan when the youth is 14 or older and is updated prior to each case plan thereafter. It shall be forwarded to the court with the court report form/cover sheet and attached to each case plan.

See section 3214 of the PPS PPM for more information.

▪ **Guidelines for Completion**

Youth shall be involved in developing the My Plan for Successful Adulthood. Planning must be guided by the youth's wishes, hopes and dreams. Case workers shall work directly with the youth to ensure that the youth's goals are attainable and that the youth is provided access to work toward their goals. This form shall be completed together in a collaborative manner between the youth, the case manager, and other supportive adults involved in the youth's life, as applicable, including the youth's parent(s) and birth family, foster parents, residential caregiver, kinship connections, and/or mentor. The process shall be youth-directed and based upon encompassing the youth's goals for the future, while utilizing the strengths-based perspective. Based upon the youth's age and maturity level, it is encouraged that each section of the plan be utilized as prompts for guiding case management discussions during monthly worker/child visits with the youth. Introduce the section domains over a period of time to allow the youth to become familiar and comfortable with the form. There are specific section domains that are not required to be completed at age 14, but these sections may be completed, if appropriate, when considering age and maturity factors. The form utilizes personalized wording such as "My Education Plan" and "I need support as I continue..." to encourage youth ownership in the planning process.

The form must be updated prior to each case plan to reflect the sections of the plan that have been discussed with the youth. Participants may type in the form, adding new content each time the plan is updated. The form must be reviewed at each case planning conference. The case manager shall document on the form which sections of the plan were not discussed during the current review period. The form must be completed in its entirety prior to the youth's exit interview. This document is expected to change over the course of the youth's years leading up to adulthood. The information on this form may be maintained with new information added as the document is updated over time. It is appropriate for this document to serve as a historical tracking tool, to assist the youth in documenting/observing their growth, progress, and achievements towards transition into adulthood.

- The top of the PPS 3059 is identifying information about the youth.
- The "Summarize goal progress since the last transition plan update" is intended to reflect ongoing progress for the youth. The summary of progress after initial completion shall include all previous updates to the plan and concerns about the plan, indicated by date with the top entry as the most recent, and shall specify the first and last name of the case manager or family support worker updating the plan. The summary shall reference the section(s) the information is updating.

- The My Plan for Successful Adulthood shall be signed and dated each time transition planning occurs.
- **Section 1: My Identifying Documents (Required for all youth ages 14 and older)**
(PPM 5259, 3214) (Section 475 of the Social Security Act) (Section 603(d) Fair Credit Reporting Act)
Section 1 of the My Plan for Successful Adulthood transition plan focuses on the youth's identifying documents. The status of each personal document shall be checked, along with a location for who has physical possession of these documents. The step(s) needed to be taken shall identify what documents are missing and the plan for obtaining the missing documents prior to release from custody. It is of vital importance that the youth is assisted in obtaining their identifying documents. These documents are required upon release from custody and provide the youth with the essential documents needed to secure employment, housing, appropriate mental health and medical treatment, continued education, as well as a historical reference of their identity from their childhood. Having these documents in the youth's possession upon release is essential to their successful transition. Progress shall be noted at each subsequent update following the initial plan development. Youth shall be provided these documents upon leaving care. Youth shall be guided with development of a secure place to keep all identifying documents upon release from custody.
- **Section 2: Getting to Know You (Required for all youth ages 14 and older)**
Section 2 of the My Plan for Successful Adulthood transition plan focuses on the important details of the youth's specific interests, culture, concerns, strengths, abilities, needs and preferences. This section is intended to be youth-driven and to empower the youth's voice and participation in planning for their own transition to adulthood. By personalizing the transition plan document, it provides an opportunity for the youth to take ownership and become more goal-oriented in the development of their plan.
- **Section 3: Life Skills (Required for all youth ages 14 and older)**
Section 3 is intended to assess the basic skills needed to successfully live independently as an adult. The categories are broken down for the youth, case worker, and placement to assess the youth's skill set in each domain. By assessing the youth's competency in these essential life skills at age 14, the youth is given additional time and support to develop competency in these areas prior to transitioning into adulthood. The youth's progress towards life skills competency is documented on the My Plan for Successful Adulthood transition plan to support the youth in remaining focused on their needs to prepare for adulthood and self-sufficiency.
- **Section 4: My Education Plan (Required for all youth ages 14 and older)**
Section 4 of the My Plan for Successful Adulthood transition plan shall include a strategy for the youth to complete their secondary education, which may include an alternative educational program or a GED. Plans for higher education shall be addressed by indicating if the youth plans to attend college, junior college, or a vocational school. Educational settings and financial assistance shall be addressed, and steps to transition from high school to further education shall be included in tasks on the case plan. If the youth is receiving special education services, the IEP/504 plan shall be coordinated. If it is identified the youth is behind in attainment of their secondary education, the case manager shall assist the youth in checking for missing secondary education credits. The youth shall also be assisted in checking to see if Kansas State Statute #38-2285 applies, also known as Senate Bill 23. This provision allows for foster youth to attain a minimum of 21 credit hours. Additional information can be located on the Kansas State Department of Education (KSDE) website. The step(s) needed to be taken shall address what has been check marked underneath the heading, "I would like more information..." The worker shall assess if the youth has a disability or is receiving educational supports through an Individualized Education Plan (IEP) or a 504 plan and refer the youth to Vocational Rehabilitation and/or Pre-ETS, if it is determined that the youth may be eligible for these services.

▪ **Section 5: Youth Advocacy (Required for all youth ages 14 and older)**

Section 5 is an evaluation of the youth's awareness of regional and statewide councils (KYAC and RYAC) and assesses the youth's interest in participation. The youth shall be provided with information on the Kansas Youth Advisory Council (KYAC) and the Regional Youth Advisory Councils (RYAC) to ensure that the youth has been given the opportunity to participate in advocacy groups and to promote youth normalcy.

▪ **Section 6: My Connections Plan (Required for all youth ages 14 and older)**

Section 6 is a strategy for developing Connections for Success via individuals, community supports, and services. The relational supports a youth has or will have shall also be documented. An individual shall be listed for help with overall/everyday living. Community supports may include mentors, legal guardians, faith-based organizations, community agencies (Mental Health Centers, CDDOs, Independent Living Centers, etc.), DCF divisions (Rehabilitation Services, APS), family, and other relationships the youth has established. Mentor programs shall be discussed and documented with the youth. Youth shall be given the opportunity to participate in a mentor/supportive adult relationship and the case worker shall assist in facilitating the resources to do so. Each youth shall be given the opportunity to invite up to two supportive adults of their choice to participate in their case planning.

▪ **Section 7: My Health/Well-Being (Required for all youth ages 15 and older)**

Section 7 is a strategy for addressing the youth's health needs, including where the youth will receive services and how they will be paid for. Continuing coverage by Medicaid shall be explained in the transition plan. If the youth is receiving mental health services or taking medication, plans for the continued assessment of need, provision of the prescriptions necessary, and payments shall be made. If the youth is eligible for HCBS services and/or is receiving services from a CDDO, this shall be included in the information and the case manager(s) from the agency or agencies shall be included in the transition planning.

▪ **Section 8: My Employment/Financial Plan (Required for all youth ages 16 and older)**

Section 8 is a strategy for employment and financial literacy. In addition to employment, the plan may include other financial supports such as Independent Living funds, HCBS waivers, and SSI. Vocational training and support, self-employment, supported employment and Working Healthy options shall be explored. Youth shall be assisted in accessing their local Workforce Center's Youth Education, Employment, & Training Programs via the Workforce Investment Opportunities Act (WIOA). The step(s) needed to be taken shall address what has been check marked underneath the heading "I would like more information..." The worker shall assess if the youth has a disability and refer the youth to Vocational Rehabilitation and/or Pre-ETS, if it is determined that the youth may be eligible for these services.

▪ **Section 9: My Transportation Plan (Required for all youth ages 16 and older)**

Section 9 is a strategy for addressing the youth's transportation needs. Transportation options may include walking, bicycling, bus rides, arrangement of rides with friends, plans for purchasing a car, or completing driver's education. Youth shall be guided in the development of the fiscal cost of their intended transportation plan and ways the youth can achieve the plan. This section shall provide a tangible goal of saving money for a vehicle purchase or provide a sustainable plan for transportation upon transition into adulthood.

▪ **Section 10: My Housing Plan (Required for all youth ages 17 and older)**

Section 10 is a strategy for where the youth will live once they are no longer in foster care. Housing options include the youth living in their own apartment, an adoptive home or permanent custodianship/guardianship arrangement, relatives, college dormitory, or some other type of setting. The youth shall be guided to formulate a plan that is achievable. The PPS 7000A

Independent Living Monthly Budget Plan can be utilized to assist the youth in financially planning housing options. This section shall describe the youth's plan for housing and where the youth will go if their housing plan were to no longer be a safe or viable option. It is important to list the contact information for housing plans if the youth has those details available to them. If the youth does not have a safe and viable housing plan, substantial efforts shall be documented that show resources have been provided to the youth and safe housing options have been explored in order to avoid homelessness. A safety plan shall be documented to show the youth has access to emergency shelter and food within their community.

- **Section 11: Exit Plan (Must be completed within 90 days of 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.)**

Section 11 shall be completed immediately prior to release from custody in conjunction with the youth, case manager, and DCF Independent Living Coordinator or designee.

- The youth's contact information after release of care shall be indicated, along with a back-up contact. If the youth is willing, a back-up contact shall be listed to include a possible contact available on social media.
- Boxes shall be checked indicating the individual documents the youth has been provided along with the area identified for secure storage of these documents. The youth shall have all of their listed documents in their possession prior to the release from custody.
- The youth's most recent plans shall be indicated for education and employment.
- Five individuals who would know how to contact the youth shall be listed.
- The youth shall be informed they may be surveyed at 19 and 21 years of age for the National Youth in Transition Database (NYTD).
- The Medical Power of Attorney/Living Will section shall be explained in its entirety. The case worker shall assist the youth in formally selecting a trusted adult to make medical decisions on the youth's behalf, should a situation arise where the youth were to become incapacitated for any reason. Not only is this a Federal requirement but selecting a Medical Power of Attorney helps prepare the youth to plan for emergencies and unforeseen circumstances where the youth may not be able to communicate their needs and treatment preferences.
- Indicate the services and supports the youth is interested in receiving from DCF Independent Living after release of custody.
- The youth shall be provided the DCF's Independent Living Coordinator's contact information.
- Participants in the Exit Plan shall sign and date when the Exit Interview has been completed and document any concerns surrounding the plan that the youth has developed.
- The youth shall be provided a copy of their completed My Plan for Successful Adulthood, with the Section 11: Exit Plan completed.
- The following documents shall be sent to the DCF Independent Living team email, to the region where the youth will be located or has requested services immediately prior to release of custody: copies of the youth's identifying documents, the PPS 3050 series, confirmation the youth was assisted in applying for Aged Out Medical, if eligible, and the last completed Casey Life Skills Assessment (CLSA).



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3811 Entering Plan Type

1. 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.

2. 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.

3. 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 either 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. or the date the child had been placed back home for a period of 6 months, the date a youth age 18 is no longer IV-E eligible, or the date an individual turns age 19, whichever comes first. When a CC plan type ends, discharge information is required per PPM 3835. If the youth is placed at home and while on a CC plan turns 18, keep youth on the CC plan until discharged or placed at home for 6 months, whichever comes first. Discharge reason is reunification (RU). If youth still has not been discharged after 6 months, close the CC plan and open an RC plan. No EC plan is required in this situation. The reason for discharge for youth age 18 who are no longer IV-E eligible

(GA01N) or individuals who turn age 19 and are no longer IV-E eligible (GA01N), whichever comes first, is emancipation (EM) unless they are already placed at home (FO06N) on CC plan. This 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 a reintegration custody plan type (RC) was shall be 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. Initiate (IN) the service action code FU01N with service source code FGC, and service request code of CM. The begin date of a RC plan is the day following the end of the six month period that the child was placed home. The end date of a RC plan is the date that custody is released, or the date that the child reenters out of home placement, whichever comes first. Do not enter a placement service action code. On a RC plan type there is no CORT requirement. Enter on SESS the case plan conferences after the RC plan type starts and enter the tasks and services on RESP when the new case plan is received. If a child has been placed at home for 6 months, and reenters out of home placement, this out of home placement is considered a new removal episode for the purposes of AFCARS, thus a new CC plan and removal information would need to be added. Initiate a new PR09N for each new CC plan.

5. 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.

6. 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) shall be was entered for each child still in DCF custody who is was age 18 and is was not IV-E eligible (GA01N), or reaches reached age 19. The EC plan ended when the child was released from custody. The begin date of a EC plan is either the day following the date the 18 year old is no longer IV-E eligible (GA01N), or the day following the date the individual turns age 19 and are no longer IV-E eligible (GA01N). The end date of an EC plan is the date that custody is released. Initiate (IN) a placement service action code. Do not enter a PR09N responsibility. On an EC plan type there is a CORT requirement. Enter on CORT the court dates after the EC plan type start date. Enter on SESS the case plan conferences after the EC plan type starts and enter the tasks and services on RESP when the new case plan is received. If the youth is placed at home while on a CC plan and then turns 18, keep youth on the CC plan until discharged or placed at home for 6 months, whichever comes first. Discharge reason is reunification (RU). If youth still has not been discharged after 6 months, close the CC plan and open an RC plan. No EC plan is required in this situation.~~

7. 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.

8. 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.

3840 Entering Case Planning Conference Information

All case planning conferences shall be entered on SESS. When reviews for more than one child are combined, only one session is required. Communication type is the method in which those invited to the case planning conference were given notice of the conference.

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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)"

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Permanency Plan for Child in DCF Custody
Administrative Requirements
This form may be filled out prior to the case planning conference.

