

Summary of Prevention and Protection Services (PPS) Policy and Procedure Manual Changes July 1, 2024

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 2024. These policy revisions are effective July 1, 2024.

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

Qualified Alien

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

- **0160 Glossary**

What prompted this revision?

As a result of a federal audit, Independent Living program staff were advised that only citizens and qualified aliens are eligible to receive federally funded supports and services.

Brief description of the revision:

Language was added to the 7100 Eligibility to make it clear that citizenship status may impact a youth or young adult's ability to receive federally funded supports and services. The definition of qualified alien is now in the glossary.

What is the anticipated impact to practice?

DCF IL staff and CWCMP staff will need to advise young people who lack citizenship or qualified alien status that equivalent supports and services may be available depending on availability of funds and any restrictions that may be in place. DCF IL staff will need to utilize payment codes for state only funds for those young people who do not meet citizenship or qualified alien requirements.

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Review of Adoption Assistance and Foster Home Maintenance Payments

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

- **0902 Claiming Federal Funds**

What prompted this revision?

Federal partners brought the need for a policy regarding reasonable, specific and time limited review of foster care maintenance payments and adoption assistance payments to the attention of the agency.

Brief description of the revision:

Creates a timeline of review for foster care maintenance payments and adoption assistance payment amounts. These amounts will be reviewed every 5 years.

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What is the anticipated impact to practice?

Will create a process to review adoption assistance and foster care maintenance payments which impact the ability of placements to provide for the day-to-day care of youth.

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Section 1000 Intake

New FACTS Codes Pertaining to SOUL Family

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

- [1882 Reason Left Reason Left Reason Left Date](#)
- [3814 Entering Goals](#)[3835 Entering Reason for Discharge on RESP Screen](#)
- [5834 Entering Out of Home Placement End Information](#)
- [5863 Permanency Goals](#)

What prompted this revision?

This revision was prompted because a new permanency, SOUL Family.

Brief description of the revision:

PPM 1882 Reason Left Reason Left Date has been amended to include the new Reason Left code SOL, SOUL Family

PPM 3814 Entering Goals has been amended to include the new Goal code of SOL, SOUL Family.

PPM 3835 Entering Reason for Discharge on RESP Screen has been amended to include the new Reason for Discharge code SL, SOUL Family.

PPM 5834 Entering Out of Home Placement End Information has been amended to include the new OOH End Rsn code of SOL, SOUL Family.

PPM 5863 Permanency Goals has been amended to include the new Goal code of SOL, SOUL Family.

What is the anticipated impact to practice?

The practice for entering codes into the fields in each policy is not changing, however FACTS will begin using new codes as indicated on the PPS 3051 & PPS 5120 forms.

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Section 2000 Investigation and Assessment

Family Preservation Services Policy/Form Updates for New Contract

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

- [2748 DCF Responsibilities at Referral to Family Preservation Services](#)
- [4205 DCF Responsibilities for Open Family Preservation Services Cases](#)
- [4210 Family Preservation Case Management Provider Responsibilities](#)
- [4215 Family Preservation Initial Family Meeting](#)
- [PPS4200 Family Preservation Referral](#)
- [PPS4200_Instr Family Preservation Referral Instructions](#)
- [PPS4205 Family Preservation Acknowledgment](#)

What prompted this revision?

FPS Program Administrator is making the change to these policies to reflect changes made in the new FPS Contract that begins July 1, 2024.

Brief description of the revision:

Removal of Tier 1 and Tier 2 language from FPS policies.

What is the anticipated impact to practice?

FPS Providers will be given a FP referral without labeling Tier 1 or Tier 2. FPS Providers will serve families with a general “referral” and have the freedom to adjust the level/intensity of services to meet the families where they are at any given time.

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Section 3000 Case Management

SOUL (Support Opportunity Unity Legal Relationships) Family Legal Permanency Option

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

- [3231 Development of Permanency Goals](#)
- [PPS3051 Permanency Plan](#)
- [PPS 5120 Acknowledgment](#)
- [NEW 5500 Recommending SOUL \(Support Opportunity Unity Legal Relationships\) Family Legal Permanency Custodian\(s\)](#)

What prompted this revision?

During the 2024 legislative session, Kansas passed law establishing a new permanency option for young people in foster care. SOUL (Support Opportunity Unity Legal Relationships) Family Legal Permanency establishes a court ordered legal relationship between a youth and one or

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more adults who will be responsible for the youth's care while still maintaining family connections. SOUL Family Legal Permanency recognizes additional relationships with a broad network of caring adults.

Brief description of the revision:

These policy revisions both create and amend policy as necessary for practice to move forward with SOUL Family Legal Permanency as an option for young people in foster care in KS.

What is the anticipated impact to practice?

Improved authentic engagement of youth and families. Empowering field staff to put youth in the driver's seat of their future.

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New FACTS Codes Pertaining to SOUL Family

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- [3814 Entering Goals](#)
- [3835 Entering Reason for Discharge on RESP Screen](#)
- [5834 Entering Out of Home Placement End Information](#)
- [5863 Permanency Goals](#)
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PPM 5863 Permanency Goals has been amended to include the new Goal code of SOL, SOUL Family.

What is the anticipated impact to practice?

The practice for entering codes into the fields in each policy is not changing, however FACTS will begin using new codes as indicated on the PPS 3051 & PPS 5120 forms.

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Youth Involved in the Juvenile Justice System

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

- **3110 Case Management Safety and Risk Assessments**

What prompted this revision?

Due to Federal Legislation from HB 2021 that prompts DCF youth to access services from KDOC.

Brief description of the revision:

3110 add HB 2021 language regarding criminogenic behaviors that would need a risk or need assessment completed.

What is the anticipated impact to practice?

3110 reminds CW and Family Preservation staff of the HB changes where youth who are at risk of becoming involved in the juvenile justice system could be eligible for services through KDOC and reminds them that an assessment should be done.

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Adding to Case Plan Participants

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

- **3207 Case Plan Participants**

What prompted this revision?

The only thing pertaining to communication and collaboration or reference of crossover youth in the PPM is the definition that was published July 1, 2023. This revision was prompted to ensure that all parties who are involved with a crossover youth are aware of the need to communication and collaboration.

Brief description of the revision:

3207 is adding community corrections/court services staff to case planning/meetings if applicable.

What is the anticipated impact to practice?

3207 will help CW staff and others involved with Crossover Youth communicate and collaborate to ensure the youth receives needed services and care.

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Section 4000 Prevention Services

Family Preservation Services Policy/Form Updates for New Contract

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

- [4205 DCF Responsibilities for Open Family Preservation Services Cases](#)
- [4210 Family Preservation Case Management Provider Responsibilities](#)
- [4215 Family Preservation Initial Family Meeting](#)
- [PPS4200 Family Preservation Referral](#)
- [PPS4200_Instr Family Preservation Referral Instructions](#)
- [PPS4205 Family Preservation Acknowledgment](#)
- [2748 DCF Responsibilities at Referral to Family Preservation Services](#)

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FPS Program Administrator is making the change to these policies to reflect changes made in the new FPS Contract that begins July 1, 2024.

Brief description of the revision:

Removal of Tier 1 and Tier 2 language from FPS policies.

What is the anticipated impact to practice?

FPS Providers will be given a FP referral without labeling Tier 1 or Tier 2. FPS Providers will serve families with a general “referral” and have the freedom to adjust the level/intensity of services to meet the families where they are at any given time.

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Entering a Family Preservation Referral into FACTS

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

- [4861 Entering a Family Preservation In-Home Referral into FACTS](#)

What prompted this revision?

New Family Preservation Services contract has eliminated the tiers of service.

Brief description of the revision:

Referrals to Family Preservation Services will no longer have tiers of service.

What is the anticipated impact to practice?

This will change the way a Family Preservation Service Referral is entered into FACTS. Instead of entering a service source code to reflect tiers of service, FACTS will enter the service source code of FPC with the PR03N service action code.

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Section 5000 Child Welfare Case Management Providers

CWCMP Screenings and Assessments

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

- **5030 Child Welfare Case Management Provider Screenings and Assessments**

What prompted this revision?

The CWCMP's brought a worry surrounding Initial Mental Health and Trauma Screen policy, PPM 5030, prompting administration to review and update the policy to clarify the application of the particular screen, the Ages and Stages – Social Emotional (ASQ-SE) to youth ages 30 days old to 2 years old, updated from 0 years old to 2 years old. The policy clarifies what action is needed when a youth enters care at younger than 30 days old and requires an Initial Mental Health and Trauma Screen, per PPM 5030.

Brief description of the revision:

PPM 5030 is being updated to clarify the timelines of the ASQ-SE, per the guidelines of the Assessment. (Starting at 30 Days Old rather than 0 as policy previously stated). The policy also adds timelines to follow when a child enters care at younger than 30 days old. Based on program feedback, language changes for consistency, formatting changes for clarity and removal of unnecessary information was also incorporated. A change was also made for physical health assessment policy to clarify current practice and policy.

What is the anticipated impact to practice?

The CWCMP's will follow the guidelines within policy related to completing assessments for children younger than 30 days old upon their initial entry into care.

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Background Check Guidelines

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

- **NEW 5031 Background Checks**

What prompted this revision?

Newly updated foster care licensing regulations will now require fingerprinting for residents 18 years of age and older. DCF policy is being updated to reflect the same guidelines for general background checks. For clarity and to distinguish background checks from Mental Health and Needs assessments, background check information is being moved into its own policy.

Brief description of the revision:

Background Check information will now have its own policy. Age for fingerprinting to approve a placement increased from 10 to 18.

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What is the anticipated impact to practice?

This will improve recruitment efforts of relatives/NRKIN to provide placement for youth in care by removing barriers related to fingerprinting minors.

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SOUL (Support Opportunity Unity Legal Relationships) Family Legal Permanency Option

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

- [PPS5120 Acknowledgement.](#)
- [NEW 5500 Recommending SOUL \(Support Opportunity Unity Legal Relationships\) Family Legal Permanency Custodian\(s\)](#)
- [3231 Development of Permanency Goals](#)
- [PPS3051 Permanency Plan](#)

What prompted this revision?

During the 2024 legislative session, Kansas passed law establishing a new permanency option for young people in foster care. SOUL (Support Opportunity Unity Legal Relationships) Family Legal Permanency establishes a court ordered legal relationship between a youth and one or more adults who will be responsible for the youth's care while still maintaining family connections. SOUL Family Legal Permanency recognizes additional relationships with a broad network of caring adults.

Brief description of the revision:

These policy revisions both create and amend policy as necessary for practice to move forward with SOUL Family Legal Permanency as an option for young people in foster care in KS.

What is the anticipated impact to practice?

Improved authentic engagement of youth and families. Empowering field staff to put youth in the driver's seat of their future.

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Implementing Final Rule

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

- [5234 Relative Home-Placement](#)
- [5235 Non-Related Kinship Home Placement](#)

What prompted this revision?

Newly updated foster care licensing regulations will now require fingerprinting for residents 18 years of age and older. Policy is being updated to reflect the same guidelines for general background checks. Language referring to non-licensed NRKIN homes as "Approved Homes" is also being removed from the PPM to mitigate confusion around who may be required to receive maintenance payments equal to those of licensed general family foster homes.

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Brief description of the revision:

Age for fingerprinting to approve a placement increased from 10 to 18. Language referring to non-licensed NRKIN homes as “Approved Homes” has been removed and they will now be referred to as Non-Licensed NRKIN homes.

What is the anticipated impact to practice?

This will improve recruitment efforts of relatives/NRKIN to provide placement for youth in care by removing barriers related to fingerprinting minors, providing equal pay to general family foster homes once licensed, and removing confusing language mitigating confusion around who may be eligible for increased maintenance rates based on a September 2023 federal final rule.

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AFCARS Changes in FACTS

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

- **[NEW 5827 Entering ICWA Information](#)**
- **[5865 Pregnant or Parenting Foster Care Youth](#)**

What prompted this revision?

There are 2 substantial changes to policy that were not updated during the Adoption & Foster Care Analysis and Reporting System (AFCARS) 2020 project. These changes revolve around entering Indian Child Welfare Act (ICWA) information into the Family and Child Tracking System (FACTS) & and entering Pregnant/Parenting foster care youth information into FACTS.

Brief description of the revision:

PPM 5827 Entering ICWA information is a new FACTS policy providing guidance for entering and updating ICWA information in FACTS for AFCARS reporting.

PPM 5865 Pregnant or Parenting Foster Care Youth has been amended and restructured to provide guidance for the entry of the FC01N, FC02N, FC03N & FC04N codes for AFCARS reporting.

What is the anticipated impact to practice?

There is no anticipated impact to current practice, as these changes to the Policy & Procedure Manual have been in practice and communicated outside of the manual.

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New FACTS Codes Pertaining to SOUL Family

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

- [5834 Entering Out of Home Placement End Information](#)
- [5863 Permanency Goals](#)
- [1882 Reason Left Reason Left Reason Left Date](#)
- [3814 Entering Goals](#)
- [3835 Entering Reason for Discharge on RESP Screen](#)

What prompted this revision?

This revision was prompted because a new permanency, SOUL Family.

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PPM 1882 Reason Left Reason Left Date has been amended to include the new Reason Left code SOL, SOUL Family

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PPM 5863 Permanency Goals has been amended to include the new Goal code of SOL, SOUL Family.

What is the anticipated impact to practice?

The practice for entering codes into the fields in each policy is not changing, however FACTS will begin using new codes as indicated on the PPS 3051 & PPS 5120 forms.

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Support Act Impacts to CWCMP Responsibilities

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

- [5263 Self-Sufficiency/Life Skills Responsibilities of the Child Welfare Case Management Provider](#)

What prompted this revision?

The Support act went into effect January 2023 making youth who age out eligible for Aged Out Medical in any state if the young adult turned 18 on or after January 1, 2024. Policy was added to indicate that CWCMP staff should assist young adults with applying for aged out medical in another state that the young adult plans to move to upon exiting custody after age 18.

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Brief description of the revision:

HB 2560 was passed this legislative session and allows foster youth in the custody of the Secretary of DCF to open a bank account without a cosigner. Verification of foster care status will be required for youth to open an account without a cosigner. Policy added to indicate that CWCMP staff will assist interested young people with opening an account, refer to financial literacy course, and provide verification.

Cleaned up language in the rest of the policy section.

What is the anticipated impact to practice?

CWCMP staff need to be aware of how to locate Medicaid resources and applications in other states to assist youth and young adults with Aged Out Medical applications.

CWCMP staff need to be aware that youth 16 and above may open a bank account without a cosigner. Youth are responsible for any costs or penalties associated with the account. CWCMP staff will provide verification of foster care for youth to open an account without a cosigner.

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Entering PRT Dates into FACTS

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

- [5872 Entering Court Activity for Parental Right Termination Hearings](#)

What prompted this revision?

Subsection (b) of K.S.A 60-254, no judgement is effective unless and until a journal entry or judgement form is signed by the just and filed with the clerk.

Brief description of the revision:

PPM 5872 Entering Court Activity for Parental Right Termination Hearings has been revised to provide proper guidance when entering the Severance or Relinquishment of Parental Rights.

What is the anticipated impact to practice?

This change will require some data cleanup for those in the AFCARS 2022A to Present population who experienced the severance or relinquishment of parental rights.

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SOUL Family Program Medical Coverage

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

- [5918 Medicaid Requirement for Children in Out of Home Care](#)

What prompted this revision?

HB 2536 for SOUL Family Program.

Brief description of the revision:

HB 2536 allows for youth participating in SOUL Family Program to continue receiving Foster Care medical until they turn 18 and graduate from high school.

What is the anticipated impact to practice?

DCF staff will continue to maintain Foster Care medical for youth in this program.

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Continuation of Medical Coverage

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

- [5930 Closing the Foster Care Case](#)

What prompted this revision?

HB 2536 for SOUL Family Program and discussions with KDHE regarding runaway youth.

Brief description of the revision:

HB 2536 allows for youth participating in SOUL Family Program to continue receiving Foster Care medical until they turn 18 and graduate from high school. Discussions with KDHE provided approval for continuation of medical when a youth is on the run.

What is the anticipated impact to practice?

DCF staff will continue to maintain Foster Care medical for youth in the SOUL Family Program and runaway youth.

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Section 6000 Permanent Custodianship and Adoption

SOUL (Support Opportunity Unity Legal Relationships) Family Legal Permanency

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

- [NEW 6310 Establishment of SOUL \(Support Opportunity Unity Legal Relationships\) Family Legal Permanency](#)
- [NEW 6311 Requirements for SOUL \(Support Opportunity Unity Legal Relationships\) Family Legal Permanency Monthly Subsidy](#)
- [NEW 6312 Type of Support and Amounts for SOUL \(Support Opportunity Unity Legal Relationships\) Family Legal Permanency Monthly Subsidy](#)
- [NEW 6313 SOUL \(Support Opportunity Unity Legal Relationships\) Family Legal Permanency Eligibility Determination](#)
- [NEW 6314 SOUL \(Support Opportunity Unity Legal Relationships\) Family Legal Permanency Subsidy Agreement](#)
- [NEW 6315 Termination of SOUL \(Support Opportunity Unity Legal Relationships\) Family Legal Permanency Monthly Subsidy](#)
- [NEW 6316 SOUL \(Support Opportunity Unity Legal Relationships\) Family Legal Permanency Annual Review](#)
- [NEW PPS6300 SOUL Family Legal Permanency Monthly Subsidy Checklist](#)
- [NEW PPS6301 Referral for Payment](#)
- [NEW PPS6302 SOUL Family Legal Permanency Subsidy Agreement](#)
- [NEW PPS6315 SOUL Family Legal Permanency Annual Review](#)
- [New PPS6320 SOUL Family Legal Permanency Change in Status Report](#)

What prompted this revision?