Child's Name:			FACTS Case
Section 1			
Previous Case Planning Conference Dates From:		To:	
This Case Plan Effective Dates:		To:	
If the Permanency Goal Changed, State Reason:			
List all siblings, including full/half, step, adopted, etc.:			
List all siblings in DCF custody:			
Section 2 For DCF Use Only			
Candidacy of Care Determination: (For children in DCF custody placed at home.) Absent the provision of services listed in the case plan to assure the safety and well-being of the child, the child will be determined to be at imminent risk of removal from the home and therefore, a Candidate for Care.			
<input type="checkbox"/> Candidate for Care Reason for Imminent Risk of Removal:			
<input type="checkbox"/> Non-Candidate for Care			
DCF CPS Specialist Signature		Date	
Section 3			
Information will be shared with case plan participant at each case planning conference and any changes noted.			
Child's Information:			
Primary Health Provider:			
Address:			
Dentist:			
Address:			
Optometrist:			
Address:			
Mental Health Provider:			
Address:			
Other Health Provider			
Address:			
Educational Advocate:			
Address:			
KBH Screening is Current <input type="checkbox"/> Yes <input type="checkbox"/> No		Date of Last KBH:	
Diagnosis/Disabilities (See Appendix 1J)		<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Not Yet Determined
If Yes, Documentation Requested	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, Documentation Received	<input type="checkbox"/> Yes <input type="checkbox"/> No
Date Diagnosed		Disability Codes	
Is child on an HCBS Waiver? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA			
If Applicable, Types of HCBS Waiver	<input type="checkbox"/> I/DD <input type="checkbox"/> SED	<input type="checkbox"/> TBI	<input type="checkbox"/> TA <input type="checkbox"/> Autism
SSI Referral to KLS <input type="checkbox"/> Yes <input type="checkbox"/> No		If no, documented reason:	
At the time of the case plan, is the father incarcerated? (JA02N) <input type="checkbox"/> Yes <input type="checkbox"/> No			

Permanency Plan for Child in DCF Custody
Administrative Requirements
This form may be filled out prior to the case planning conference.

At the time of the case plan, is the mother incarcerated? (JA01N)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the child adjudicated a Juvenile Offender?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, date:
Is the foster youth pregnant? (FC01N)	<input type="checkbox"/> Yes <input type="checkbox"/> No/NA
Is the foster youth parenting a child who is in DCF custody? (FC02N)	<input type="checkbox"/> Yes <input type="checkbox"/> No/NA
Is the foster youth parenting a child who is not in DCF custody? (FC03N)	<input type="checkbox"/> Yes <input type="checkbox"/> No/NA



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2740 Family Based Assessment

A Family Based Assessment is required for all cases accepted for further assessment. The purpose of the Family Based Assessment is to complete an active assessment with the family alongside their safety network, engaging all members in discussion of worries, what is working well and next steps. This assessment helps the practitioner and family determine immediate and lasting safety, as well as needed services or supports. The Kansas Practice Model assessments and tools (listed below in A.) shall be used to guide conversations with the family and document the assessment.

A. Assessments/Forms/Appendices Included in the Family Based Assessment

The following documents comprise the minimum requirements for a Family Based Assessment (FBA):

1. Face Sheet, PPS 1000
2. Report/Request for Services, PPS 1001
3. Initial Assessment, PPS 1002
4. Kansas DCF Conversation Note, PPS 2019 and/or may include Appendix 2N My three Houses, Appendix 2P Fairy Wizard Template and 2W Ecomap Template
5. Kansas DCF Assessment Map, PPS 2020
6. Case Finding, PPS 2011 (Abuse/Neglect)
7. Family Based Assessment Summary, PPS 2030 F (Strengths/Needs in KIDS is not required)

B. Timelines for the Family Based Assessment

The Family Based Assessment (FBA) shall be completed within 30 working days of intake assignment, unless a referral for services is made or allowable reasons apply. The FBA is completed when the CPS Specialist and supervisor sign and date the Family Based Assessment Summary PPS 2030 F 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 (see below for details).

A referral to services may be made before the Family Based Assessment is closed for abuse/neglect assignments when the investigation is ongoing, and the case finding is not complete.

Completion of the Family Based Assessment shall not delay a referral for services (Family Services FS, Family Preservation Services FPS, Family First Prevention Services FFPS, and Foster Care Services FC) when a family is in crisis. The referral shall be made at the time services are needed to address the crisis

situation. The Family Based Assessment shall be updated with as much information available, by the next working day from the date of the referral for FS/FPS/FFPS/FC services. The Family Based Assessment Summary PPS 2030 F Sections I-IV shall be completed to provide the Initial Permanency Goal and Child Protection Objectives to the CWCMP or ~~Community Family Service Provider~~ **contracted Family Service provider**.

The CPS Specialist shall sign the 2030F electronically in KIDS on the date the KIDS assessments (safety/risk/FBA) have been updated with as much information available, by the next working date of the referral to the CWCMP, to document the timeliness of the Family Based Assessment upon a referral to the CWCMP. The supervisor's signature on the PPS 2030 F is not required to initiate family services or a referral to the CWCMP. Upon closure of the Family Based Assessment, when a referral has been made to a CWCMP, the CPS Specialist shall add the Family Based Assessment completion date in the CPS Specialist Signature text box next to his/her original signature from the date the PPS 2030F was updated for the referral. The date field next to the CPS Specialist Signature box will remain the date the Family Based Assessment was updated upon referral.

Ex. 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. 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)
2. Family has left the state
3. DCF has been directed not to proceed by county/district attorney or law enforcement
4. Family refuses to cooperate
5. Appointments scheduled but persons failed to keep the appointments
6. Parents refused access to the child
7. Child out of state i.e., staying with relatives

If the FBA cannot be completed within the time frame, document the reason on the PPS 2030 F, Section V Timeliness.

D. Family Based Assessment Process

The Family Based Assessment process includes reviewing the information gathered from each family member on the PPS 2019 DCF Kansas Conversation Note(s)/Appendices and evaluating the information using the PPS 2020 DCF Kansas Assessment Map.

The Family Based Assessment Summary PPS 2030F is used to document decisions in KIDS and includes the following:

1. Section I. Assessment Results and Summary of Findings and Section II. Summary of Assessment Conclusion auto-enters the case finding decision. The Safety Decision, Risk Level, Risk Conclusion and Assessment Conclusion from a FINA assessment fields are no longer required as of January 1, 2021.
2. Section III. Prevention Screen provides criteria to determine if a Family Preservation Services (FPS), Family Services (FS), or Family First Prevention Services (FFPS) referral may be considered. See PPM 2746 for Family Preservation Services and PPM 4300 for Family Services and Family First Prevention Services referral criteria.
3. Section IV. Case Action Plan Decision

When services are determined, the case action plan **and** permanency goal **and** ~~child protection objectives~~ shall be documented in KIDS.

- a. Section IV. A. Family Strengths and Needs

The Family Strengths and Needs section is no longer required as of January 1, 2021.

2. Section IV B. Case Opened for Services

1. The Case Action Plan is documented in Section IV B. 1. Families who are in need of, and willing to accept services shall be offered services, or referred to community services which addresses the Safety Goal. The difference between Family Services, Family First Prevention Services, and Family Preservation Services is the degree of the crisis, specifically related to safety, family functioning, and the potential removal of a child.

Case Action Plan decisions may be:

1. Provide Family Services

Provision of family services is considered when there is a need for the DCF assistance beyond the initial 30 working days of intake assignment. Family services are directed at alleviating specific situations which, if services are not offered, may develop into a crisis situation.

During the Family Based Assessment, if specific services are identified which may alleviate the risk of removal for the child(ren), the CPS Specialist shall consult with

the supervisor to seek approval of DCF purchasing the service. The allowable services or resources available for purchase and the method of purchase are found in the Handbook for Client Purchases. Cash or gift cards will not be given directly to clients. Payment shall be executed according to established payment procedures as presented in PPM Section 2900.

The Family Service Case open date is the date both of the following actions have occurred, which may not necessarily occur on the same date:

- a. The family agrees to participate in services, and
- b. The CPS Specialist has consulted with the supervisor.

This date shall be documented on the Family Service Case Status PPS 4005 and provided to the FACTS data entry unit.

2. Refer to Family Preservation

Except when a child is determined to be unsafe, a referral for Family Preservation Services should be considered. Family Preservation Services is directed at alleviating situations which need a high level of intensity, requiring more frequent contact. Family Preservation Services offers the availability of staff, twenty-four hours a day, seven days a week, for families needing a higher level of intense services. See 2746 Criteria for Referral to Family Preservation Services.

When the family expresses willingness to accept 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 Family Preservation Screen, in the "Date Decision Made" and "Time" fields. A referral shall be made within 24 hours of the "Date Decision Made" and "Time". Refer to PPM 2748 DCF Responsibilities at Referral to Family Preservation Services.

3. Refer to Family First Prevention Services.

Family First Prevention Services (FFPS) are specific evidence-based services or programs provided to families to prevent children from entering out of home foster care placement. FFPS are specific services provided through FFPS grant. See PPM 4000 for criteria.

The CPS Specialist has the ability to make a referral to FFPS without consultation with a PPS Supervisor.

4. Refer to Foster Care

A referral to foster care is considered when the immediate safety scale indicates the child is unsafe (refer to Appendix 2H Immediate and Lasting Safety Tips Sheet) and/or when criteria was met for a Team Decision Making (TDM) meeting and foster care was the TDM decision. Referrals to foster care are also made when the court places a child in the custody of the secretary prior to DCF

involvement with the family. Refer to PPM 2750 for DCF Responsibilities at Referral to Foster Care Services.

5. Refer to Adoption

1. When services are to be provided, a summary of the reason for DCF involvement shall be recorded in Section IV. B. 2.
2. Section IV. 3. Initial Permanency Goal
3. When the case is opened for services an Initial Permanency Goal shall be documented. Initial Permanency Goals may be any one of the following:
 1. Maintenance at Home.
 2. Reintegration
 3. Adoption
 4. Guardianship
 5. Independent Living

4. Section IV. 4. Child Protection Objectives

The Child Protection Objectives are concise statements in language that is clear to all which includes, the reason for PPS involvement and specify the changes which need to occur for PPS involvement to be terminated. The purpose of establishing child protective objectives is to focus on the issues which brought the family to the attention of PPS and which need to be remedied so the child can remain or return to home. Child Protection Objectives prevent the establishment of expectations for the child and family which are unrelated to the child protection objective.

The Child Protection Objectives will transfer to the case plan for ongoing service planning to development activities which work toward achievement of the child protection objective and ultimately the permanency goal. A child protection objective can be revised or additions can be made in coordination with DCF and the family on or before the first case plan.

6. Case Closure

Case closure is documented on the Family Based Assessment Summary PPS 2030 F, Section IV(C).

The reasons for case closure include:

1. DCF services not indicated

The investigation and assessment is complete and DCF services are not indicated.

2. Family refuses services

The department may close the case if the family refuses services and there are no unaddressed child safety needs.

3. The family cannot be located or has moved out of state

The family cannot be located or has moved out of state, the case may be closed.

4. Another agency is currently providing necessary services

The family is experiencing problems, but another agency is assessing the family's needs and/or providing services. If an assessment by the department will duplicate an ongoing assessment and/or treatment by a qualified person or agency and/or an assessment by DCF would be disruptive to the treatment of the family, the case may be closed if there are no unaddressed child safety issues.

5. Assessment completed and DCF service plan continues

If the assigned report is associated with a case already open to the agency and the current service plan will continue, this option shall be indicated.

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2903 Providing and/or Purchasing Services

When the intake and assessment process determines that a family or child requires services, the service case continues, and a case plan is completed, where applicable.

Specific services or resources that will assist in reducing the risk of child(ren) being removed from the home may be purchased by the DCF. If the level of risk for placement outside of the home requires a higher level of intensity and/or will go beyond 30 working days, Family Services or Family Preservation shall be considered. ~~The decision to open a Family Service case shall be made in consultation with the supervisor and shall be clearly documented in the file.~~ If a Family service case is initiated, ~~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.

~~The Social Service case shall remain open for the entire period services are purchased or provided through PPS.~~

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4102 Family Service Case Management Responsibilities

The DCF CPS Specialist or ~~Community Family Service Provider~~ **contract provider (Provider)** shall:

1. Assess the family

The assessment shall include completing needs assessments on all applicable parents and all children in the family. Make concerted efforts to contact and assess the needs of children and parents, to identify the services necessary to achieve case goals and adequately address the safety issues relevant to the agency's involvement with the family and provide the appropriate services. Concerted efforts include utilizing more than one strategy and more than one attempt per strategy. Gathering identifying information from the custodial parent, Child Support Services, or other collaterals regarding the non-custodial parent does not count as an attempt to contact. Additional attempts shall be made throughout the life of the case and shall be driven by the circumstances of the case.

The assessment of needs may be through formal evaluation by the family service case manager or through a more informal case planning process involving interviews with the child, family and service providers to achieve an 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.

The parents to be assessed are typically defined as the parents/caregivers with whom the child(ren) was living when the agency became involved with the family and with whom the child(ren) will remain. If a biological parent does not fall into this category, determine whether that parent should be included based on the circumstances of the case. Consider the reason for the agency's involvement and the identified perpetrators in the case, the status of the children's relationship with the parent, the nature of the case (court involved or voluntary) and the length of the service period. If a biological parent indicates a desire to be involved with the child, and it is in the child's best interests, the parent's needs shall be assessed. Refer to Appendix 3A, Fatherhood Involvement Guide, for best practice guidelines for locating, engaging and empowering fathers. Refer to Appendix 3N for website resources which may be used to locate individuals. Parents who would not have to be assessed include:

1. Parental rights are terminated prior to the service period.
 2. Parent's whereabouts are unknown and remain unknown throughout the service period despite ongoing concerted efforts to locate.
 3. Parent is deceased prior to the service period.
 4. 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 CFSP Provider.
 5. 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.
2. Determine service needs with the family
 3. Determine eligibility for services
2. DCF CPS Specialist or Community Family Service Provider (CFSP) may maintain the family service case, or it may be referred to a contract provider Provider for service provision. Either The DCF CPS Specialist or the contract provider CFSP Case Manager licensed by Kansas Behavioral Sciences Regulatory Board are Provider is responsible for the following:
1. Developing an initial family service plan with the family.
 2. Completing a formal review of the family service plan every 170 days, until case closure
 3. Completing formal and/or informal safety and risk assessments on an ongoing basis and at critical times in the case, per PPM 3110.
 4. Maintaining in-person contact with the family at least every other month. This shall occur either jointly with the family support worker or in place of the one of the family support worker's visits. At least a portion of the in-person contact shall be with the child alone. The purpose of the contact is to discuss progress of the case plan goals and to gather information related to safety, permanency and well-being.
 5. Staffing case with a supervisor at least monthly, unless the circumstances of the case require more frequent consultations, such as, when safety concerns or high-risk concerns are indicated. See PPM 4105 Consultation with Supervisor.
 6. During early engagement with the family, inform that if a child is missing or abducted, DCF/in-home family service provider is mandated by federal law to report the child to law enforcement and to the National Center for Missing and Exploited Children to assist in the efforts to locate and return the child home. See PPM 4103 Family Service Case Manager Responsibilities When Child Is Missing
 7. If at any time, during the life of the case, additional information indicates criteria per 2050 is met, a PPS 2007 Plan of Safe Care shall be completed. If Family Services are provided by the Community Family Services Provider

~~(CFSP), refer to PPM 4017 C. for when a higher level of service may be indicated.~~

3. The DCF CPS Specialist, ~~contract CFSP Case Manager licensed by Kansas Behavioral Sciences Regulatory Board or the Family Support Worker~~ or Provider may perform the following tasks:
1. Providing direct services
 2. Facilitating communication among relevant resources, including, but not limited to school, court, mental health centers, Native American tribes as applicable, and Community Developmentally Disability Organizations
 3. Coordinating various services provided to the family
 4. Informing the family and child of the ability of the child to request and receive a high school diploma if the child was in the custody of the Secretary at any time after turning 14 and the child is currently at least 17 years of age and has attained all requirements of the State Board of Education. The request is made to the school district where the child currently attends or resides
 5. Coordinating staffing with the family and service providers
 6. Referring to other community resources
 7. Obtaining status and progress information
 8. Maintaining monthly in-person contact with the family. At least a portion of the monthly contact shall be with each child alone. The purpose of the contact is to discuss progress of the case plan goals and to gather information related to safety, permanency and well-being.
 9. Monitoring of all purchased services.

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~~4103 Family Service Case Manager Responsibilities When Child is Missing~~

~~When a child is missing from his/her residence, due to being a runaway, being abducted, or missing for an unknown reason, the Family Service case manager with DCF or provider shall also take the following actions:~~

~~1. When the Child Is Missing~~

- ~~1. Due to federal law (Preventing Sex Trafficking and Strengthening Families Act), DCF staff/provider shall report immediately, and in no case later than 24 hours after receiving information on missing or abducted children or youth, to law enforcement authorities (for law enforcement to enter into the National Crime Information Center-NCIC database of the Federal Bureau of Investigation), and to the National Center for Missing and Exploited Children, by entering information online or calling 1-800-THE-LOST.~~
- ~~2. 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:~~
 - ~~a. filing a missing person report with the appropriate law enforcement agency in the area in which the child has been residing, and~~
 - ~~b. entering the child's name and picture on the National Center for Missing and Exploited Children (NCMEC) online or by calling 1-800-THE-LOST.~~
- ~~3. 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.~~

~~4. If the missing child is in the custody of the Secretary report missing child to the Special Response team in PPS Administration by sending an email to DCF.AWOLyouth@ks.gov~~

~~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 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.~~

~~8. Provide emotional support to the parents/primary caregivers and siblings, in dealing with the child's missing status.~~

~~2. 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/primary caregivers and siblings;~~
- ~~b. assist the family with following up with law enforcement to check on the status of the investigation;~~
- ~~c. check social media (age appropriate) for any updates;~~
- ~~d. 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; if assistance is needed in locating the child's relatives, contact DCF to request a search of all systems;~~
- ~~e. 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;~~
- ~~f. attempt 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:~~

- ~~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), to include post(s) with the National Center for Missing and Exploited Children, for any updates 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; if assistance is needed in locating the child's relatives, contact DCF to request a search of all systems.~~
- ~~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.~~

~~3. When the Child Returns~~

~~The Community Family Service Provider (CFSP) shall notify DCF no later than 24 hours from knowledge of the child's return, via the regional intake email:~~

PPS Administration Special Response
Team DCF.AWOLyouth@ks.gov

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

The subject line of the email shall include the following:

[County] "CFSP Return Runaway Report"

Example (Wichita): SG CFSP Return Runaway Report

The CFSP and DCF 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 21 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. If the family services is provided by a provider, the provider shall ensure DCF is aware of the child's return via the regional intake email (above) no later than 24 hours from knowledge of the child's return.
5. Request parents notify school of child's return.
6. Re-assess the child's placement with parents/caregiver and services and make changes as appropriate, to ensure the safety of the child.

~~7. 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.~~

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4117 Community Family Service Provider Assessment

Family in Need of Assessment (FINA) reports, excluding reports involving substance exposed infants, may be assigned to the Community Family Service Provider (CFSP) for the initial assessment. The CFSP shall meet required response times, per PPM 1670, and complete all required assessments per PPM section 2700.

The CFSP shall determine whether Family Services will be offered or whether the case is closed, based on PPM 2740. Any other Case Action/Initial Service Plan Decision per 2740 D. 3. shall be referred to DCF per the procedures in C. below.

A. Family Services

If the case action/initial service plan decision is to open a Family Services case, the Family Based Assessment per 2740 D. shall be completed. Refer to PPM Sections 3000 Case Management and 4000 Family Services.

B. Abuse/Neglect Concerns Indicated

If abuse/neglect concerns are indicated during involvement of the CFSP, a new report to the Kansas Protection Report Center (KPRC) is required. If an abuse/neglect report is assigned during an open Community Family Service event, the CFSP worker and the assigned DCF CPS Specialist shall coordinate to complete the investigation/assessment. The extent of the CFSP worker's involvement in the investigation/assessment shall be determined on a case by-case basis, considering what is in the best interest of the child and family. The Community Family Services case may remain open during the abuse/neglect investigation and Community Family Services may continue, unless a referral is made to Family Preservation or to the Reintegration/Foster Care/Adoption (RE/FC/AD) Child Welfare Case Management Provider (CWCMP). Refer to C. 3.

C. Higher Level of Service Indicated

1. Notification to DCF

If during the CFSP involvement, the CFSP determines a higher level of service may be needed by the family, the CFSP shall notify DCF no later than the next working day, unless the family is in crisis requiring immediate assistance. Written notification, containing an explanation for the need for a higher level of service, shall be sent via email to the regional intake email:

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
5. The subject line of the email shall include the following:

[County] "Request Supervisor Review for Higher Level of Service"

Example (Wichita): SG-Request Supervisor Review for Higher Level of Service

2. Provide Documentation to DCF

1. During Assessment (Family Service case is not opened):

- The CFSP shall complete the assessments in KIDS, with the exception of Section IV. B. 1. Initial Service Plan of the PPS 2030F, with as much information available by the next working day. The CFSP shall send case documentation to DCF, and provide DCF

with the information needed to determine whether a higher level of services is indicated.

2. Family Service Case Opened:

- The CFSP shall send case documentation to DCF, and provide DCF with the information needed to determine whether a higher level of services is indicated by the next working day. The CFSP shall continue to provide services to the family until DCF has assessed the situation.

3. DCF Assessment and Determination

Upon receipt of the notice from the CFSP, the DCF PPS supervisor shall begin reviewing the request and any available assessments by the next working day. If needed, a staffing may be held between the DCF PPS supervisor and CFSP to discuss the needs of the family and the circumstances of the case. A determination shall be made as soon as possible, and not exceed 3 working days.

If the DCF PPS supervisor determines the family is in need of Family Services or the case may be closed, written notification shall be sent via email to the CFSP which includes an explanation for the decision. The CFSP shall either close the case, or provide Family Services as directed by DCF.

If the DCF PPS supervisor determines a higher level of services is needed, depending on the circumstances of the case, DCF shall either re-assign the event in KIPS and KIDS to a DCF CPS Specialist; or open a new event through KPRC. DCF may need to follow-up with the family and gather additional information to inform the Case Action/Initial Service Plan

decision. If a new event is opened, DCF shall coordinate with the CFSP to close the existing event. The DCF CPS Specialist and supervisor shall determine the Case Action/Initial Service Plan per 2740. The DCF CPS Specialist shall complete Section IV. B. 1. Initial Service Plan of the PPS 2030F. The DCF CPS Specialist shall complete the referral for services.

4. Referral to Higher Level of Services

If the case has been referred to a higher level of services, the CFSP shall:

1. Be available to provide information to DCF which is needed for the referral.
2. Complete a case transfer staffing and PPS 3005 Case Transfer Summary with the new case manager, per PPM 3005.
3. Be available to participate in the initial team meeting per PPM 5131 or 5221.
4. Be available for court proceedings, if applicable.

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4800 FACTS Family Prevention Services Procedures

Complete screen navigation requirements for adding family prevention 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.

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Part A: Education Best Interest Determination Staffing	
Date Staffed:	Participants in Staffing: <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <input type="checkbox"/> Child Welfare Case Management Provider (CWCMP) </div> <div style="width: 30%;"> <input type="checkbox"/> Department for Children and Families (DCF) </div> <div style="width: 30%;"> <input type="checkbox"/> Local Education Authority (LEA) </div> </div>
IMPORTANT NOTE FOR Local Education Authority (LEA): If the school is participating in the Mental Health in Schools program, please ensure this document is provided to the appropriate staff at the school to coordinate any assessments or referrals needed for involvement in this program.	
Names of Attendees:	
Decision Considerations: <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> <input type="checkbox"/> Length of Time Enrolled in School of Origin <input type="checkbox"/> Learning Behaviors/Disabilities <input type="checkbox"/> Safety Factors <input type="checkbox"/> Participation in Extra-Curricular Activities <input type="checkbox"/> Distance from School of Origin <input type="checkbox"/> IEP and 504 Plan Services <input type="checkbox"/> Written Input from Case Participant </div> <div style="width: 50%;"> <input type="checkbox"/> Child Preference <input type="checkbox"/> Parent Preference, if parental rights are intact <input type="checkbox"/> Child's Attachment to the School of Origin <input type="checkbox"/> Placement of Siblings <input type="checkbox"/> Influence of School Climate <input type="checkbox"/> Availability and Quality of Services <input type="checkbox"/> Caregiver Requires School Move to Maintain Placement </div> </div>	
Decision Summary:	

Part B: Immediate Enrollment of a Child Placed in Foster Care			
Date of Placement:		Responsible State Agency: <input type="checkbox"/> Department for Children and Families (DCF)	<input type="checkbox"/> Kansas Department for Corrections-Juvenile Services (KDOC-JS)
As authorized by grantee of DCF: <input type="checkbox"/> Saint Francis Ministries <input type="checkbox"/> KVC <input type="checkbox"/> TFI <input type="checkbox"/> Cornerstones of Care			
Special Instructions: <ul style="list-style-type: none"> Students in foster care at any time after their 14th birthday shall be awarded a high school diploma if: Child is at least 17 years old, is enrolled or resides in the school district granting the diploma and has achieved at least the minimum high school graduation requirements adopted by state board of education. See K.S.A. 38-2285. Education related documents can be transferred electronically using the Kansas Department of Education (KSDE) Student Record Exchange (SRE) securely. 			

Section I: Student and Current Placement Information

Student Name: (First, Middle, Last)							
DOB:		SSN: (last four digits ONLY)		Phone: <input type="checkbox"/> NA		Email: <input type="checkbox"/> NA	
Placement Name(s):							
Placement Address: (Street, City, State, Zip Code)							
Placement Telephone Number(s):			Placement Email:				

Section II: School in which child is being enrolled or maintained							
Unified School District (USD) Name:					USD Number:		
School Name:							
School Address: (Street, City, State, Zip)							
School Phone Number:			Fax:				
School Building Contact Name:			School Building Contact Email:				
Every Student Succeeds Act (ESSA) School District Point of Contact Name:							
ESSA School District Point of Contact Phone Number:			ESSA School District Point of Contact Email:				
Enrollment Date:			Grade:				
Check all that apply:		<input type="checkbox"/> Regular Education	<input type="checkbox"/> Special Education	<input type="checkbox"/> Alternative School	<input type="checkbox"/> Online Learning		

Section III: Last two (2) schools attended and placement.			
Instructions: The school of origin is the school that the child was enrolled at the time of the initial placement. If the child's foster care placement changes, the school of origin would then be the school in which the child is enrolled at the time of the placement change.			
1. Unified School District (USD) Name:			
School of Origin Name (most recent school of attendance): <input type="checkbox"/> NA			
School Address: (Street, City, State, Zip)			
School Phone Number:		Fax:	
School Building Contact Name:		School Building Contact Email:	

Every Student Succeeds Act (ESSA) School District Point of Contact Name:					
ESSA School District Point of Contact Phone Number:				ESSA School District Point of Contact Email:	
Dates Attended:					
Check all that apply:	<input type="checkbox"/> Regular Education	<input type="checkbox"/> Special Education	<input type="checkbox"/> Alternative School	<input type="checkbox"/> Online Learning	
Previous Placement's Name:			Dates of placement:		
Address: (Street, City, State, Zip)					
Phone Number(s):		Email:			

2. School District (USD) Name:		USD Number:			
Previous School Name: <input type="checkbox"/> NA					
School Address: (Street, City, State, Zip)					
School Phone Number:		Fax Number:			
School Building Contact Name:		School Building Contact Email:			
Every Student Succeeds Act (ESSA) School District Point of Contact Name:					
ESSA School District Point of Contact Phone Number:		ESSA School District Point of Contact Email:			
Dates Attended:					
Check all that apply:	<input type="checkbox"/> Regular Education	<input type="checkbox"/> Special Education	<input type="checkbox"/> Alternative School	<input type="checkbox"/> Online Learning	
Previous Placement's Name:			Dates of placement:		
Address: (Street, City, State, Zip)					
Phone Numbers:		Email:			

Section IV: Student Educational Information
Does the student have any of the following? (Check all that apply)

1. Individual Education Plan (IEP):	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Evaluation in Progress	<input type="checkbox"/> Unknown
IEP provide individualized special education and related services to meet the unique needs of the child.				
2. 504 Plan:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	
504 plans provide services and changes to the learning environment to meet the needs of the child as adequately as other students.				
3. School Behavior Contract / Management Plan:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	
4. Is the student currently suspended?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Dates:	Length:
5. Is the student currently expelled?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Dates:	Length:
6. If yes to questions 4 and 5, please explain below (fighting, truancy, drugs / alcohol, etc.).				
7. Describe in detail below any special staffing needs or safety precautions.				
8. Brief description of reasons for out of home care as relevant to the learning process.				
9. List current medications below.				
10. Physical or mental health conditions as relevant to the learning process.				
11. Other information relevant to the learning process of this student.				