During the 2024 legislative session, Kansas passed law establishing a new permanency option for young people in foster care. SOUL (Support Opportunity Unity Legal Relationships) Family Legal Permanency establishes a court ordered legal relationship between a youth and one or more adults who will be responsible for the youth's care while still maintaining family connections. SOUL Family Legal Permanency recognizes additional relationships with a broad network of caring adults.

Brief description of the revision:

These policy revisions both create and amend policy as necessary for practice to move forward with SOUL Family Legal Permanency as an option for young people in foster care in KS.

What is the anticipated impact to practice?

Improved authentic engagement of youth and families. Empowering field staff to put youth in the driver's seat of their future.

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Section 7000 Independent Living

IL Monthly Budget Plan

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

- [7050 Monthly Budget Plan](#)
- [PPS7000A Independent Living Monthly Budget Plan](#)

What prompted this revision?

The IL Leadership Team recognized inconsistencies in how the PPS 7000A Independent Monthly Budget Plan was being used. The form did not capture many expense categories that young adults utilize.

Brief description of the revision:

Additional expense and income categories were incorporated into the form to better capture actual financial picture of young adults. These categories include child expenses such as diapers and formula, subscription services such as Netflix and Spotify, and eating out as a separate expense from groceries. There are also additional categories for the income and resources section to include housing assistance or voucher information to better track status of those types of assistance that may help the IL Coordinator and young adult in budgeting and planning.

What is the anticipated impact to practice?

IL staff are already utilizing the form as part of a pilot. There will be greater consistency in completion of the budget. The policy provides some guidance about the Monthly Budgeting Plan and how it is used and suggests additional resources and information about budgeting so that the form can be better utilized as a teaching tool with young adults.

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Independent Living Eligibility

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

- [7100 Eligibility](#)

What prompted this revision?

As a result of a federal audit, Independent Living program staff were advised that only citizens and qualified aliens are eligible to receive federally funded supports and services. As a result of the SUPPORT Act, young adults who age out and turned 18 on or after January 1, 2023 are eligible for Aged Out Medical in any state regardless of state where they aged out.

Brief description of the revision:

Language was added to the 7100 Eligibility to make it clear that citizenship status may impact a youth or young adult's ability to receive federally funded supports and services.

Language added to identify specific eligibility for young adults who exited permanency to SOUL

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Family.

Support Act language added to indicate eligibility for Aged out Medical in any state for those who aged out and turned 18 on or after January 1, 2023.

What is the anticipated impact to practice?

DCF IL staff and CWCMP staff will need to advise young people who lack citizenship or qualified alien status that equivalent supports and services may be available depending on availability of funds and any restrictions that may be in place. DCF IL staff will need to utilize payment codes for state only funds for those young people who do not meet citizenship or qualified alien requirements.

DCF IL and CWCMP staff will be aware of IL benefits associated with SOUL Family permanency.

DCF IL and CWCMP staff will be clear on the requirements of the SUPPORT Act that are already in practice.

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Aged Out Medical Program

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

- [7270 Aged Out Medical Program](#)
- [PPS7240 You May be Eligible for Health Coverage with a State Medical Card](#)

What prompted this revision?

KPM identified the need to review policy for case findings to better align with the Kansas Practice Model because practitioners are struggling with writing case findings using the new KPM tools.

The Independent Living (IL) Leadership team reviewed parts of the IL Section of the Policy and Procedure Manual and found that language was not updated in PPM 5263, 7100, and 7270 to reflect current law and practice. The SUPPORT Act mandates that young adults who turned 18 on or after 1/1/23 and otherwise meet Aged Out Medical eligibility criteria are eligible for Aged Out Medical in any state, not just the state where the young adult was in care. Policy updated to reflect this change and to indicate that CWCMP and/ or DCF IL staff should assist young adults moving to another state to locate information and apply for aged Out Medical in the other staff. Additionally, there is language in PPM 7270 indicating DCF IL Coordinators are to inform young adults who were released from custody but have not submitted an application or obtained a medical card for the Aged Out Medical program by sending a PPS7240 You May Be Eligible Notice. DCF no longer administers the Aged Out Medical program as that is now under KDHE.

Brief description of the revision:

The description of the Aged Out Medical program now includes language that young adults who turned 18 on or after 1/1/23 and meet eligibility criteria are eligible in all states. CWCMP's shall assist youth and young adults in locating information and applying for Aged Out Medical in another state that the young adult has expressed interest in relocating to. DCF IL staff shall assist youth or young adults in locating information and applying for Aged Out Medical in another state the youth or young adult has expressed interest in relocating to upon request.

Summary of Prevention and Protection Services (PPS) Policy and Procedure Manual Changes July 1, 2024

Independent Living Eligibility updated to include that young adults who turned 18 on or after January 1, 2023, and were in any out of home placement in any state are eligible for Medicaid coverage through the Aged Out Medical Program.

Language about notifying young adults released from custody without completing an application or otherwise obtaining a medical card about the Aged Out Medical program has been removed as DCF has not administered the Aged Out Medical program since KDHE took over Medical Programs.

What is the anticipated impact to practice?

CWCMP and DCF IL staff will need to assist youth and youth adults with locating information on how to apply for Aged Out Medical in other states when youth and young adults indicate plans to relocate to another state after exiting custody.

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Transportation Liability Waiver

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

- **PPS7400 Independent Living Transportation Authorization and Release Form**

What prompted this revision?

This form has been in use for Independent Living for several years. The form is used to document that clients are choosing to accept transportation from a DCF staff person and that they waive liability for injury, disability, death or loss or damage to person or property related to transportation. The form has been used for regular transportation associated with case management activities and for transporting young adults to the Annual KYAC Summer Conference.

Brief description of the revision:

The form has already been in use and is being placed in PPM so that it is easily accessible.

What is the anticipated impact to practice?

There is no change to practice as form has already been in use.

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Section 8000 Continuous Performance Improvement

No Revisions

Summary of Prevention and Protection Services (PPS) Policy and Procedure Manual Changes July 1, 2024

Section 9000 Interstate Compact for the Placement of Children (ICPC)

ICPC Residential Oversight

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

- [DELETE 9315 Monitoring Out of State Children in Kansas Residential Facility Placements](#)
- [DELETE Appendix 9E Residential Supervision Report](#)

What prompted this revision?

Discussions in the ICPC workgroup around these placements. Barriers to see children. Overall ICPC practice in other states and what is required per the ICPC compact.

Brief description of the revision:

This policy and form are being removed.

What is the anticipated impact to practice?

These placements are no longer going to be monitored by KS ICPC staff. Residentials will communicate directly with the sending state.

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Section 10000 Adult Protective Services

No Revisions

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

0160 Glossary – The addition of “or mother of infant” should be added for FINA Infant Positive for Substance to match guidance found in PPM 1650 Initial Assessment of Substance Affected Infant. This will allow the Glossary definition to match policy and current practice.

0160 Glossary – Added "Soul Family Legal Permanency" under Permanency definition. Added PS-TDM definition to the glossary.

0160 Glossary – Changed definition of "Client Eligibility" to indicate that IV-E eligibility determinations are made for DCF custody cases only.

Summary of Prevention and Protection Services (PPS) Policy and Procedure Manual Changes July 1, 2024

Delete PPS0520 Notice of Child Death to Kansas State Child Death Review Board KSCDRB – Delete 0520-does not align with current practice.

0622 Kansas Department of Corrections – Removed reference to completing IV-E eligibility determination for KDOC youth. updated references to Juvenile Services to Community Based Services.

PPS0550 Critical Incident Notification – Adding N/A option for CARE Referrals.

Section 1000 Intake

1383 Reports Regarding Non-Licensed Placement – Clarification is describing approved as non-licensed.

Section 2000 Investigation and Assessment

PPS2010 What you need to know about investigations of child abuse or neglect – Updated DCF phone number.

2140 Interviewing Children – Updated the formatting of the policy.

2300 Defining Danger Risk & Safety – Clarifying Danger, Risk and Safety definitions. Adding related definitions.

2703 Reasonable Efforts to Meet Response Time for FINA Assessment – Clarification added regarding in-person contact with other methods are unsuccessful.

2721 Reasonable Efforts to Initiate Contact in a Pregnant Woman Using Substances Case – Aligning response time with PPM 1415. Policy was missed in January 2024 FINA changes.

2770 Uploading Documents in KIDS – Clarifying that the PPS 1010 is only required to be uploaded to KIDS when utilized. Additional clarifications regarding formatting and grammar also updated.

Section 3000 Case Management

3832 Updating Plan for Dually Adjudicated Individual – Deleting information regarding KDOC IV-E eligibility and KDOC CASIMS. Updating references from KDOC-JS to KDOC-CBS.

Section 4000 Family Services

No Revisions

Section 5000 Child Welfare Case Management Provider Services

5230 Placement Services – Language referring to non-licensed NRKIN homes as “Approved Homes” has been removed and they will now be referred to as Non-Licensed NRKIN homes.