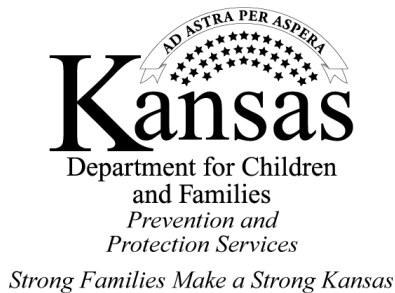
Section V: Legal Educational Decision Maker					
Parent/Legal Guardian Name:					
Address: (Street, City, State, Zip)					
Phone Number:		Email:		Alternate / Back up Contact:	
Restricted Contact:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Parental Rights Terminated or Relinquished:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Provide additional details as relevant to the learning process:					

Parent/Legal Guardian Name:					
Address: (Street, City, State, Zip)					
Phone Number:		Email:		Alternate / Back up Contact:	
Restricted Contact:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Parental Rights Terminated or Relinquished:		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Provide additional details as relevant to the learning process:					
Education Advocates are appointed through Families Together.					
Education Advocate Name:				<input type="checkbox"/> NA <input type="checkbox"/> In Process	
Address: (Street, City, State, Zip)					
Phone Number:		Email:			
Child residing with person acting as parent (kinship relative) who meets criteria for education decision maker: <input type="checkbox"/> Yes <input type="checkbox"/> No					

Section VI: Agency Chain of Communication					
First Contact- Case Manager Name:					
Address: (Street, City, State, Zip)					
Cell Phone Number:		Office Phone Number:		Office Extension:	
Email:		Fax Number:			
Second Contact- Case Manager Partner Name:					
Address: (Street, City, State, Zip)					
Cell Phone Number:		Office Phone Number:		Office Extension:	
Email:		Fax Number:			
Third Contact- Case Team Supervisor Name:					
Address: (Street, City, State, Zip)					

Cell Phone Number:		Office Phone Number:		Office Extension:	
Email:		Fax Number:			
Fourth Contact- Education Contact Name:					
Address: (Street, City, State, Zip)					
Cell Phone Number:		Office Phone Number:		Office Extension:	
Email:		Fax Number:			
Fifth Contact- DCF Foster Care Liaison:					
Address: (Street, City, State, Zip)					
Cell Phone Number:		Office Phone Number:			
Email:		Fax Number:			
Sixth Contact- DCF Foster Care Administrator					
Address: (Street, City, State, Zip)					
Cell Phone Number:		Office Phone Number:			
Email:		Fax Number:			

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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, the CWCMP shall make concerted efforts to provide intensive services for six months. An Aftercare Contact Agreement (PPS 3070) shall be developed with the youth/ young adult to outline the services and supports needed to help the youth successfully transition out of care and to meet the needs of the young adult. The PPS 3070 shall be submitted to the Foster Care Liaisons and independent Living team within 5 working days. 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.
6. 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.

See Section 5900 for additional information.

BACK

~~DELETE 5810 Establishing Family Preservation Services for In Home as a Case Action Type~~

~~A case is coded in FACTS as a family preservation service case if DCF makes a referral to the family preservation case management. A case action service type in FACTS reflects the service action decision located in Section IV of the PPS 2030F, or other documentation of service action decisions subsequent to the initial plan for the family.~~

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DELETE 5811 Entering A Family Preservation In Home Referral into FACTS

1. 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 either FP1 (level 1) or FP2 (level 2) depending on level of service 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 as per level of care (level 1 or level 2) 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 nonecompletion, 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 is 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.

1. 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.
2. 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.

2. Family Preservation Service Cases Involving Child Custody

If the FPS provider is providing services to a family with a child in DCF custody, a DCF custody only plan (SC) is established for the child. This DCF custody plan is established in addition to the above steps of recording the service action for the head of household.

3. Family Preservation Service Cases Involving a Pregnant Woman using Substances

If a family preservation referral is made to provide services to a pregnant woman using substances as per PPS 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 either FP1 or FP2 depending upon tier level referred to show the referral to family preservation. If there are other children in the family being served by the FPS provider refer to PPM section 5811A for steps on entering a family preservation referral for each child. 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.

BACK

5812 Case Plan Activity

-

Services and Tasks

-

Enter all possible service actions located on the PPS 3050 or PPS 3051 and tasks from case planning documents that are planned, recommended, or initiated. Enter any additional services to the family that may be provided outside the FPS contract as indicated in case file documentation. Update these services as needed through the life of the case plan.

[BACK](#)

5813 Entering Pregnancy Result/Outcome

On family preservation referrals for pregnant woman using substances, a service action code of PG01N shall be entered on the RESP screen of the FP plan when pregnancy results are received per PPS 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.

BACK

~~5810~~ 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.

[**BACK**](#)

5811 4861 Entering A Family Preservation In Home Referral into FACTS

1. 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 either FP1 (level 1) or FP2 (level 2) depending on level of service 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 as per level of care (level 1 or level 2) 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 is 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.

1. 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.

2. 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.

2. Family Preservation Service Cases Involving Child Custody

If the FPS provider is providing services to a family with a child in DCF custody, a DCF custody only plan (SC) is established for the child. This DCF custody plan is established in addition to the above steps of recording the service action for the head of household.

3. Family Preservation Service Cases Involving a Pregnant Woman using Substances

If a family preservation referral is made to provide services to a pregnant woman using substances as per PPS 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 either FP1 or FP2 depending upon tier level referred to show the referral to family preservation. If there are other children in the family being served by the FPS provider refer to PPM section 5811A for steps on entering a family preservation referral for each child. 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.

BACK

5812 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.

[BACK](#)

5813 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.

BACK

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.

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State of Kansas Department for Children and Families Prevention and Protection Services	ADOPTION ASSISTANCE REVIEW	PPS 6135 Oct 2019 July 2022
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The adoption assistance case shall be reviewed on an annual basis. The review serves as a tool for the adoptive parent to notify DCF of any changes in the child's needs and to provide documentation indicating the adoptive parents remain legally and financially responsible for the child. Please answer the following questions and return to the designated office within thirty (30) days.

Child's First Name:	MI	Last Name:	Date of Birth (MMDDYY):	
Last 4 Digits of the child's Social Security Number: (attach copy of child's Soc. Sec. card, if not previously provided)				
Child's Case Number:	Review Month Due:			
Adoptive Parent's Name:	Phone number: (Home)	Phone number: (Work)	Other number: (cell)	
Street Address for Parent 1	City:	State:	Zip Code:	Date Sent:
Street Address for Parent 2 (if different)	City:	State:	Zip Code:	Date Sent:
Parent 1 Email address:				
Parent 2 Email address:				

1. Do you continue to need Adoption Assistance for the child's needs? This includes a medical card.		<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Do you continue to be legally or financially responsible for this child?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Does the child continue to reside with you? If no, where does the child reside?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Has your child attained the minimum age for compulsory school attendance (is your child attending school under the state law of the state of residence)? How is your child, if age 7 or older, receiving an education in accordance with the state's compulsory school attendance law? (If you do not live in Kansas, your state's age of compulsory school attendance may be different. Please refer to your state's education laws.)		<input type="checkbox"/> Yes <input type="checkbox"/> Home Based Learning	<input type="checkbox"/> No <input type="checkbox"/> Public Ed. <input type="checkbox"/> Private Ed.
If yes, Please provide a copy of the report card or letter from the school district the child is attending to verify enrollment. or If the child is unable to attend school because of a medical condition, provide documentation from a medical provider. If the child is being home schooled, please provide the home school registration.			
5. Have there been any changes in the child's benefits received or with the financial circumstances of the family? Please explain:		<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. Is your child currently receiving SSI, SSA, veterans or any other financial benefits? (Provide attach documentation or receipt of SSI, SSA, veterans or other financial benefits payment amount)		<input type="checkbox"/> Yes	<input type="checkbox"/> No
7. Since your last annual report, has your child been determined newly eligible to receive Has your child been determined eligible for SSI, SSA, veterans or any other financial benefits? (Provide attach documentation of eligibility and/or receipt of SSI, SSA, veterans or other financial benefits)		<input type="checkbox"/> Yes	<input type="checkbox"/> No
8. Is your child covered by a private health insurance other than Medicaid? If yes, provide insurance information below and include a copy of the insurance card with this review.		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Company	Policy number	Name of Policy Holder	
9. Has your child turned 18 or will he/she turn 18 within the next 12 months? If yes, please complete the section below. Note: If your child was adopted at or after age 16, you may contact the State's Independent Living Program Manager to access services for which the child may be eligible such as post-secondary financial assistance.		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Complete this section only if your child is age 18 or will turn 18 within in the next 12 months			
Assistance usually ends at age 18. However, it may continue past 18 until age 21 if the child continues to be in high school, a high school equivalency program (GED), or if the child has a documented physical or mental disability. Provide a signed letter on school letterhead official			

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school documentation indicating anticipated date of graduation, proof of GED Enrollment, or current home school registration verification.

a. Has your child graduated from high school? If yes, date of graduation? (mm/dd/yy): _____ If no, expected date of graduation? (mmddyy): _____ Note: Please provide official school documentation indicating anticipated date of graduation (school report card or a letter from school officials on letterhead).	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b) If not expected to graduate, is the child involved in a GED program? If yes, what is the anticipated date of completion? (mm/dd/yy): _____ Note: Please provide verification of GED enrollment and active participation from the GED program.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
c) What school or GED program does your child attend?		
d) Does your child have a documented physical or mental disability condition, which significantly impacts his/her daily living? If yes, specify below and provide current documentation (dated within last 12 months) from a physician, hospital, clinic, or other licensed medical practitioner of the youth's disability, prior to the youth's 18 th birthday.	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Specify:

10. Do you wish to discuss your child's needs with a social worker an adoption professional for any reason? If yes, please explain briefly below.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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The Kansas Department for Children and Families hopes this finds your family doing well. Please contact the local DCF service center or the DCF worker noted below if you wish to inquire about further possible assistance.

Explain:

This review was completed by:

I understand the questions on this form, and I certify, under penalty of perjury, that the information voluntarily given by me on this form is correct and complete to the best of my knowledge. I understand I may reach out to a local DCF service center to inquire about additional assistance and supports which may be available.

Adoptive Parent 1 Signature:	Date:	Adoptive Parent 2 Signature:	Date:

PLEASE RETURN BY (mmddyy):

This form and all required attachments shall be returned to the following person at the specific address listed below:

Return to: Regional Office:	DCF Worker/Designee:		
Street Address:	City:	State:	Zip Code:
Telephone Number:	Fax Number:		

FOR OFFICE USE ONLY:			
Date Review Received:		Were there changes reported?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Was a renegotiation of Adoption Assistance Agreement requested?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Was the Adoption Assistance Agreement amended?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Date Adoption Assistance Case Closed in KEES:		Date Notice of Action for Case Closure Sent:	
Reason for Case Closure			
Staff Signature:			Date:

For Office Use ONLY
KAECSES/ KEES Number: _____
1. Date review received (mm/dd/yy): _____

ADOPTION ASSISTANCE REVIEW

2. Changes reported

☐ Yes

☐ No

3. Requested renegotiation

☐ Yes

☐ No

If yes, date referred to Social Worker Adoption Professional: (mm/dd/yy):

4. Agreement Amended

☐ Yes

☐ No (*attach new agreement*)

5. Date Closed in KAECSSES/ KEES System

6. Reason for case closure:

Signature

Date



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7223 Subsidy Rates

- A. The maximum amount of subsidy for room and board is ~~\$350.00~~ 700.00 per month. Most plans are less than this as the amount offered will depend on the youth's income and resources. Earnings and social security, or SSI payments, are deducted in computing the amount of subsidy needed. The amount provided in subsidy will be reevaluated whenever the youth's situation changes or at a minimum of every six months. 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. Independent Living subsidy shall be provided on a tiered approach to help youth work towards self-sufficiency as they participate in the Independent Living program.
1. Tier 1: Months 1-12 100% of subsidy based on need (PPS 7000A)
 2. Tier 2: Months 13-18 90% of initial subsidy amount
 3. Tier 3: Months 19-24 80% of initial subsidy amount
 4. Tier 4: Months 25-36 70% of initial subsidy amount
- C. A youth's maximum subsidy is determined based on need, and subsequent tiers are derived from the maximum subsidy amount. However, due to a change in the youth's circumstances, the Independent Living Coordinator (ILC) may determine an upward adjustment in tiers is necessary to meet the youth's needs. The ILC shall document the basis for change on the PPS 7300 Independent Living Case Determination form.
- D. If a case is closed prior to age 21 after having received subsidy and the youth indicates a need for subsidy to be reopened, the starting tier will be determined based upon current need and resources.

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7250 Education and Training Voucher Program

- A. Education and Training Vouchers are available to eligible youth for assistance based on need with post-secondary education and certified training programs. ETV funds may be used for costs associated with post-secondary education and/or training only and cannot exceed \$6,250 **5000** (~~federal maximum of \$5,000 with state match of \$1,250~~), or the total cost of attendance per youth per plan year, whichever is less. All youth must have an open service case to receive ETV. Youth may only participate in the ETV program for a total of five years, whether or not the years are consecutive.
- B. Youth may elect to attend post-secondary education and/or certified training programs outside of Kansas and may use Kansas ETV for this purpose. If a youth is receiving ETV and attending post-secondary education and/or certified training outside of Kansas, all requirements still apply for case planning purposes. The DCF Independent Living Coordinator and youth may need to use phone or e-mail for regular contacts.
- C. Youth who are moving to another state and establishing permanent residency in that state, for purposes other than attending a post-secondary educational institution or certified training program must apply for ETV funds through the state where they will establish permanent residency.
- D. Youth must reapply for ETV funds on a yearly basis, as it coincides with the youth's education or training plan. All plans shall be for a twelve-month period between July 1 and June 30th. If a youth finds themselves unsuccessful in completing their education or training plan, the youth may reapply at any time up until they are no longer eligible for the program. The DCF worker shall use good judgment in working with youth who have received ETV in the past and who have not been successful in continuing in their education or training plan. It is foreseeable and acceptable that youth may make changes in their education or training plans as they move into different stages of their adult lives. These changes should not be used against youth in accessing ETV unless there is a pattern of the youth's inability to work through his/her education or training goals. Assistance should be provided to the youth to keep motivation towards completing their education or training goals.
- E. ETV shall only be used at post-secondary educational institutions or certified training programs that meet all three of the following criteria:

1. Admits as regular students only persons with a high school diploma or equivalent; or admits as regular students persons who are beyond the age of compulsory school attendance; and
 2. Public, Private, or Non-Profit; and
 3. Accredited or pre-accredited and is authorized to operate in that state.
- F. Youth who have not completed high school or GED requirements who are beyond the age of compulsory school attendance may be eligible for ETV services and supports at post-secondary educational institutions or certified training programs that accept students under this criteria.

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Critical Incident Notification

Select One: Initial Notification Update

SECTION I CRITICAL INCIDENT INFORMATION AND TYPE COMPLETE SECTIONS I AND II FOR INITIAL NOTIFICATION

Select any which apply to this critical incident as defined in PPM 0510:

Child death			
Provide to FACTS Data staff the following:			
Child Name:			Date of Death:
	Child near death		
	Child in the custody of the Secretary who attempted suicide		
	Child in the custody of the Secretary with severe injuries		
	Foster parent with criminal proceedings related to abuse or neglect		
	Any child in the custody of the Secretary who spent the night in a Child Welfare Case Management Provider's (CWCMP) office (Complete Sections I & II Only)		
	Media- incident which has drawn public media attention or become legislative concern		

Child(ren) Name(s):		DOB:	
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Is the child(ren) in the custody of the Secretary?

No

Yes	Date of Custody:		Date of out of home placement:	
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Date of last PPS/Provider contact with child:	
---	--

Agency name who completed last contact:	
---	--

FACTS CASE HEAD: (last, first)		FACTS CASE #:	
-----------------------------------	--	---------------	--

Completed by:		Date Submitted:	
---------------	--	-----------------	--

DCF Region:		County:	
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Local DCF Office:		Assigned DCF Staff:	
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Provider:		Assigned Provider Staff:	
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SECTION I.A At the time of the incident did PPS have an open case? (Completed by DCF only)

No	(If no, skip to Section II.)
----	------------------------------

Yes	If yes, select the type of open case (Select all that apply) and provide the date of the referral:
-----	--

	Investigation and Assessment	Date of Referral:	
	Family First Prevention Services	Date of Referral:	
	Family Service	Date of Referral:	
	Family Preservation	Date of Referral:	
	Reintegration/ Foster Care/Adoption	Date of Referral:	

Briefly describe the family's situation which led to the current open case:

--

Critical Incident Notification


SECTION II. CRITICAL INCIDENT DESCRIPTION:

Date of Incident:		Date of knowledge of the incident:	
Date of last PPS/Provider contact with child:			
Agency name who completed last contact:			
Was a report made to the Kansas Protection Report Center reference this critical incident?			
No Yes If yes, provide Intake Event #:			
Describe the critical incident (Include the condition of the child):			
Describe immediate action(s) taken following the critical incident:			
How was safety ensured following the critical incident?			
Describe the current status of the case (Including status of law enforcement involvement and legal status of child including, but not limited to, legal custodian of child(ren), adjudications, status of court proceedings):			
Other:			

Critical Incident Notification

III. CASE INFORMATION:

(List all applicable children whose safety is a concern or select N/A. Check box for the identified child(ren) involved in this critical incident.)

INSTRUCTIONS for adding additional children: Unlock the form, if locked. Click in the table selected to copy. Hover cursor over the top left corner above the identified child check box until the 4-arrow symbol  appears. Click on the symbol to highlight the Child Name table. Copy the table. Click down below the table and allow 2 spaces. Paste the new table.

N/A (Select when incident involved a child(ren) in the custody of the Secretary spending the night in a CWCMP office)

Child Name:		DOB:	
Current Placement:			
Relationship to identified child:	<input type="checkbox"/> Sibling <input type="checkbox"/> Step-Sibling <input type="checkbox"/> Half-Sibling <input type="checkbox"/> Not Related <input type="checkbox"/> Relative (specify):		

Child Name:		DOB:	
Current Placement:			
Relationship to identified child:	<input type="checkbox"/> Sibling <input type="checkbox"/> Step-Sibling <input type="checkbox"/> Half-Sibling <input type="checkbox"/> Not Related <input type="checkbox"/> Relative (specify):		

Child Name:		DOB:	
Current Placement:			
Relationship to identified child:	<input type="checkbox"/> Sibling <input type="checkbox"/> Step-Sibling <input type="checkbox"/> Half-Sibling <input type="checkbox"/> Not Related <input checked="" type="checkbox"/> Relative (specify):		

Child Name:		DOB:	
Current Placement:			
Relationship to identified child:	<input type="checkbox"/> Sibling <input type="checkbox"/> Step-Sibling <input type="checkbox"/> Half-Sibling <input type="checkbox"/> Not Related <input type="checkbox"/> Relative (specify):		

Child Name:		DOB:	
Current Placement:			
Relationship to identified child:	<input type="checkbox"/> Sibling <input type="checkbox"/> Step-Sibling <input type="checkbox"/> Half-Sibling <input type="checkbox"/> Not Related <input type="checkbox"/> Relative (specify):		

Child Name:		DOB:	
Current Placement:			
Relationship to identified child:	<input type="checkbox"/> Sibling <input type="checkbox"/> Step-Sibling <input type="checkbox"/> Half-Sibling <input type="checkbox"/> Not Related <input type="checkbox"/> Relative (specify):		

Critical Incident Notification

Name(s) of all other involved: (Caregivers, others involved in the critical incident, other individuals living in the home, non-residential parent, etc.)	Other individual's relationship to child:
PPS Administrator Review: The information described in this incident meets the definition of a critical incident. <input type="checkbox"/> Yes <input type="checkbox"/> No	
PPS Administrator Signature:	Date:

Section IV. UPDATES:
Date:
Update:

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1310 Criteria for Determining no further PPS action needed

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

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

No indication the child has been harmed or is likely to be harmed or endangered.

Care giver's behavior does not harm a child or place a child in a likelihood of harm or being endangered.

Reports Alleging Abuse or Neglect in the Past. See PPM 1370.

Report concerns child care licensing standards only. See PPM 1381

- B. 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.

C. 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

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

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

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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.

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INTAKE TO LAW ENFORCEMENT

The Department for Children and Families (DCF) has received a report of abuse or neglect of a child which is being reported to your agency in accordance with K.S.A. 38-2210. **DCF and law enforcement shall freely exchange information pursuant to K.S.A 2020 Supp. 38-2210.** You are receiving information that identifies the reporter per K.S.A. 38-2210. Per K.S.A. 38-2212 and 38-2213 the reporter information is confidential and shall not be provided or further disclosed to the public, unless specifically allowed in K.S.A. 38-2212 and 38-2213.

Kansas Protection Report Center		Intake ID		Date:	
Incident	Date of Report (MM/DD/YYYY)	Time Reported	Date Offense Started (MM/DD/YYYY)		Time Office Started
	Location of Offense (Address, City, State Zip)				Reoccurring Offense
Victim	Type of Victim: Individual				
	Name (Last Name, First Name, MI)			School	
	Address (Address, City, State Zip)				Date of Birth (MM/DD/YYYY)
	Known Location of Victim				
	Email Address		SSN	Employer	
	Phone Number	Race	Ethnicity	Sex	Age
Insert more Victim sections as needed.					
Suspect	Name (Last Name, First Name, MI)			School	
	Relationship to Victim		Known Location		
	Address (Address, City, State Zip)				Date of Birth (MM/DD/YYYY)
	Email Address		SSN	Employer	
	Phone Number	Race	Ethnicity	Sex	Age
	Insert more Suspect sections as needed.				
Other	Name (Last Name, First Name, MI)			School	

	Relationship to Victim		Known Location		
	Address (Address, City, State Zip)				Date of Birth (MM/DD/YYYY)
	Email Address		SSN	Employer	
	Phone Number	Race	Ethnicity	Sex	Age
Insert more Other Participant(s) sections as needed.					
Reporter	Name (Last Name, First Name, MI)			School	
	Address (Address, City, State Zip)				Date of Birth (MM/DD/YYYY)
	Relationship to Victim				
	Email Address		SSN	Employer	
	Phone Number	Race	Ethnicity	Sex	Age
Narrative	Detail reported by the Reporter...				
	Associated Intake/Event ID Reports:				

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2070 Subsequent Reports on Open Assessment/Prevention Case

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 printed and filed in Section 3 of the case file per PPM 0425. 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/family as appropriate. PPS practitioners and/or the PPS Supervisor shall ensure the information contained in the report(s) is addressed in the open case.

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:

- A. Family services (~~Community Family Service Provider~~) refer to PPM 4013 B. **A.**
- B. CWCMP for family preservation services refer to PPM 5121 G. and 5122 DD. (1-3)
- C. CWCMP for foster care refer to PPM 5211 B. (10) and 5212 B. (44).

The CPS specialist shall include all information addressing the event in Case Activity Logs with the event number of the subsequent report identified.

If after consulting with a PPS supervisor, prior to sending the report to the provider, a determination is made to request the report be assigned for further assessment, the PPS Supervisor shall request assignment via the KPRC Supervisors e-mail mailbox (PRCsups).

If the information contained in the report meets definitions of a critical incident per PPM 0510, the CPS Specialist shall notify his/her immediate supervisor per PPM 0510.

BACK

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, ~~for a child(ren) receiving Family Services see PPM 4103,~~ and for a child(ren) receiving Family Preservation Services see PPM 5123.

BACK

2113 ~~Additional Concerns Identified~~ **New Information Identified In an Open Case** **Ongoing Investigation**

A. New Report Needed

Anytime during an open case ~~During the course of an investigation/assessment, if PPS staff become aware of a new incident of abuse or neglect issues, other than those contained in the assigned report,~~ a new report to the Kansas Protection Report Center (KPRC) is required.

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 affirmed or substantiated finding, an on additional abuse/neglect allegation type from the assigned allegation type identified on the PPS1002 Initial Assessment, an affirmed or substantiated finding shall be made on the allegation type that best describes the facts and circumstances. On the PPS 2011 Case Finding, an unsubstantiated finding shall be made on the assigned allegations type. An additional allegation type shall be added for an affirmed or substantiated finding based on the results of the investigation. The allegation type resulting in the affirmed or substantiated finding shall be added, dated and initialed by the CPS specialist to the PPS 1002 Initial Assessment. See PPM 2842 for FACTS instructions.~~

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 the course of an investigation/assessment, there is reason to believe other children under the same care are possible victims of the same allegations in the assigned investigation/assessment, the additional children shall be added to the current investigation and does not require a new report.

Commented [JH[1]: Moved from PPM 1450

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

Commented [JH[2]: Moved from PPM 1453

E. 4451 Additional Perpetrator Identified after Initial Assignment

If during the course of an investigation/assessment of a report, there is reason to believe that there is another perpetrator for the same allegation and incident reported, the additional perpetrator shall be added to the current investigation and does not require a new report

Commented [JH[3]: Moved from PPM 1451

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.

BACK

2116 Requirements for Children Under the Age of One

Children under the age of one are our most vulnerable population. **Connecting** ~~Providing~~ families ~~to~~ services and supports along with providing resources are critical in helping **families build lasting safety.** ~~early may help prevent future maltreatment.~~

A. Parent Skill Building

If 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 CPS Specialist shall engage the family in a **conversation** about ~~n-assessment of~~ the child's developmental milestones and needs using the PPS 2019 Kansas DCF Conversation Note to discuss the family's worries, what is working well and develop next steps. To support the engagement with the family the below [resources and informational brochures](#) may be provided to the family to assist them in understanding the benefits of Parent Skill Building program(s). The CPS Specialist shall assist the family with a referral to the program of the parent's choice.

The PPS 2014 A Referral for Services may be used to make the referral in situations where the family decides for DCF to refer them to the service, as opposed to the family referring themselves.

The CPS Specialist shall follow up with the family and/or service provider to ensure the family connected successfully with the service and determine whether the service is meeting the needs of the family.

Parent Skill Building programs involve community partners assessing the needs of the child(ren). These assessments include but are not limited to occupational and physical therapy, speech and language development, and educational needs. Parent Skill Building programs include but are not limited to Infant-Toddler Services or Home Visitor programs.

Resources may include but are not limited to:

For additional resources visit: <http://ksqualitynetwork.org/resources/child-development/>

Kansas Infant Toddler website and parent brochure: <http://www.kdheks.gov/its/>

Kansas Healthy Families: <https://www.kcsl.org/HealthyFamilies.aspx>

Early Head Start: <https://www.kcsl.org/EarlyHeadStart.aspx>

KCSL Parent Helpline: 1-800-CHILDREN or email/text 1800children@kcsl.org

DCF Parent Skill Building

Programs: <https://dcfnet.dcf.ks.gov/PPS/FFPSA/Pages/ParentSkill.aspx>

B. Safe Sleep

If 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 assess the infant's sleep environment using guidance from Safe Sleep Kansas (<http://www.safesleepkansas.org/>). The CPS specialist shall provide information and resources to help support a safe sleep environment for the infant, as needed.

The ABC's of Safe Sleep is babies are safest when they are:

1. Alone,
2. On their back and
3. In a crib.

BACK

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) DCF and law enforcement shall freely exchange information pursuant to K.S.A. 2020 Supp. 38-2210

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.

[BACK](#)

2823 Recording Ongoing Safety Assessment

Policy for intakes assigned prior to March 2019

To record the second face to face contact of the ongoing safety assessment, enter the tool code of 'SFI' on the MAAS screen. The start date is the date of the face to face contact with the alleged victim who is under six years old. The ongoing safety assessment information is located on the Agency Response section in KIDS for intakes assigned on or after July 1, 2017. If the second contact with the alleged victim never occurred regardless of reason, enter the tool code of 'TIM' and the date of the finding decision. Finding decision date is located on the PPS 2011.

For additional information on the ongoing safety assessment, see PPM section **2310**2313.

Policy for intakes assigned on or after March 2019

If the ongoing safety assessment is determined to not be needed, enter the tool code of 'OAN' on the MAAS screen. The work start date and time would be the same date and time as the safety determination (SAD). If the ongoing safety assessment is determined to be needed, Record the second face to face contact of the ongoing safety assessment, by entering the tool code of 'SFI' on the MAAS screen. The start date is the date of the face to face contact with the alleged victim. The ongoing safety assessment information is located on the Agency Response section in KIDS. If the second contact with the alleged victim was determined to be needed and it never occurred regardless of reason, enter the tool code of 'TIM' and the date of the safety determination.

For additional information on the ongoing safety assessment, see PPM section **2310**2313.

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Referral for Services Child Sexual Behavioral Problems

PPS 2014 B
REV Jan 21
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~~The intent for DCF referrals to community services is to provide families and children with supports and services.~~

Attention Referral Agency: The Kansas Department for Children and Families (DCF) is providing this referral in accordance with K.S.A. 38-2290. Per K.S.A. 38-2290, upon DCF's receipt of a report of child abuse or neglect a child/youth having problematic sexual behaviors (defined in the statute), DCF shall immediately provide a referral of the child/youth to a child advocacy center or other mental health provider. Thank you for accepting this referral and our agency is aware the ability to provide services is based on your agency's capacity.