Summary of Prevention and Protection Services (PPS) Policy and Procedure Manual Changes July 1, 2024

5271 Exceptions to Aftercare Responsibility of Case Management Providers – Updated wording, added the word "custodian".

5892 Payment Eligibility – Removed description of 2 EP segments for GA case.

5900 Eligibility and Payment Procedures for Out of Home Program and Services – Clarification that only Medicaid eligibility completed for KDOC youth and updated term KDOC-JS to KDOC-CBS.

5910 Overview of the Title IV-E Program – Updating section regarding KDOC cases.

5914 Ongoing Eligibility – Correction of KEES coding for Permanency Hearing journal entry with no ongoing reasonable efforts finding.

5920 Purchase Limitations and Guidelines for Medicaid – Updated KDOC-JS to KDOC-CBS.

PPS5410A Initial Eligibility Determination Data Collection – Updating 5410A to autofill tables and show drop-down options.

PPS5410B Initial Eligibility Determination – Updated drop-down box choices and pop-up notes.

Appendix 5H SPA – Removing Kansas Kids @ Gear Up as has ended.

Section 6000 Permanent Custodianship and Adoption

6220 Determining Funding Source for Adoption Assistance – Adding the SSA guideline for after 6/30/2024 that already is in practice to PPM.

PPS6109 CMP/CPA Adoption Services Checklist – Adding current form being utilized to manual.

PPS6115 Eligibility for Adoption Assistance – Adding the SSA guideline for after 6/30/2024 that already is in practice to PPM.

PPS6115_Instructions Eligibility for Adoption Assistance Instructions – Adding the SSA guideline for after 6/30/2024 that already is in practice to PPM.

PPS6149 Referral for Permanent Custodianship Subsidy Checklist – Adding current form being utilized to manual.

Section 7000 Independent Living & Self Sufficiency

7030 Assessment – Updated language to youth and young adult rather than just youth. Other minor language changes for clarity.

7250 Education and Training Voucher Program – Updated language from youth to

Summary of Prevention and Protection Services (PPS) Policy and Procedure Manual Changes July 1, 2024

youth and young adult. Clarified that ETV funds cannot exceed \$5000 OR the financial need identified on the ETV plan. Previously it referred to \$5000 of the total cost of attendance. It was worded wrong in policy, but practice has been to consider the financial need on the ETV plan.

Section 8000 Continuous Performance Improvement

No Revisions

Section 9000 Interstate Compact

No Revisions

Section 10000 Adult Protective Services

PPS 10230 Interview Notice to Alleged Perpetrator – Adding financial in front of exploitation.

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0160 Glossary

A

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

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

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

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

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

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

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

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

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

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

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

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

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

Educational Neglect: Acts or omissions by a parent, guardian, or person responsible for the care of a child resulting in harm to a child, or presenting a likelihood of harm, and the acts or omissions are not due solely to the lack of financial means of the child's parents or other custodian. (K.S.A. 38-2202) This term may include the following, failure of the parent or caregiver to provide education as required by law.

Neglect of a Substance Affected Infant: Acts or omissions by a parent, guardian, or person responsible for the care of a child resulting in harm to a child, or presenting a likelihood of harm, and the acts or omissions are not due solely to the lack of financial means of the child's parents or other custodian. K.S.A. 38-2202. This term may include the following but shall not be limited to: failure of a parent, guardian, or person responsible for the care of a substance affected infant to use resources available to meet the needs of such infant (health and substance use disorder treatment, etc.). A substance affected infant is defined by K.A.R. 30-46-10 as the birth of an infant (birth to 1 year of age) who is identified as being affected by or having withdrawal symptoms resulting from prenatal exposure to a legal or illegal substance.

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

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

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

Affirmed Perpetrator: means a person who has been determined by the secretary or the secretary's designee, by a preponderance of evidence, to have committed an act of abuse or neglect, regardless of where the person resides, but has not been substantiated so the affirmed perpetrator's name is not placed on the child abuse and neglect central registry. (K.A.R. 30-46-10) See also Affirmed Perpetrator Substantiated Perpetrator and Unsubstantiated Perpetrator.

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

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

B

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

C

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

A. 1. a child or youth who PPS determines is at imminent risk of foster care and out of home placement but can be safe at home with prevention services;

B. 2. a child or youth who exited foster care to adoption or permanent custodianship/guardianship, or who was reunified with parents is at risk of entering foster care and out of home placement;

C. 3. a child or youth temporarily or permanently residing with a relative or kin caregiver;

D.4. a child or youth living with parents but needs to be with a relative caregiver with prevention services in place;

E.5. pregnant and parenting youth in foster care and in an out of home placement.

F.6. pregnant woman whose child upon birth may be at imminent risk of foster care (reference PPS 2753 , Section E).

G.7. a child/youth remaining in the home whose siblings are in foster care.

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

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

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

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

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

A.1. Has been physically, mentally or emotionally abused or neglected or sexually abused.

B.2. Has been abandoned or does not have a known living parent.

C.3. Is without the care or control necessary for the child's physical, mental or emotional health.

D.4. Resides in the same residence as a sibling or other person under 18 years of age who has been physically, mentally or emotionally abused or neglected or sexually abused.

E.5. While less than 10 years of age, commits an act which if done by an adult would constitute the commission of a felony or misdemeanor as defined by K.S. A. 21-3105 and amendments thereto OR knowingly possesses a firearm with a barrel less than 18 inches long.

F.6. Is willfully and voluntarily absent from the child's home without the consent of the child's parent or other custodian or is willfully and voluntarily absent at least a

second time from a court ordered or designated placement, if the absence is without the consent of the person with whom the child is placed.

G. 7. Is without adequate parental care, control or subsistence and the condition is not due solely to the lack of financial means of the child's parents or other custodian.

H. 8. Is not attending school as required by K.S.A. 72-977 or 72-1111, and amendments thereto.

I. 9. Except in the case of a violation of K.S.A. 41-715 or 41-2721, and amendments thereto, does an act which, when committed by a person under 18 years of age, is prohibited by state law, city ordinance or county resolution but which is not prohibited when done by an adult.

J. 10. Has been placed for care or adoption in violation of the law.

K. 11. Permanent Custodian is no longer willing or able to serve.

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

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

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

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

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

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

Client ID Number: A unique number assigned to each individual who is known to KEES. This number is cross referenced with FACTS.

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

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

Computer Systems:

FACTS

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

KAECSES

Kansas Automated Eligibility System KAECSES is a major computer system which contained data for all children placed in state custody and removed from their home. As of September 13th, 2017, KEES replaced KAECSES for this function.

KanPay

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

KEES

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

MMIS

Medicaid Management Information System -
DCF staff utilize the MMIS to enter or review Medicaid data.

SCRIPTS

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

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

SMART

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

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

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

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

A. “Involvement” in the Juvenile Justice system includes court-ordered community supervision and Immediate Intervention Programs (IIP).

B. “Involvement” in child welfare system includes out of home placement, an assigned investigation of alleged abuse or neglect with a young person named as alleged perpetrator, and/or participation in voluntary/preventative services that are open for services.

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

Custody/Custodian: Custody, whether temporary, protective or legal, means the status created by court order or statute which vests in a custodian, whether an individual or an agency, the right to physical possession of the child and the right to determine placement of the child, subject to restrictions placed by the court. (K.S.A. 38-2202(g)).

D

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

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

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

E

Endangered: The risk or exposure to harm.

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

F

Facility Facilities include homes and child care providers regulated/licensed by the Department for Children and Families (DCF) Foster Care and Residential Facility Licensing, Kansas Department of Health and Environment or Kansas Department for Aging and Disability Services (KDADS). Facilities may also include homes and providers legally exempt from regulation and homes or providers which are operating as unregulated services.

Facility includes:

A. ~~1.~~ family foster homes,

B. ~~2.~~ residential childcare facilities,

C. ~~3.~~ detention,

D. ~~4.~~ secure care,

E. ~~5.~~ attendant care facilities,

F. ~~6.~~ day care homes or centers.

G. ~~7.~~ Psychiatric Residential Treatment Facilities (PRTF), licensed by the Kansas Department for Aging and Disability Services (KDADS)

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

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

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

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

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

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

The following are FINA sub-types:

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

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

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

D. Children with Behavior Problems: Child's actions/behaviors negatively impacting the family/child functioning (i.e. suicidal, danger to self and/or self-harming behaviors, out of control, sexually acting out, aggressive behaviors, criminal activities, and gang involvement. Excludes behaviors which meet definitions for Child Substance Use, Less than 10 Committing an Offense, Runaway or Truancy).

E. Infant Positive for Substances: An infant (birth to age 1) or the mother of an infant with a positive drug screen, and a medical professional has not determined the infant is substance affected, but there is an indication services may be needed.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

G

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

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

H

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

Healthwave 21: See KanCare 21

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

I

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

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

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

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

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

K

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

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

K.A.R.: Kansas Administrative Regulations

K.S.A.: Kansas Statutes Annotated.

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

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

L

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

M

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

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

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

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

N

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

Non-Abuse/Neglect (Family in Need of Assessment)- NAN (FINA): Children who come to the attention of the agency for reasons other than alleged abuse or neglect or juvenile offense and who meets one or more of the definitions in K.S.A. 38-2202(d). Non-Abuse/Neglect (Family in Need of Assessment) definition was replaced by Family in Need of Assessment (FINA) upon system changes July 1, 2018.