Approved by Kathy A on 2/24/22-- sent to regions on 2/24

Commented [KF1]:

Case Number:		Event Number:	
Date of Referral:		DCF Office:	
TO:		FROM:	
ADDRESS: Street/P.O. Box		TELEPHONE #:	
EMAIL:		EMAIL#:	
City		State	
ADDRESS: Street/P.O. Box			
ZIP		City	
		State	
		ZIP	
CHILD'S NAME	DATE OF BIRTH		
LOCATION OF THE CHILD (NOTE: please do not include information to locate the child on parent's copy if parents are unaware of the child's location.)			
PARENT/ CARE GIVER'S NAME			
ADDRESS			
CITY		ZIP CODE	
TELEPHONE NUMBER			
PARENT/CAREGIVER'S NAME			
ADDRESS			
CITY		ZIP CODE	
TELEPHONE NUMBER			
Attention Parent: Kansas state law (K.S.A. 38-2290) requires when DCF receives a report of child abuse or neglect where the subject of the report is a child with sexual behavior problems and the department determines that a joint investigation with law enforcement is required in accordance with K.S.A. 38-2226, the department shall immediately provide a referral to a child advocacy center or mental health provider.			
Distribution: An * in the box indicates persons receiving a copy of this notice.			
<input type="checkbox"/> File	<input type="checkbox"/> Parents/Caregiver of child	<input type="checkbox"/> Child Advocacy Center	<input type="checkbox"/> Mental Health Provider
<input type="checkbox"/> Contractor Providing Services (If Applicable)	<input type="checkbox"/> Other		

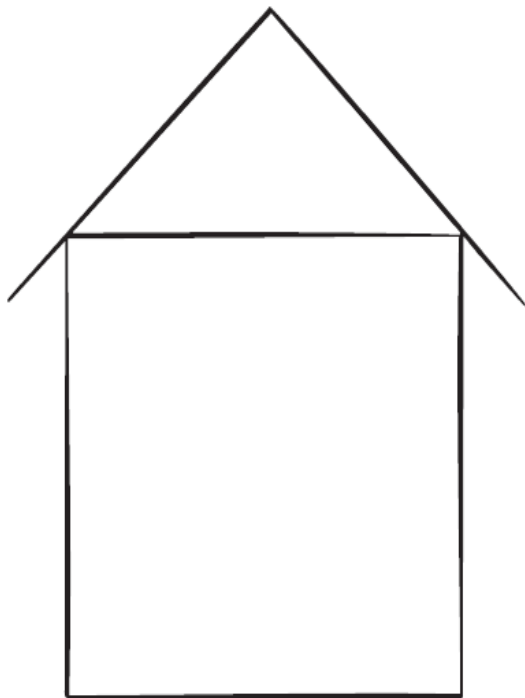
Copy to FACTS

BACK

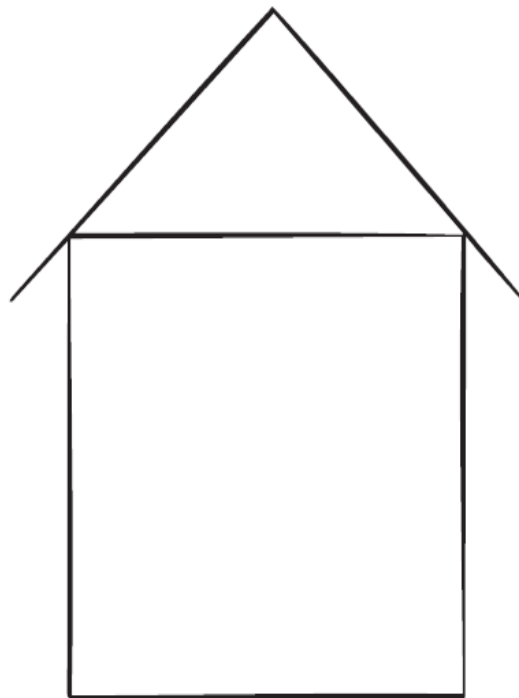
My Three Houses

Name of Contact: _____ **Type of Contact:** _____

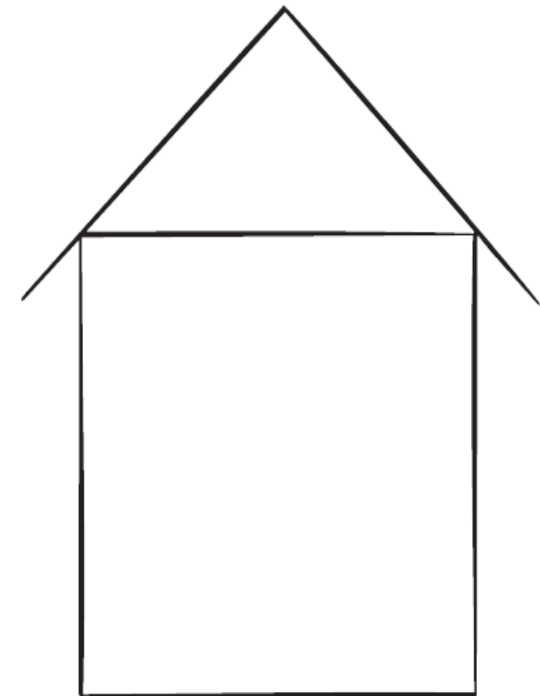
Date/Time/Location: _____ **DCF Staff:** _____



**House of
Worries**



**House of
Good Things**



**House of
Dreams**

My Three Houses

Name of Contact: _____ **Type of Contact:** _____

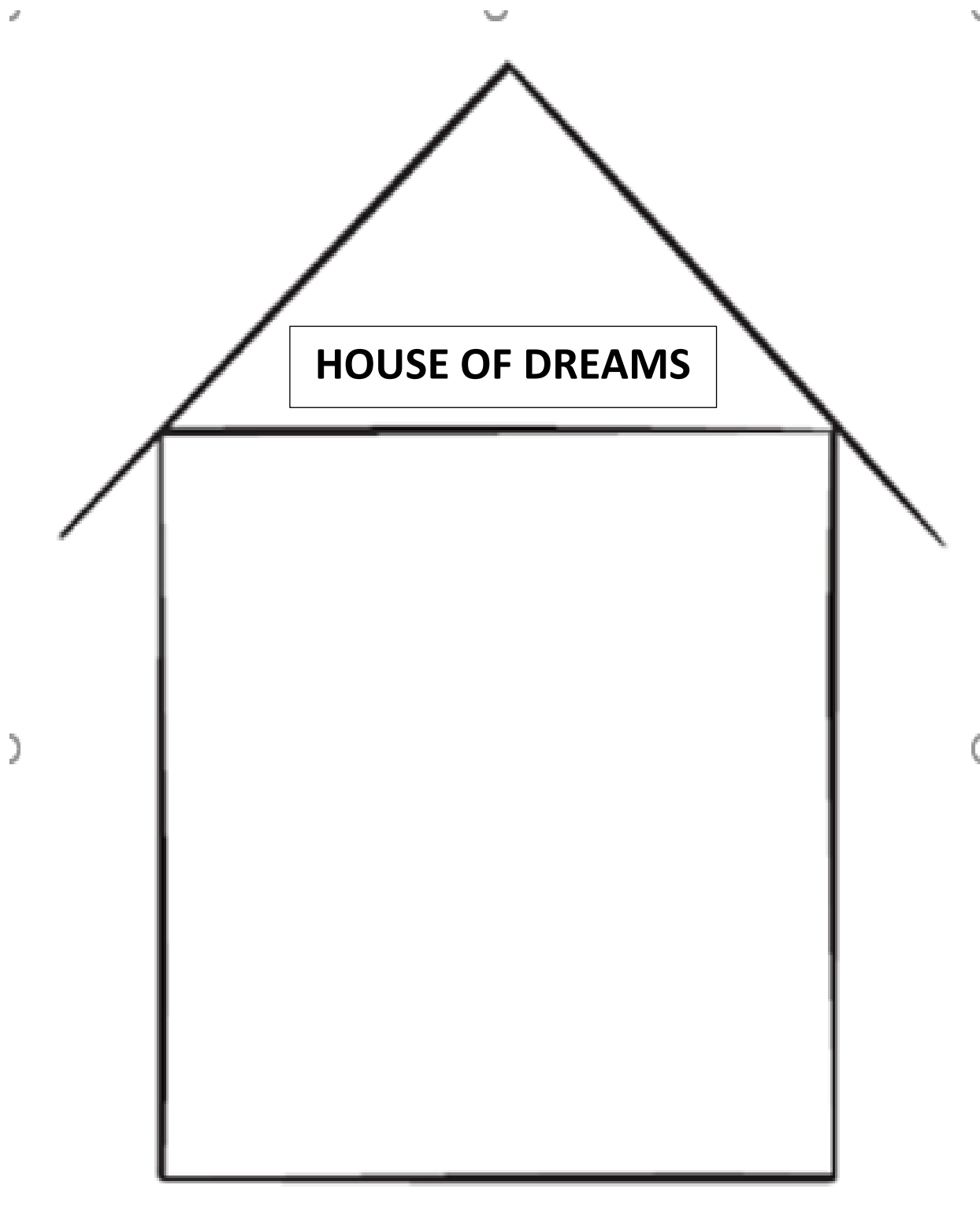
Date/Time/Location: _____ **Name of DCF staff:** _____

HOUSE OF WORRIES

My Three Houses

HOUSE OF GOOD THINGS

My Three Houses



[BACK](#)

3223 Development of Objectives and Activities

When developing objectives for the family and child, consideration shall be given to the strengths and needs of each family member. The objectives shall relate to the results of assessments, and designed to help the family overcome barriers to the child remaining at home or returning home. The objectives, activities and behavioral changes expected are to be listed on the PPS 3050 or 3051, Section 3.

A. Objectives

1. Objectives shall relate to presenting problems, not prior or anticipated problems.
2. There shall be at least one but no more than three objectives listed with the associated activities and responsibilities. The objectives shall be taken from the PPS 2020-2030F. (See Section 2820 for FBA timelines.)
3. The case plan shall contain at least one objective that addresses the safety of the child and the reason why the child came into custody.
4. Objectives shall be measurable and shall state an end result (i.e., what changes will be made).

B. Activities

1. Specific activities to be accomplished by the parents, child and/or other members of the household shall be identified;
2. Activities shall be written at the parent's and/or youth's level of understanding;
3. Activities shall be listed in the order of priority;
4. Activities shall identify specifically what shall be done, by whom, how, and in what time frames;
5. There may be multiple activities and multiple persons assigned responsibility for completion of the tasks;
6. Activities shall address needs identified through the CLSA.

7. Activities to develop or enhance a support network shall be a part of the case plan.
- C. All youth age 14 and older shall have a PPS 3059 My Plan for Successful Adulthood (refer to PPM 3210 and 3214 for steps to include).
 - D. All youth must be involved in all planning conferences related to their future and shall help design their plan for self-sufficiency.
 - E. Behavioral Change Expected
 1. Behavioral change expectation statements shall indicate what qualitative, visible differences will occur as a result of the services provided.
 2. Each objective listed in the case plan shall have a behavioral changes expectation identified.
 3. Parents' input shall be considered
 4. The statements shall be individualized for the specific family
 5. The language used shall be easily understandable.

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4820 Entering A Family Service Case into FACTS

~~All~~ Family Services Cases

To reflect a family services case action decision in FACTS, the following combination of codes is entered. On PLAN, enter an FP plan type for the Head of Household with goal type of maintaining the child in the family (MFM). On RESP, enter a service requested code from any protection, prevention or intervention code as applicable, PR10N service action code and service source as the Primary Social Worker (PSW). ~~See section C for service action code on Family Service contract provider referrals.~~ Enter the Service Status as IN to mark the case as open and indicate the effective date when service delivery began with that family as per Section III of the PPS 4005 form. 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 DCF is providing family services for a child in custody who was either not referred to a Child Welfare Case Management Provider or for whom custody to the agency extends past the after-care responsibility period for the provider, the existing DCF custody only plan (SC) is maintained for the child. This child custody plan is maintained in addition to the above steps of recording the service action for the head of household.

~~C. Community Family Service Provider Referrals~~

~~To reflect a family service case referred to a community family service provider, enter a PR10N service action code on head of household with the service source code of HCB.~~

~~D.~~ **C.** Family Service Referrals for Self-Sufficiency youth (SS plans)

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.

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Family First Prevention Plan

Section I Identifying Information:

Case Name:		Case #:		Event #:	
CPS Specialist:		DCF Office:		Region/County:	

A prevention plan expires after 12 months of being open. Select one of the following below:

1A. Complete for initial prevention plan (most common) <input type="checkbox"/> This is an initial prevention plan Enter the start date for this plan: Enter the end date (12 months from start date):	OR	1B. Complete when services extend beyond 12 months of previous prevention plan <input type="checkbox"/> This is an extension of an active prevention plan that follows an expired prevention plan Enter the start date (use end date from previous plan): Enter the end date (12 months from start date):
--	----	---

Is this a revision to an open prevention plan? ☐ Yes ☐ No
If yes, please add date revised:

Reason for revision:

Section II Candidacy for Care Determination

Determine if the child meets criteria as a candidate for care			
Child Name (list all children in the home)	Age	Candidate for Care	Reason for candidacy determination (mark N/A if doesn't apply to that child)
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A or describe:
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A or describe:
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A or describe:
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A or describe:
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A or describe:
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A or describe:

Section III Prevention Strategy:

PPS will refer the family to the prevention services or programs listed in this plan to: (Check one)

☐ Maintain the child safely in the home

☐ Live temporarily with a kin caregiver until the child can safely return to their parent(s)/caregiver(s), or

☐ Live permanently with a kin caregiver.