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

P

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

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

Permanency: The child is being released from DCF custody after achieving reintegration, guardianship, finalization of adoption, **SOUL Family Legal Permanency**, or APPLA.

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

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

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

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

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

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

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

Q

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

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

R

Reasonable and Prudent Parenting Standard: Careful and sensible parental decisions that maintain a child’s health, safety, and best interests while at the same time encouraging the child’s emotional and developmental growth that a caregiver must use when determining whether to allow a child in foster care to participate in extracurricular, enrichment, cultural and social activities.

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

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

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

Resource Family: A family willing to provide short term care or serve as the adoptive or legal guardian for the child. The resource family is a valued member of the team and

will participate in the case planning process, serve as a mentor to birth families, and will encourage parent/child interactions in a natural setting.

S

Siblings: Children who have one or more parents in common either biologically, through adoption, or through the marriage of their parents, and with whom the child lived before his or her foster care placement, or with whom the child would be expected to live if the child were not in foster care.

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

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

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

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

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

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

T

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

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

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

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

U

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

W

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

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

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

0622 Kansas Department of Corrections - Juvenile Services Community Based Services

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

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

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

A. DCF Responsibilities:

1. Investigation of Abuse/Neglect:

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

2. Non-Abuse/Neglect Reports:

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

3. Interstate Compact Cooperation:

DCF administers the Interstate Compact of the Placement of Children (ICPC) and shall cooperate with KDOC-JSCBS to assist in the interstate placement of juvenile offenders youth who are referred to Kansas or from Kansas to another state for placement in a

licensed residential treatment facility. Placement referrals will be made without regard to adjudication.

4. ~~IV-E~~ Medicaid Eligibility Determination:

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

B. KDOC-~~JSCBS~~ Responsibilities:

1. Notify DCF for eligibility determination or redetermination whenever a ~~Juvenile Offender~~ youth:

enters the custody of the Secretary of KDOC-~~JSCBS~~ for an out of home placement; obtains a juvenile offender adjudication; has changes affecting Title IV-E or Title XIX Medicaid eligibility; or is discharged from KDOC-~~JSCBS~~ custody. Please reference sections 5940, 5941, 5943, and 5944 of the PPS Policy and Procedure Manual for details.

2. Providing Data to DCF:

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

0902 Claiming Federal Funds

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

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

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

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

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

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

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

1383 Reports Regarding ~~Approved Family Foster Homes~~ **Non-Licensed Placements**

Under circumstances described in PPM 5234 and 5235, Relatives and kinship caregivers for youth in DCF custody may provide non-licensed placement. Although not required to be licensed, ~~approved family foster~~ these homes are required to meet licensing standards. If it is known or suspected that such a home does not meet these standards, a report should be made to DCF Foster Care and Residential Facility Licensing.

1882 Reason Left/Reason Left Date

If an individual leaves a case, that date is entered onto MACL. The date the person left the case cannot be earlier than the case open date.

Usage of Reason Left Codes:

Use the code for "eEmancipation (EMN)" when a youth in custody under the age of 21 is given "adult" status by a court.

Use the code for Guardianship (GAR) when a child is placed with an adult(s) other than their parents and a court issues an order giving the adult legal authority to act in on behalf of that child in the capacity of guardian.

Use the code for Adoption (ADP) when a child has been placed in an adoptive home and that adoption has been finalized by court hearing.

Use the code for Living with Other Relatives (LOR) when the individual has moved from the residence where the head of household resides, and that head of household no longer has a principle principal role in the case plan.

Use the code for Reunification (REU) when the child has left the case to be reunified with a parent on another case.

Use the code Runaway (RAW) when a child who is not in DCF custody has:

1. been absent from a parent's home without permission; and,
2. has been gone a minimum of 24 hours; and,
3. has been reported as a runaway by the parents to law enforcement.

Use the code for Death (DTH) for a case member who dies. When using this code, a Date of Death entry is required.

Use the code for Divorce (DVR) when a member of the case leaves due to the member's legal (court order) divorce from another member of the case.

Use the code for Separation (SEP) when a parent or other member of the case leaves due to that person's legal (court order), voluntary or involuntary marital separation from another member of the case.

Use the code for Marriage (MRG) when a member of the case leaves due to that person's marriage to another person in another family leading to both a change of

address from the address of the case head and that person's no longer playing a significant role in the case plan(s).

Use the code for Living with Another Family (LAF) when a case member leaves the address of the case head and is no longer playing a significant role in the case plan(s).

Use the code for Expelled (EXP) when a case member is forced to leave the family either by court order or by the demand of another family member(s).

Use the code for Receiving Services in Another Case (RAC) when a case member leaves the case to join another case where they may receive services.

Use the code for Entered in Error (ERR) to remove a person who has been entered in error and should not be part of the case.

Use the code for SOUL Family Legal Permanency (SOL) when the child has left the case to live with their SOUL family legal permanency custodian.

2140 Interviewing Children

DCF staff shall consider the following when interviewing children:

A. Parental Permission Abuse/Neglect Assignments:

Parental permission is not required to interview a child who is the subject of a report of suspected child abuse and/or neglect. If it is determined parental cooperation is essential to an adequate investigation of a report, parental permission to interview a child shall be sought. Circumstances in which a child may be interviewed without parental consent include:

- 1.** The parent is alleged or suspected to be involved in the maltreatment.
- 2.** The safety of the subject child or any other child in the same care might be jeopardized by delay or notice.
- 3.** There is reason to believe that essential evidence would not be available if there is delay or notice.
- 4.** Whenever it is necessary to interview a child without parental consent, attempts shall be made to notify the parent/caregiver the same day as the interview with the child and an explanation provided for the interview.
- 5.** DCF staff shall not enter a residence to interview a child regarding alleged abuse or neglect unless a parent or other adult resident at that address has given permission for that DCF person to enter the domicile.

B. Interviewing in a Neutral Setting:

DCF staff shall consider the importance of conducting interviews of children who are identified as alleged victims of abuse/neglect out of the presence of a alleged perpetrator. It is preferred practice to interview children identified as alleged victims of abuse/neglect in a neutral setting, such as at school per K.S.A. 38-2226(g).

C. Interviewing Children at School:

Whenever a child is to be interviewed at school the following guidelines should be followed:

1. Whenever possible, advance notice should be given the school administrator of the need for an at-school interview. A mutual understanding should be reached between DCF and the school administration that a parent should NOT be notified of the interview unless such notice is approved by DCF or a law enforcement officer on a case by case basis. DCF is responsible to notify the parent of the interview at a time when it will not interfere with the investigation.
2. When DCF staff is on school premises, the school administrator should be immediately notified and identification provided. The worker should also notify the school when leaving the premises.
3. Form PPS 2000, Request to Interview a Child at School or PPS 2001 Parental Consent to Interview Child as School for Family in Need of Assessment (FINA) assignments, should be presented to the school administrator.
4. If possible, the child should be excused from classroom activities and escorted to the interview in a manner that does not identify the purpose of the interview. The interview should be conducted in a place which provides confidentiality and, if possible, comfort to the child.
5. If it will provide support for the child, a school employee may be present in the interview, but may not participate unless invited to do so by DCF or a law enforcement officer. School employee presence in the interview shall be at the discretion of the agency conducting the interview, giving consideration to the best interests of the child. [K.S.A. 38-2226(g)].
6. If a child needs to be taken off-premises, a law enforcement officer shall be requested to place the child in protective custody and transport the child. The child shall not be taken off premises by a DCF employee unless there is a court order giving DCF temporary custody, or if accompanied by a parent, or with written parental consent.

D. Interviewing Children in a Child Care Setting:

There are no statutes or regulations providing for interviewing children as alleged victims of abuse/neglect in a child care setting. However, under Kansas law all persons with information and /or evidence concerning abuse or neglect of a child are encouraged to cooperate with investigations conducted by law enforcement and/or DCF. Licensed child care providers are mandated to report suspected abuse or neglect of children in their care, and are required to cooperate with investigations of suspected child abuse/neglect. K.S.A. 38-2223 and K.A.R. 28-4-118.

E. Interviewing Children Identified as Non-Familial Collateral Contacts:

1. If there is a need to interview non-familial children who are identified as potential collateral contacts in an abuse/neglect investigation, written parental permission shall be obtained in advance for children who need to be interviewed away from parents. See PPM 0317 for guidance on confidentiality.
2. Written parental consent is preferred and shall be documented on the PPS 2001 Parental Consent to Interview Child at School. When concerted efforts to obtain written parental consent have been completed and documented, the following methods of obtaining consent may be used: (listed in order of preference)

A.

- a. Signed PPS 2001 Parental Consent to Interview Child at School
- b. Written e-mail consent documented in case logs
- c. Text message (a screen shot of the text in case logs shall be used for documentation)
- d. Verbal consent may be used when the parent has been informed by PPS staff that his/her consent is being documented on the PPS 2001, on the parent/caregiver signature line, with a date and time the verbal consent was provided.

F. FINA and PWS Assignments:

FINA are for the purpose of assessing the needs of the child and family for services. Family involvement from the onset of the case assists in engaging the family in the assessment process. Concerted efforts shall be made to interview a child subject of a FINA with parental consent.

A.

1. FINA Interviewing At School

- a. Kansas Statute does not address interviewing children subject of a FINA at school without parental consent. Children subject of a FINA shall not be interviewed at school without parental consent.
- b. Written parental consent is preferred and shall be documented on the PPS 2001 Parental Consent to Interview Child at School. When concerted efforts to obtain written parental consent have been completed and documented, the following methods of obtaining consent may be used: (listed in order of preference)

A.

A.

- i. Signed PPS 2001 Parental Consent to Interview Child at School
- ii. Written e-mail consent documented in case logs
- iii. Text message (a screen shot of the text in case logs shall be used for documentation)
- iv. Verbal consent may be used when the parent has been informed by PPS staff that his/her consent is being documented on the PPS 2001, on the parent/caregiver signature line, with a date and time the verbal consent was provided.

2. FINA Interviewing in Other Settings (Excluding Schools)

When an interview is needed with a child(ren) subject of a FINA who is in a setting other than at school, such as police protective custody (PPC) or detention, it is allowable to interview without parental consent. Attempts shall be made on the same day as the interview with the child(ren) to notify the parent/caregiver that the interview took place, and to explain the purpose of the interview.

2300 Defining Danger, Safety and Risk and Safety

Safety and danger are not interchangeable terms as they are distinct and different concepts. Similarly, danger and risk are distinctly different. The probability, immediacy, specificity, and severity of the potential impact harm, impact on the child and the seriousness of the family's conditions, situations, and circumstances differentiate danger and risk. and safety.

Safety is created through the actions of natural and professional supports (safety networks), parents/caregivers and/or, children. It's important to note children should never be made responsible for their own safety but should be empowered in age-appropriate ways. Safety actions should change the everyday living arrangements in ways that build safety in relation to the identified danger and risk. As safety increases, danger and risk decrease. When families and their natural supports are not providing sufficient safety, professionals may need to take action to ensure Immediate Safety (see PPM 2462) or support families to build lasting safety.

A. Danger is an imminent likelihood of serious harm. is the potential for serious maltreatment which is imminent.

B. Risk is the possibility of future harm. is potential maltreatment in the future.

C. Safety is the condition of being protected from harm. is actions of protection taken by the safety network, parent(s)/caregiver(s) and/or at times perhaps children changing the everyday living situation of the family mitigating danger for the children.

1. Immediate Safety is the condition of being protected from danger.

2. Lasting Safety is the condition of being protected from risk.

Related definitions:

A. Current and Past Safety: conditions, actions, and circumstances currently providing or that have provided protection in the past for children in relation to the worries (risk and/or danger).

B. Immediate Safety Scale: the 0 to 10 scale used by practitioners in collaboration with children (when possible), parents, network members, and other professionals to understand, document, and monitor the degree of danger. The practitioner's rating of Immediate Safety is a required element of the Safety Assessment which is an important part of making a Safety Determination.

C. Lasting Safety Scale: the 0-10 scale used by practitioners in collaboration with children (when possible), parents, network members, and other professionals to understand,

document, and monitor the degree of risk. The practitioners lasting safety scale rating is required.

D. Risk Assessment: the process of gathering information to understand the presence of both risk factors and protective factors to determine whether child welfare case management services are needed. The key elements that make up a Risk Assessment include lasting safety ratings (especially the worker's rating), reasons for the ratings (factors that increase and/or decrease the rating), Future Danger statements, and the referral for services decision. The practitioner is expected to document their Risk Assessment, including their Lasting Safety Rating and their Referral for Services decision, for every event, utilizing the Assessment Map.

E. Safety Assessment: the process of gathering information to identify immediate safety threats and existing protections to determine whether children are safe, safe with a plan, or unsafe. The key elements that make up a Safety Assessment include immediate safety ratings (especially the practitioner's rating), reasons for the ratings (factors that increase and/or decrease the ratings), immediate safety threats (if applicable), and the safety determination. The practitioner is expected to document their Safety Assessment, including their Immediate Safety Rating and their Safety Determination, for every event.

2703 Reasonable Efforts to Meet Response Time for FINA Assessment

When a report has been assigned as Family in Need of Assessment (FINA), contact by the CPS specialist or CPS Investigator is required with the parent/caregiver within the assigned response time established on the form PPS 1002, Response Determination. The identified child(ren) is the child(ren) indicated in the report as needing an assessment for services to address at-risk behaviors such as, truancy, runaway, delinquency, etc.

A. Engagement with the parent/caregiver:

The CPS Specialist or CPS Investigator shall use at least one of the following methods to engage with the parent/caregiver.

1. In-Person
2. Telephone
3. Text message
4. Email
5. Letter contact

In-person contact with the parent/caregiver is not required if the parent/caregiver chooses a different method of engagement. Permission to speak with the identified child(ren) shall be obtained within the response time. See 2140 for guidance on the interview setting and parental permission.

B. Child/ren Under Age 6

If parental/caregiver permission is obtained, the CPS Specialist or CPS Investigator shall have in-person contact with any identified child(ren) under the age of 6, to complete the assessment.

If parental/caregiver permission is not obtained, the CPS Specialist or CPS Investigator shall staff with the PPS supervisor for a discussion that fosters critical thinking by considering the information gathered collectively and to determine any additional action steps. The staffing shall occur immediately when worries for danger to the child are present.

C. Child/ren Age 6 and Older

If parental/caregiver permission is obtained and the child is age 6 and older, the CPS Specialist or CPS Investigator has discretion whether to consider if in-person contact

with the identified child(ren) is necessary or if telephone contact with the child suffices to complete the assessment. Consultation with a supervisor may occur if necessary.

D. Reasonable Efforts to Meet Response Time

Two attempts must be made to satisfy the reasonable effort requirement.

1. Two attempts must be made within the response time set for a 7 working-day assignment.
 - a. One in-person attempt during the response time is required if other methods (A. 2-5) are unsuccessful.
2. For same day and 72-hour assignments either:
 - a. two attempts within the response time set, OR
 - b. at least one attempt within the response time set, and
 - i. a second attempt by the close of business the next working day for a "same day" response time, or
 - ii. within 72 hours, excluding weekends and state holidays, of the initial attempt on a 72-hour response time.
 - c. One in-person attempt during the response time is required if other methods (A. 2-5) are unsuccessful

E. Allowable reasons for not making contact with the parent/caregiver within the response time include the following:

1. Family left the state
Consider if worries for danger warrant a report to the other state's child protection report center/hotline to request a courtesy in-person contact/interview within the assigned response time. Provide information from PPM 2105 A.-F. to assist the other state with the courtesy interview.
2. DCF has been directed not to proceed by county/district attorney or law enforcement
3. Family does not give permission for DCF to contact the identified child(ren). See guidance on supervisor staffing per B and C depending on the age of the identified child(ren).
4. Appointments were scheduled but the person(s) failed to keep the appointment
5. Act of God (weather, road conditions, etc.)

F. Documentation

The following information shall be documented on the Persons Contacted screen in KIDS:

1. The date and time of the first attempt to contact the parent/caregiver shall also be used as the date and time of the first attempt with Identified child(ren) on the FAPC screen.
2. The date(s) and time(s) of initial contact with each identified child(ren). If contact with an identified child has not occurred, the date and time fields shall be blank. The additional fields shall be completed to document the reason.

2721 Reasonable Efforts to Initiate Contact in a Pregnant Woman Using Substances Case

In-person contact shall be made with the pregnant woman within ~~72 hours~~ **7 working days**, excluding weekends and state holidays, of case assignment in a location where it is reasonable to expect the woman to be found. If she is not located on the first attempt, a second attempt shall be made within ~~72 hours~~ **7 working days** of the original attempt, excluding weekends and state holidays.

The PPS 1000, Face Sheet, shall be updated as additional information becomes available regarding the family. Updates shall be dated, initialed, and entered into FACTS. Individuals listed as Collateral Contacts shall be entered into FACTS.

2748 DCF Responsibilities at Referral to Family Preservation Services

A. Referral

When a family expresses willingness to accept Family Preservation services, a consultation with a supervisor is required to determine if the family meets criteria per PPM 2746. If the supervisor approves the referral, the date and time of the supervisor's approval is documented on the PPS 2030F, Section III Prevention Services Screen. The following information shall be sent to the Family Preservation Service Child Welfare Case Management Provider (CWCMP) within 24 hours of the "Date Decision Made" and "Time":

~~The CPS Specialist shall indicate on the PPS 4200 Family Preservation Referral whether the family is referred to Tier 1 Intensive Family Preservation or Tier 2 Case Management. Tier 1 provides high intensity therapeutic services for approximately six weeks to stabilize the family and assess the family's needs for ongoing services to prevent removal of the child(ren). Tier 2 provides three to six months of case management services provided by a Case Manager and Family Support Worker.~~

1. Family Preservation Referral, PPS 4200;
2. PPS 1000 face sheet;
3. PPS 2021, Immediate Safety Plan, if applicable;
4. PPS 2007, Plan of Safe Care, if applicable.
5. PPS 2020, Assessment Map

The CPS Specialist shall be available to answer any questions the provider may have regarding the referral for two hours following the transmission of the information/referral.