Section IV Family First Prevention Services/Program(s):

Check the appropriate service box to identify the service the family agrees to receive available in the county where the family resides. List all family members/relatives, including the children and non-related kin, in or out of the household who will participate in the service. Use the new column to add any updated services/dates if the family agrees to continue with a new Family First service after the initial service has ended. (continued next page)

Family First Prevention Plan

Identified Service / Agency / (FACTS Code)	Family Member(s) see above Section IV box	New Service Added:
Mental Health (FM01N) <input type="checkbox"/> Parent Child Interaction Therapy/ PCIT/ Horizons (THP) <input type="checkbox"/> Parent Child Interaction Therapy/ PCIT/ TFI/ (PCI) <input type="checkbox"/> Multisystemic Therapy- MST/ CSI / (MST) <input type="checkbox"/> Family Centered Treatment -FCT / SFM/ (FCT) <input type="checkbox"/> Functional Family Therapy - FFT / Cornerstones/ (FFT)		Is this a new or revised service? Date:
Substance Use Disorder (FS01N) <input type="checkbox"/> DCCCA Seeking Safety (MMT) <input type="checkbox"/> Parent-Child Assistance Program -P-CAP/ KCSL/ (PCA) <input type="checkbox"/> Seeking Safety / SFM / (SES)		Is this a new or revised service? Date:
Parent Skill-Building (FI01N) <input type="checkbox"/> ABC/ Project Eagle & Livewell / (ABC) <input type="checkbox"/> Family Mentoring / CAPS/ (NPP) <input type="checkbox"/> Fostering Prevention / FosterAdopt Connect/ (FSP) <input type="checkbox"/> Healthy Families- HFA / Great Circle/ (HFB) <input type="checkbox"/> Healthy Families -HFA/ KCSL/ (HFA) <input type="checkbox"/> Parents as Teachers - PAT/ KPATA/ (PAT)		Is this a new or revised service? Date:
Kinship Navigator (FK01N) <input type="checkbox"/> Kin TECH Kids 2 Kin/ KLS / (NIT)		Is this a new or revised service? Date:
List any children in the family, who have currently or have recently (within approximately a year) participated in mental health treatment, or if any child is on a psychiatric residential treatment facility (PRTF) waitlist. This will assist in service coordination.		
Name of child/youth	Name of agency delivering service	Name of past/current therapist or case manager
Is any child/youth listed above on a PRTF waitlist? <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes. If yes, add name of child		

Section V SIGNATURES (Initial and Updated)

	Participant:	Role:	Date:
Initial Signature:			
Updated signature (for a revised plan):			
Initial Signature:			
Updated signature (for a revised plan):			
Initial Signature:			
Updated signature (for a revised plan):			

When entering an extension for a Prevention plan (Section I, 1B) on RESP Screen:

- Close previous Prevention Plan
- Close Candidacy for Care related to previous Prevention Plan
- Close all open Family First Services using the code (SD) in the RespStatus field
- Add new Candidacy for Care for this Prevention Plan
- Re-Add Family First Services that were closed for extension, use the extension Prevention Plan Start date in the AchDt field. RespInDt of service must match the start date of the extension Prevention Plan.



BACK

**Family First Prevention Services Referral/Case
Status**

The following must be true for referral of Family First Prevention Services:

☐ Prevention Plan (PPS 4300) Completed

☐ Child(ren) is identified as a Candidate for Foster Care on Prevention Plan (**Exception:** youth in foster care who is parenting and/or pregnant, fill out PPS 3051, Section 7, then continue with this form.)

Is this a continuation of services after the 1-year expiration date of a family's prevention plan? ☐ Yes ☐ No

FACTS: If yes is checked, enter Date of Referral on this form in AchDt field. Look for Date of Referral*, below in Section I

SECTION I: Identifying Information – Completed by CPS Specialist/FC Liaison/IL Coordinator

Case Head Name:	Case Head Client ID:	FACTS Case #:	FACTS Event #:
Address of Family: City, State, Zip: County where family resides:		Phone number: Best way to contact family (phone, text, person, other):	
Non-custodial Parent(s) Name: Address: Click or tap here to enter text. City, State, Zip: Click or tap here to enter text.		Phone: Best way to contact family (phone, text, person, other):	
Is there a reason to believe that any family member is a member or eligible to be a member of a recognized Tribe, and the Indian Child Welfare Act (ICWA) applies? <input type="checkbox"/> No <input type="checkbox"/> Yes (If yes, list Tribal Affiliation): Name of Enrolled Family Member(s):			
Referring CPS Specialist / Foster Care Liaison/IL Coordinator: Email: Phone number(s): Family First Regional Email (check one below) Northwest Region <input type="checkbox"/> DCF.WERFFLiaison@ks.gov Southwest Region <input type="checkbox"/> DCF.WERFFLiaison@ks.gov Wichita Region <input type="checkbox"/> DCF.WROFF@ks.gov Northeast Region <input type="checkbox"/> DCF.NortheastFamilyFirst@ks.gov Southeast Region <input type="checkbox"/> DCF.SoutheastFamilyFirst@ks.gov KC Region <input type="checkbox"/> DCF.KCRegionFamilyFirst@ks.gov CPS or Foster Care Liaison Supervisor: Date of Intake Assignment: Click or tap to enter a date. Date of Referral* (must be same date sent to provider): Click or tap to enter a date. DCF Office (if applicable)/Region/County: List any other DCF division or employee actively involved with the family if applicable (Name/role):		Is there a current CINC case: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes: Court Number: Next Court Hearing/Division: Any child in the family in DCF custody: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Name: Answer the following: Is this referral due to a Juvenile Offender case? FACTS CODES in parentheses <input type="checkbox"/> Yes (JO01N)(PSW) <input type="checkbox"/> No Is the referral for a pregnant youth in foster care? FACTS CODES in parentheses if checked yes) <input type="checkbox"/> Yes (FC01N)(FGC) <input type="checkbox"/> No If yes, Name: If the referral is for a parenting youth in foster care is their child: <input type="checkbox"/> Not in custody (FC02N)(FGC) <input type="checkbox"/> In custody of the Secretary (FC03N)(FGC) Name of parenting youth: Child's name:	

List all children in the home	Age at referral	Client ID

List all children in the home	Age at referral	Client ID

(continued next page)

**Family First Prevention Services Referral/Case
Status**

SECTION II: Type of Case (Check program and, if applicable, appropriate grantee available in your region)- **Completed by CPS Specialist/Foster Care Liaison/IL Coordinator**

Kinship Navigator (FK01N)	Mental Health (FM01N)	Parent Skill Building (FI01N)	Substance Use Disorder (FS01N)
<input type="checkbox"/> Kids 2 Kin- Kansas Legal Services (NIT)	<input type="checkbox"/> Family Centered Treatment- Saint Francis (FCT)	<input type="checkbox"/> ABC- Project Eagle/ LiveWell (ABC)	<input type="checkbox"/> DCCCA Seeking Safety (MMT)
<div style="border: 1px solid black; padding: 10px; text-align: center;"> NOTE FOR FACTS STAFF: (FACTS codes) </div>	<input type="checkbox"/> PAT- KPATA (PAT)	<input type="checkbox"/> Parent Child Assistance Program, PCAP- Kansas Children's Service League (PCA)	<input type="checkbox"/> Parent Child Assistance Program, PCAP- Kansas Children's Service League (PCA)
	<input type="checkbox"/> MST - Multisystemic Therapy- Community Solutions (MST)	<input type="checkbox"/> HFA - Healthy Families America	<input type="checkbox"/> Seeking Safety- Saint Francis (SES)
	<input type="checkbox"/> Great Circle (HFB)	<input type="checkbox"/> Kansas Children's Service League (HFA)	
	<input type="checkbox"/> Functional Family Therapy-Cornerstones (FFT)	<input type="checkbox"/> Family Mentoring- CAPS (NPP)	
	<input type="checkbox"/> Parent Child Interaction Therapy	<input type="checkbox"/> Fostering Prevention – FAC (FSP)	
<input type="checkbox"/> TFI Family Services (PCI)			

SECTION III: Family First Referral Opening – Completed by CPS Specialist/FC Liaison/IL Coordinator

Reason for Referral (Describe what brought the family to the attention of the agency, why is the family being referred for specified services, and historical involvement with agency):

Required attachments for Family First Prevention Services:

- ☐ A/N referrals; PPS 1000, PPS 2020 Kansas DCF Assessment Map
- ☐ FINA referrals; PPS 1000, PPS 2020 Kansas DCF Assessment Map
- ☐ All cases; PPS 4300 Prevention Plan
- ☐ All cases; PPS 2021 Immediate Safety plan if applicable
- ☐ Attach and email all forms to the grantee/provider, regional Family First mailbox and your region's FACTS mailbox

GRANTEE: Acknowledge receipt of referral within 24 hours

(Grantee portion, continued next page)

**Family First Prevention Services Referral/Case
Status**

SECTION IV: Timely engagement – Completed by Grantee - Assessment and/or review of prevention plan with family to occur within 2 business days of referral. Provide initial contact date below and submit to emails listed at the end of this form for the appropriate region within 5 business days of initial contact. Use the email subject line:
FF_county abbreviation_Lastname_Firstname_4310_Initial Contact

Name of Grantee: Date of Initial contact with Family: Click or tap to enter a date.	Referred Service Category: <input type="checkbox"/> Kinship Navigator (FK01N) <input type="checkbox"/> Mental Health (FM01N) <input type="checkbox"/> Substance Use Disorder (FS01N) <input type="checkbox"/> Parent Skill Building (FI01N)	
Name of Grantee Assigned Worker:	Email:	Phone:
Name of Grantee Assigned Supervisor:	Email:	Phone:

SECTION V: Closure of Family First Prevention Services – Completed by Grantee At time of case closure, add date, closure reason, and summary below. Submit to emails listed at the end of the form for the appropriate region within 5 business days of closure. Use the email subject line: FF_county abbreviation_Lastname_Firstname_4310_Closure

Name of Grantee: Click or tap here to enter text. Closure Date: Click or tap to enter a date.	Referred Service Category: <input type="checkbox"/> Kinship Navigator (FK01N) <input type="checkbox"/> Mental Health (FM01N) <input type="checkbox"/> Substance Use Disorder (FS01N) <input type="checkbox"/> Parent Skill Building (FI01N)
Closure Reason: (Completed by Grantee) Select reason case is closing and provide a summary reason for case closure. <input type="checkbox"/> Retraction within 5 days of referral. <i>Exception: Family determined ineligible after 5-day window</i> (FACTS Code: JD) <i>The following are applicable after 6+ days</i> <input type="checkbox"/> Family declined or chooses to end services after 5 days of referral. (FACTS Code: CD) <input type="checkbox"/> Family is not progressing or addressing issues/needs identified in the prevention plan. (FACTS Code: AD) <input type="checkbox"/> Child was removed from home; a referral was made to the Reintegration/Foster Care/Adoption provider. (FACTS Code: LD) <input type="checkbox"/> Unable to locate the family or family moved out of provider services area or out of state. (FACTS Code: MV) <input type="checkbox"/> Family has successfully completed services. (FACTS Code: CM)	
Closure Summary: (Completed by Grantee) Provide a description of the family's progress/functioning at closure, a summary of the reason for closure, or special circumstances leading to closure. If applicable, document attempts to locate or engage family.	

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Grantees: Return the form to the following emails for the appropriate region where the family resides

Region	FACTS email inbox	Family First email inbox	Referring Child Protection Specialist or Foster Care Liaison (listed in Section I)
Northwest	DCF.WERFP@ks.gov	DCF.WERFFLiaison@ks.gov	Both
Southwest	DCF.WERFP@ks.gov	DCF.WERFFLiaison@ks.gov	Both
Wichita	DCF.WROCPFP@ks.gov	DCF.WROFF@ks.gov	Both
Northeast	DCF.EastFacts@ks.gov	DCF.NortheastFamilyFirst@ks.gov	Both
Southeast	DCF.EastFacts@ks.gov	DCF.SoutheastFamilyFirst@ks.gov	Both
Kansas City	_DO NOT SEND TO FACTS	DCF.KCRegionFamilyFirst@ks.gov	Both

END FORM

BACK

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. The PPS 5310 shall be completed annually.
2. Send the Adoption Exchange Provider the PPS 5305 Individual Recruitment Plan for Child in Need of Adoption Resource.
3. Send the Adoption Exchange Provider the PPS 5315, Adoption Exchange Child Status Update Form, when there is a change in the child's circumstances.

- ~~4. Review of the Permanency Flow Chart (Appendix 3O).~~

BACK

5313 Specialized Recruitment Activities

When there is not an identified adoptive resource for the child, the child shall be registered on the Kansas Adoption Exchange. The Child Welfare Case Management Provider sends the Adoption Exchange Information form (PPS 5310) to the Adoption Exchange Provider within 5 working days of the end of the Parental Rights Termination (PRT) appeal period on both parents or DCF acceptance of relinquishment. **The PPS 5310 shall be completed on an annual basis.**

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 for the children on your caseload. Additional information on writing children's narratives is located at: <http://www.adoptuskids.org/for-professionals/writing-childrens-narratives>

The Adoption Exchange Provider:

- A. Receives the Adoption Exchange Information form and registers the profile of the child on the exchange. The profile shall describe the child's strengths and areas of challenge in order to promote a successful adoption of the child.
- B. The Child Welfare Case Management Provider and the Adoption Exchange Provider determine which specialized recruitment activities which may be appropriate for the child. Activities may include, but are not limited to, a professional photograph, posting on the state and national adoption websites, 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.

BACK

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. BIS team members shall consider and discuss all information presented about the child and prospective adoptive families in accordance with what is in the best interest of the child. A Best Interest Staffing (BIS) shall be convened and facilitated by the Child Welfare Case Management Provider (CWCMP) unless waived by the BIS team members. (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 BIS Team Meeting

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 participants. Persons who shall be invited/notified to participate in the BIS meeting and/or to provide input include:
 - a. Child's Guardian ad litem (GAL);
 - b. Child's current and former Case Manager/Support Worker;
 - c. DCF Foster Care Liaison;
 - d. Court Appointed Special Advocate (CASA), if applicable;
 - e. Assigned supervisors;
 - f. Court Services Officer, if applicable;
 - g. Child's therapist;
 - h. Teacher or other adult (coach, scout leader, youth pastor etc.);

- i. Current placement resource, unless there is a conflict of interest, e.g. they are one of the families being considered;
- j. Indian Child Welfare Act (ICWA) tribal representative for the affiliated tribe, if applicable;
- k. Any other relevant service providers;
- l. Worker for each family being considered.

Others may be invited as appropriate. If the youth is age 14 or older, he/she shall be encouraged to attend and/or provide input. 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.

All participants are BIS Team members and shall receive the Appendix 5S, Best Interest Staffing Brochure. If BIS Team members are not able to attend in person, participants shall be included by conference call or video conference upon request. Input can also be submitted in writing prior to the staffing.

- 4. Prior to a BIS, the CWCMP shall submit to all members of the BIS Team
 - a packet including the following:

- 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.