- B. At the time of referral, but by no later than the next working day from the date of the referral, the Family Based Assessment shall be sent to the CWCMP with as much information available, including case planning documents and court orders.

C. Referral Outside of the Region

When a situation requires an initial Family Preservation Services referral be made outside of the Region, the new Region shall be contacted to assist with the referral. The new region is responsible for payment for the new referral.

D. Case Plan Completed by DCF

DCF shall complete the custody case plan, per section 3200, with the family, if the case plan is due to the court within 15 calendar days of a referral for Family

Preservation services. DCF shall invite the Family Preservation Services CWCMP and discuss the activities to be included in the case plan.

2770 Uploading Documents in KIDS

The Kansas Initiative Decision Support System (KIDS) application is a statewide web-based application used to record and maintain PPS Assessment and Prevention case information.

A. Documents Generated in KIDS:

The following are the official report forms generated from the KIDS application:

1. Agency Response
2. PPS 2030B Safety Assessment (Prior to ~~implementation of the Kansas Practice Model~~ 2019)
3. PPS 2030C Risk Assessment (short form) (Prior to ~~implementation of the Kansas Practice Model~~ 2019)
4. PPS 2030D Risk Assessment (Prior to ~~implementation of the Kansas Practice Model~~ 2019)
5. PPS 2011 Case Findings
6. PPS 2030E Family In Need of Assessment
7. PPS 2030F Family Based Assessment Summary ~~Report~~
8. PPS 2015 Referral to Infant ~~and~~ Toddler Services

B. KIDS Upload Feature:

KIDS has an upload feature to attach additional documents to an event. Refer to Appendix 2G for instructions for uploading in KIDS. The following provides guidance on KIDS upload requirements:

1. ~~PPS 1010 Social Service Case Activity Log and All~~ PPS 2019 Mapping Conversation Notes shall be uploaded on all cases.
2. PPS 1010 Social Service Case Activity Log; when utilized, shall be uploaded.
3. When the case finding is affirmed or substantiated the following shall be uploaded:
 - a. PPS 2012 Notice of Department Findings
 - b. PPS 2017 Notification of Affirmed or Substantiated Case Finding, as requested by the Attorney General's Office

- c. Appeal information, if applicable.
- 4. Team Decision Making Summary; if applicable
- 5. Kansas Practice Model tools
- 6. PPS 2020 Kansas Assessment Map
- 7. PPS 2021 Immediate Safety Plan; if applicable
- 8. Reports, including but not limited to the following, shall be uploaded if the report is not already in KIPS and the report is relevant to the case finding or service decision:
 - a. Law enforcement
 - b. Medical
 - c. Mental health
 - d. Drug/Alcohol
 - e. School
- 9. Emails, images, etc. may be uploaded if they are relevant to the case finding or service decision.
- 10. Petitions requesting DCF involvement with no out of home placement may be uploaded if the document is relevant to the case finding or service decision and is not already in KEES.
- 11. Referrals for services, if applicable ~~such as PPS 2014 Referral for Services shall be uploaded.~~
- 12. The following documents shall not be uploaded to KIDS:
 - a. PPS 0500 State Child Death Review Board Case Information Summary
 - b. PPS 0550 Critical Incident Notification and related documents
 - c. Legal staffing and correspondence
- 13. It is not necessary to upload the following documents:
 - a. Emails and correspondence ~~related to~~ from the Attorney General
 - b. PPS 0100 Authorization for Release of Confidential Information
 - c. Background check related documents
 - d. ~~PPS 5000 Family Preservation Referral and Transmittal Sheet~~
 - e. ~~PPS 5110 Initial Referral to Out of Home Placement Provider for Child in DCF Custody~~ Foster Care Referral
 - f. ~~PPS 5110A Initial Referral to Out of Home Placement Provider for Child in DCF Custody Consideration of Relative Placement~~

- g. Petitions, Journal Entries/Court orders
- h. PPS 2018 Review of ~~Repeat~~ **Recurrent** Maltreatment in Six Months
- i. PPS 4005 Family Service Case Status

3110 Case Management Safety and Risk Assessment

The protection and safety of the child shall be assessed and evaluated through informal and formal safety and risk assessments. Safety and risk assessments shall be completed on an ongoing basis throughout the life of all cases and at critical times.

A. Critical times in the case include, but shall not be limited to:

1. New allegations of abuse or neglect assigned to DCF, in conjunction with DCF staff;
2. A change in the family condition causing concern for the child's safety;
3. A critical incident, as defined in PPM 0510 or significant incident, as defined in PPM 0512;
4. Changes in family structure including, but not limited to, other adults moving into the home or having caregiving responsibilities, birth of baby, other children moving into or out of the home, such as a sibling returning home, caregiver moving out of the home;
5. A new concern of increased substance use or relapse by a family member, especially if person is a caregiver;
6. Changes in family member's mental health condition that may pose a threat to children's well-being;
7. Incident of violence or domestic violence in the home;
8. Known weapons in the home;
9. New pet that may pose a potential threat to the children;
10. Loss of adequate housing;
11. Transitioning the family from intensive services to less intensive services while receiving Family Preservation Services;
12. New indications of child with danger to self/self-harming behaviors per PPM 2115;

13. A significant change in visitation structure;

14. Upon reunification;

15. Upon relative placement;

~~16. Prior to case closure.~~

16. Youth is exhibiting behaviors that could lead to juvenile offender charges related to physical violence, aggression, damage to property or use of life-threatening drugs;

17. Prior to case closure.

B. Other times when formal or informal risk and safety assessments may be completed include, but are not limited to, the following:

1. Change in household situations, such as loss of income/employment, loss of critical services or medical coverage, family member's disability due to illness or injury, family moving to a different home, region, or state;

2. New report not assigned to a DCF CPS Specialist for further assessment;

3. If a child is suspected to be a victim of Human Trafficking an assessment shall be completed to determine safety, placement, treatment and service needs for the child using an assessment tool or instrument. A summary of the assessment results shall be provided to the court, if applicable.

C. Risk assessment shall include the following factors:

1. Parent or caregiver factors;

2. Family factors;

3. Child factors;

4. Environmental factors.

D. Safety assessments shall include the following factors:

1. Plausible threat/likelihood of serious physical harm;

2. Sexual abuse is suspected or substantiated and the (alleged) perpetrator continues to have access to the child;
3. Caregiver actions or omissions have caused or are likely to cause serious impairment of a child's social, emotional, or intellectual functioning;
4. Caregiver is unwilling, or unable, to meet child's needs for food, clothing, or shelter including where living conditions are hazardous and imminently threatening;
5. Caregiver is unable or refuses to seek treatment for a child's medical condition, or to administer prescribed treatment for a diagnosed medical condition that poses a serious threat to the child's physical health;
6. Caregiver has not, cannot or will not provide supervision necessary to protect child from potentially serious harm;
7. Caregiver has given up or deserted a child with stated or apparent intention to not resume the relationship.

E. Formal Safety and Risk Assessment

1. Formal safety and risk assessments are when tools/instruments which are either empirical/research/evidence-based, or based on consensus models, are completed to assess safety and risk factors and guide decisions.

F. Informal Safety and Risk Assessment

1. An informal assessment occurs when safety and risk related information is considered and gathered during each contact with the child and family. Safety and risk factors listed in C. and D. above, Appendix 2F, and Appendix 2H may be used as tools/guides to assist in gathering sufficient information to informally assess safety and risk. The CWCMP case manager/DCF CPS specialist shall ensure documentation includes the informal safety/risk assessment and conclusion(s) for each contact with the child.

3207 Case Plan Participants

Participants in the case planning conference are selected based upon their involvement in the life of the child and the type of case plan being developed. Participants in case planning conferences shall be willing to address the concerns that brought the family to the attention of the agency. All participants shall have equal opportunities to actively participate.

A. Diligent efforts to locate both parents shall be made and documented in the case file.

1. Incarceration or living out-of-state does not automatically preclude a parent from such notification.
2. If there is a no contact order, the parent still maintains the right to have full information regarding his/her child. Notification of the case planning conference shall be sent with additional information informing the parent that his/her input is requested, but due to the no contact order, he/she will not be able to attend the meeting in person.
3. Alternative methods to participate shall be offered to the parent. If there is not a child in DCF custody, the same efforts to involve the non-custodial parent are required when appropriate.

B. The third-party participant is a person who may have involvement with the family but is not directly responsible for providing services to the child and family. This may include: an advocate for the family's cultural needs; an advocate for special mental health needs of the family/child who is not delivering services; a worker, supervisor, or program support worker not directly involved in providing services to the child & family or a representative from another agency.