The BIS team members shall review the packet and let the CWCMP know in advance of the meeting if there are concerns or questions about a prospective family's capacity to meet the needs of the child.

B. BIS Meeting

- 1. The BIS Team shall include members of the child's case team who have working knowledge of the strengths and needs of the child(ren). BIS Team members shall review the PPS 5318 Adoptive Family Assessment for each potential adoptive

resource being considered, as well as the PPS 3114 Child's Social History for each child. Members may include, but shall not be limited to the following:

- a. The child, if deemed appropriate based upon age and development. The child may choose to provide their input in an alternative method, such as in writing to the team or through the verbal representation of another identified, trusted, person on their case team
- b. Relatives or positive adult connections to the child(ren)
- c. 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. 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.
- d. Guardian Ad Litem (GAL)
- e. Court Appointed Special Advocate (CASA)
- f. County/District Attorney
- g. Professionals completing the PPS 5318 for potential adoptive resource. These individuals shall not participate in the entire process, rather the portion related to the presentation of the family in which they are representing.
- h. Child's providers: therapist, teacher, educational advocate, pediatrician, probation officer, mentor, or other identified providers.
- i. A participant identified to document the scope of the conversation throughout the BIS
- j. Reintegration workers, as previously assigned
- k. DCF staff
- l. Court Service Officers

Participants who are in attendance for the entirety of the process are able to weigh in and provide recommendations as to the most appropriate adoptive resource. They should be prepared to discuss the strengths and needs of the potential adoptive resource(s) as it is related to the strengths and needs of child(ren).

2. The meeting process shall include the following:

- a. The CWCMP shall first 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. Participants who know the child well may provide clarifying information as needed to ensure the team has adequate knowledge to make an informed decision regarding what is in the best interest of the child(ren).
- b. 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.
- c. All factors shall be considered in identifying which family(ies) can best meet the needs of the child. The BIS team shall consider and document each family's ability to:
 - i. meet the needs and temperament of the child currently and over time;
 - ii. understand the current and future impact on their family of adopting this child;
 - iii. recognize and advocate for the needs/interests of the child;
 - iv. understand and support the child through loss and grieving issues;
 - v. recognize adoption is a life-long commitment with many unknown challenges;
 - vi. provide the child with a safe and secure environment;
 - vii. provide unconditional love and acceptance of the child;
 - viii. accept and incorporate the child's emotional, physical, social, educational, and developmental needs into the family;
 - ix. demonstrate application of knowledge of the effects of deprivation, abuse and neglect on a child and the potential impact on the child's behavior;
 - x. encourage the child(ren) to develop at his/her own rate to reach his/her maximum potential;
 - xi. accept and support the child's background, culture, ethnicity, heritage, race, medical and mental health needs, and genetic and social history;
 - xii. help the child to learn and accept his/her background;
 - xiii. understand the importance of planning and facilitating child/children's future contact with siblings and/or other family members as deemed appropriate;

- xiv. manage their financial resources.
- d. Discussion shall include the impact of separation, loss, attachment, and subsequent reattachments for the child.
- e. Discussion shall include the impact of the child on the prospective adoptive family and their children.
- f. Upon conclusion of the BIS meeting, the CWCMP shall document the record of the meeting and the BIS team decision that is achieved through consensus regarding selection of adoptive family that can best meet the needs of the child. Refer to PPM 5341.
- g. If additional information is needed for the Team to make a decision, 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.
- h. 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.

3. Documentation of the BIS Team's Decision:

- a. The Child Welfare Case Management Provider shall document the decision of the BIS Team 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 new information arises that may impact the decision of the BIS Team, that information shall be provided by the CWCMP to all BIS members. A determination shall be made as to allowing the BIS decision to stand, or reconvening the BIS Team to discuss the new information and possibly change the BIS decision. If the BIS Team agrees the new information impacts the BIS decision and a different decision needs to be made, 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 ~~have been documented, and all are ruled out;~~ 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.4.b.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 5341 Best 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.

BACK

5911 Title IV-E Determination for Basic Eligibility – Administrative Funding

A child/youth 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/youth enters State custody to the date the child/youth is released from State custody. (see explanation of Custody Episode in PPM 5910 B.2) If a child/youth 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:

1. If the child/youth 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/youth returns home.
2. The youth 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.
3. The child is 18 years of age and not expected to graduate before the age of 19. The child 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.

Dually Adjudicated Youth

When a youth is in the custody of DCF and placed in KDOC-JS custody (dually adjudicated), KDOC is responsible for the care and treatment of the youth. This includes payment for the youth's placement. If DCF custody was not released at the

time the youth entered KDOC custody, DCF responsibility for care and treatment of the youth will resume on the day the youth is released from KDOC-JS custody. 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/youth 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/youth 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/youth.
 - 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.
 - c. When a court order transfers custody of a child/youth from DCF custody to KDOC-JS custody or from KDOC-JS to DCF, this is the same custody episode if the child/youth remained in custody with either DCF or KDOC-JS throughout the changes in agency custody.
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/youth or removal is in the best interest of the child/youth. The finding must include language which describes the circumstance in the home the child/youth 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/youth 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/youth in custody other than DCF at the time of removal, the CTW requirement remains if the child/youth 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/youth was first removed. The eligibility specialist shall determine whether CTW findings were made and met criteria in the initial order removing the child/youth from their home. If the findings were made and the child/youth remains in their original 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/youth, 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/youth 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 DCF do not have custody of the child/youth at the time of removal, the month DCF is awarded custody is the eligibility month.

C. Determination of AFDC relatedness

- 1. Age – A child/youth 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 youth'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. 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/youth 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/youth'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/youth 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/youth born outside the U.S. of alien parents automatically becomes a citizen after birth if his parent(s) are naturalized before the child/youth 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/youth 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/youth is an unaccompanied refugee and has been in the country under 5 years, they cannot be Basic Title IV-E eligible.

- f. A child/youth 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/youth 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/youth 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/youth. 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/youth under age 18 who is removed from the home of a relative and is within the fifth degree of kinship to the child/youth, will be eligible for assistance under Title IV-E. A chart reflecting 5th degree of relationship can be found at:

<http://content.dcf.ks.gov/EES/KEESM/Appendix/T-6RelationshipChart05-17.pdf>

- 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 nonrelated permanent custodian does not meet the specified relative criteria.
- 4. Removal Home – The child/youth 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/youth 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/youth most recently lived as the removal home. If the child/youth 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/youth can be considered removed from the home if the following occurs:
 - i. Physical Removal: The child/youth 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/youth and the agency is unable to locate the child/youth 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.
 - ii. Constructive Removal: This removal is considered a "paper removal". An example of this is when the agency receives custody of the child/youth, but the agency does not physically remove the child/youth from their current household. In this situation, the eligibility specialist would look back to see if the child/youth had lived with another specified relative in the eligibility month or within the past six months. The specified relative the child/youth lived with prior to the specified relative they are currently residing then becomes the home in which the child/youth 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/youth cannot be Basic Title IV-E eligible.
- e. Scenarios for meeting removal criteria:
 - i. Child/Youth 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/Youth 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/youth resided within six months prior to the eligibility month.

- iii. The State leaves the child/youth in the home of a non-parent specified relative, but the child/youth had lived with a different specified relative within six months of the petition (eligibility month). The most recent specified relative with whom the child/youth lived in the six months prior to the petition (eligibility month), is the removal home.
- iv. Child/Youth has been living with the same specified relative for over six months. The state is granted custody of the child/youth, but leaves them in the home of this specified relative. The agency removes the child/youth from this specified relative at some point in the six months following the petition (eligibility month).
 - a. The specified relative with whom the child/youth 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/youth 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/Youth 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/youth 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/youth 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/youth 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/youth is removed from their parent(s) home, the AFDC group includes birth or adoptive parents, the child/youth 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 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/youth is removed from the home of a non-parent specified relative, the AFDC group includes the child/youth in custody and any minor siblings (birth, adoptive or half) who were living in the home at any time during the eligibility month.
 - e. Do not Include the stepparent and their children residing in the same household as the child/youth 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/youth 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/youth 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. Only documented income should be counted (IE; custody court orders, 5410A, DCF systems, WorkNumber).
- b. 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.
- c. 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
- d. 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
- e. 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
- xiv. 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

f. Converting Income to Monthly Amounts

- i. In determining the earned and unearned income of the child/youth'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

g. 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

h. 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.

i. 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

j. 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.

BACK

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 1355.20)
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. Private Group Home
- c. Child Care Facility
- d. Shelter Care Facility
- e. Secure Care Facility
- f. Qualified Resident Treatment Program (QRTP) Facility
- g. Publicly operated (by a branch of government) childcare facility, licensed for no more than twenty-five children.

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 child care 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- Placements where the court directly orders the agency to place the child in a specific placement.
- j. Adoptive placements at finalization
- k. Adoptive placements no longer licensed, post signing of APA.

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 child care institution. 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), 472 (b))

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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 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

The CWCMP case managers may choose a relative placement for the child/youth. Relatives may choose 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

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. The monies received on behalf of an SSI eligible child are used to offset their cost of care.

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 the child is waiting for the outcome of their SSI eligibility determination, DCF is responsible for their cost of care. The child is not FFP eligible during this time.

If the child is determined 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 be applied to the child's cost of care incurred during the application months.

When a court transfers custody between DCF and KDOC-JS, 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-JS 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.

BACK

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.

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.

BACK

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.

- a. The Involved Adult may identify family members to assist with tasks.
- b. The APS Specialist may identify appropriate individuals to work with the Involved Adult, with the consent of the Involved Adult.

The service plan shall be signed by the Involved Adult. If the 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

BACK

DCF ADULT PROTECTIVE SERVICES POTENTIAL CRIMINAL ACTIVITY
NOTIFICATION COVERSHEET

Date:

Client Name:

KIPS ID #:

Assigned APS Specialist:

Phone Number for APS Specialist:

Email for APS Specialist:

We received the attached APS report that a criminal act has occurred or appeared to have occurred involving an adult. Per K.S.A. 39-1433 (a) (1), we are forwarding you the following forms: PPS 10100, and PPS 10110. The report is also being provided to the Office of the Attorney General, Fraud & Abuse Litigation Division. **Your review of this report is requested. If your agency plans to proceed with an investigation or other action, please contact us.** Please notify us immediately if you DO NOT want DCF to proceed without coordinating our investigation with your department. Per K.S.A. 39-1433(3)

Allegation Type: Abuse ____ Neglect ____ Financial Exploitation ____

DCF is mandated to initiate an investigation within 24 hrs. ____ 3 working days ____ 5 working days ____

You are receiving information related to the below referenced case including the name of the reporter. Per K.S.A. 38-1434, reporter information is confidential and shall not be provided or further disclosed to the public unless allowed per applicable state and federal law.

Please provide the Name of LE Agency, Case Number, Incident Number or other filing identifier number and officer assigned here:

Name of Law Enforcement Agency:

Case Number:

Incident Number:

Other Filing identifier number:

Officer Assigned:

Officer Email:

Officer Telephone number:

Please send this coversheet back to the Kansas Attorney General's Office, Fraud & Abuse Litigation Division by Hitting "Reply All" or by FAX at 785-296-6795. Your efforts will assist Adult Protective Service and the Kansas Attorney General's Office in tracking the outcome of this report.

Please do not hesitate to contact the APS Specialist above if you have any questions.



BACK

I, _____, give permission for the release of information concerning
(PRINT Full Name)

myself in the Adult Abuse, Neglect, Exploitation Central Registry to:

Contact Person(s)* _____ Phone _____

Agency name _____

Agency mailing address _____

Email address: Will return via Encrypted email unless marked otherwise _____

Maiden Name and/or Other Names Known By: _____

(PRINT ONLY)

Address: _____

Street City State Zip Code

DOB: _____ SS#: _____ ☐ Male ☐ Female
(mm/dd/yyyy) (mark one)

I understand that all information released will be for the exclusive and confidential use of the above named organization/person. I have read and understand this form and information provided is true and correct to the best of my knowledge.

I give permission for the release of any information concerning myself in the Adult Abuse, Neglect, Exploitation Central Registry each year while I am employed or associated with the above agency. Yes No

Signature: _____ Date: _____
(An Ink Signature or a Verified E-Signature is Required for Processing) (mm/dd/yyyy)

RETURN TO:

Email: DCF.APSRegistry@ks.gov

Mail: Office of Background Investigations

Adult Abuse Registry

P.O. Box 751043

Topeka, Kansas 66675

(Please allow 3-5 days for processing email requests and an additional 5-7 days if returning by US Postal Service)

For Official Use Only: Mark in this area if PROHIBITED

For Official Use Only: Mark in this area if CLEARED

Yo, _____, doy permiso para la divulgación de información relativa a mi persona
(Nombre completo EN LETRA DE MOLDE)

en el Registro Central de Abuso, Negligencia y Explotación de Adultos a:

Persona(s) de contacto* _____ Teléfono _____

Nombre de la agencia _____

Dirección postal de la agencia _____

Dirección de correo electrónico: Se remitirá por correo electrónico encriptado a menos que se marque lo contrario _____

Apellido de soltera y/o otros nombres por los que se le conoce: _____

(SOLO EN LETRA DE MOLDE)

Dirección: _____

Calle	Ciudad	Estado	Código Postal
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Fecha de Nac.: _____	SS#: _____	Hombre <input type="checkbox"/>	Mujer <input type="checkbox"/>
(mm/dd/aaaa)		(marque una)	

Entiendo que toda la información revelada será para el uso exclusivo y confidencial de la organización/persona arriba mencionada. He leído y comprendido este formulario y la información proporcionada es verdadera y correcta a mi leal saber y entender.

Doy permiso para que se revele cualquier información que me concierna en el Registro Central de Abuso, Negligencia y Explotación de Adultos cada año mientras esté empleado o asociado con la agencia mencionada. Sí ☐ No ☐

Firma: _____ Fecha: _____

(Se requiere una firma de tinta o una firma electrónica verificada para su tramitación)

(mm/dd/aaaa)

ENVIAR A:

Email: DCF.APSRegistry@ks.gov

Correo: Office of Background Investigations

Adult Abuse Registry

PO Box 751043

Topeka, Kansas 66675

(Por favor, espere de 3 a 5 días para procesar las solicitudes por correo electrónico y de 5 a 7 días adicionales si se devuelve por el Servicio Postal de Estados Unidos)

Solo para uso oficial
For Official Use Only: Mark in this area if PROHIBITED

Solo para uso oficial
For Official Use Only: Mark in this area if CLEARED