C. Persons required to be invited to all case planning conferences:

1. Parents or legal guardians, if whereabouts are known and parental rights intact;
2. The child, if age 7 or over, providing the child has the cognitive ability to understand the process and to participate. If the child does not have the cognitive ability to participate, concerted efforts shall be made to collect the child's input on the plan prior to the case planning conference. These efforts and the child's contributions shall be reviewed during the conference and documented in the file.
3. The case planning conference shall include youth age 14 and older in out of home placement, regardless of case plan goal. If a youth age

14 or older is not present for the conference, the conference facilitator/case manager shall discuss the concerted efforts to include the youth with the case planning team, either by attempting to schedule around the youth's availability or through documented efforts by the case manager to obtain the youth's input on the development of the plan, prior to the conference. If the youth's absence is due to a reason other than reduced cognitive ability (IDD) or a youth's absence from placement without authorization (missing, absent, or runaway), the case plan shall be rescheduled at a time that is conducive to the youth's participation. After two attempts to hold a case plan for which the youth is not present, the case planning team may continue with the plan's development at the third meeting to ensure timeliness of the case plan completion.

4. The responsible case manager from the Child Welfare Case Management Provider, DCF, or the Community Family Services Provider; if the worker assigned to the case is unexpectedly unable to participate, their supervisor or another worker familiar with the case may conduct the case plan in their absence.

5. If the case plan goal is maintenance at home, one of the parents with whom reintegration occurred shall be present at the case planning conference, either in person or by phone.

D. Concerted efforts shall be made to actively involve the parents/caregivers and child(ren) in the case planning process. Actively involved means parents/caregivers and the child(ren) were involved in:

1. Identifying strengths and needs
2. Identifying services and service providers
3. Establishing goals in the case plan
4. Evaluating progress toward goals, and
5. Discussing the case plan.
6. See Appendix 3A for additional information. For information about holding case planning conferences if parents do not attend, see PPM 3234,

E. In addition, if child(ren) are in the custody of the Secretary, the following persons shall be invited:

1. The DCF staff assigned. For all youth 14 and older in out of home placement, the youth's updated PPS 3059 My Plan for Successful Adulthood shall be sent to the DCF Foster Care Liaison with the case planning conference invitation.
2. A third party participant not directly involved in providing services to the child & family;
3. The guardian ad litem;
4. The resource family, including relative and non-related kin providers, for child in out of home placement;
5. The Court Appointed Special Advocate (CASA), if applicable;
6. Tribal representative for children when ICWA applies. The tribe shall also receive a copy of the signed case plan.
7. The DCF Regional Independent Living Coordinator or designee for all youth in out of home placement with a case plan goal of APPLA, beginning at age 16, and all youth age 17 and older, regardless of case plan goal to begin discussion and preparation for self-sufficiency services in the event permanency is not achieved. The youth's updated PPS 3059 My Plan for Successful Adulthood shall be sent to the Regional Independent Living Coordinator with the case planning conference invitation.
8. The responsible HCBS waiver agency and the HCBS waiver case manager for youth receiving HCBS waiver services. If the family/youth intends to move to a different area to receive HCBS waiver services, this may involve inclusion of more than one service provider.
9. For children age 14 and older, no more than two case planning team members selected by the youth, who are not the youth's case manager or foster parent, and are able to represent the best interests of the youth.

F. Persons who should be invited to attend, as applicable:

1. Residential or institutional setting treatment staff if the youth is in a residential placement
2. The prospective custodian, if permanent custodianship is the permanency plan;
3. The prospective adoption parent(s);

4. Teachers;
5. The education advocate assigned to the child,
6. The youth's positive supportive adult(s);
7. Any other individuals important to the family or the child who can contribute to the case planning process;
8. The Case Manager of a parent with a disability, either physically or cognitively, who is involved with a Center for Independent Living (CIL) or a Community Developmental Disability Organizations (CDDO),
9. The Corrections Counselor for an incarcerated parent or parole officer for a paroled parent
10. Child Placing Agency staff responsible for support to the foster family where the child is placed.
11. Individuals from Community Corrections and/or Court Services who are working with youth involved in the juvenile justice system.

G. Notification of Conference Participants

1. If the child is in the custody of the Secretary and placed at home or in out of home placement, notification shall be given to required participants in writing at least 10 days prior to the date of the case planning conference.
2. If DCF is providing Family Services, DCF shall provide the notification; if services are provided by a Child Welfare Case Management Provider, the Child Welfare Case Management Provider shall provide the notification.
3. If the family is being served by a CWCMP and it is anticipated the permanency goal may be different from what it was at the last case planning conference, DCF shall be given notification of the possible change.
4. Parents and legal guardians shall be the only case plan participants who may request the case plan be held without the opportunity for providing the 10 day notice to required participants. The request and decision shall be documented in the file.

5. The 10-day notice shall be provided by e-mail, fax or letter. If mailed allow three (3) additional working days for mail delivery time to provide sufficient notice to all parties.

6. Documentation of notification shall be retained and if services are provided by a Child Welfare Case Management Provider, a copy shall be sent to DCF.

H. Participant Education

All participants shall be educated on the purpose of the case planning conference. For the initial case planning conference, the Child Welfare Case Management Provider or DCF CPS Specialist for cases not referred to provider, shall meet with the family in person to describe its purpose. This education shall be documented in the case logs.

This education shall be accomplished by making available to the participants the handout "An Introduction and Parents Guide to Family Service and Family Preservation (child not in custody) Case Planning Conferences", PPS 3049A, for family service, and Family Preservation cases. For children in custody cases, the parents will be provided "An introduction and Parents Guide to Child in Custody Case Planning Conferences". The parents shall also be referred to the Family Handbook, PPS 5137, for the initial case planning conference.

These handouts shall be available at the agency conducting the case planning conference. Once a person has had an opportunity to read the handout, they do not have to read it during subsequent conferences. These handouts are also available in Spanish.

3231 Development of Permanency Goals

There are ~~five~~ **six** possible permanency goals: maintenance of the child at home, reintegration, permanent custodianship, adoption, **SOUL (Support Opportunity Unity Legal Relationships) Family Legal Permanency**, and ~~a~~ **Another pPlanned pPermanency Living aArrangement (APPLA)**.

Each case plan shall contain a permanency goal for the child. Each child in the Secretary's custody and in out of home placement shall have a concurrent permanency goal established, if appropriate, pursuant to Appendix 3F. Also, see Section 3232. The permanency goal shall be established at the first case planning conference. The case plan shall be monitored until the permanency goal is achieved. The permanency goal may be changed when it is apparent the original goal cannot be met within a reasonable time frame.

Permanency goals and progress toward meeting the goals are documented on the PPS 3050 Family Service/Preservation Plan or PPS 3051 Permanency Plan.

A. Maintenance of the Child at Home

1. Maintenance of the child at home is the preferred goal. The child's safety must be assured. Family services or family preservation services shall be considered as options to prevent out-of-home placement of the child.
2. The DCF CPS Specialist has the primary responsibility for the initial assessment of the family and for determining the safety of the child. Once the case is referred to a provider, the DCF CPS Specialist and the Child Welfare Case Management Provider (**CWCMP**) case manager are responsible for continuing to assess the safety of the child.
3. The tasks required to meet the goal of maintaining the child safely at home are recorded on the PPS 3050, Section 4, Maintenance Objectives.

B. Reintegration of a Child in Out-of-Home Placement

1. For children who cannot remain with their family and must be placed in out-of-home care for their safety and well-being, the preferred permanency goal is reintegration. Case planning is directed toward addressing ~~those~~ concerns which led to the child being removed from ~~their~~ **his or her** home. The ~~Child Welfare Case Management Provider~~ **CWCMP** shall provide a ~~full~~ **an** array of services to ~~ensure~~ **allow** the parents **to safely** ~~can~~ resume responsibility for the child in the home in the shortest time possible, ~~with consideration of child's safety and well-being.~~

2. The initial permanency goal for children in out-of-home placement shall be reintegration and efforts shall be made by the ~~Child Welfare Case Management Provider~~ CWCMP to achieve that goal, unless the court has ruled found that no reasonable efforts to reunify are required. (See Section 3371)

3. Activities needed to accomplish the permanency goal of reintegration are recorded on the PPS 3051, Section 3, Permanency Objectives.

4. Agency efforts and family progress toward meeting the goals in the case plan are documented in the case logs. This information is reported to the court at every hearing.

C. Adoption

1. When reintegration is not viable, adoption ~~by relatives/non related kin, resource parents or another unrelated and approved family~~ is the preferred permanency goal in most cases.

a. If a child has been placed out of home for 12 continuous months at the time of the most recent case planning conference, the permanency goal of adoption shall be considered.

2. Factors to consider when determining if adoption should be the permanency goal include:

a. The parent's lack of progress in completing the goals and objectives of the case plan successfully;

b. A youth's interest in adoption if age 14 or over;

c. The probability an adoptive family can be developed for the youth;

d. The youth is already placed with relatives/ or non-related kin ~~on a permanent basis~~;

e. Age, disability, acute or chronic illness, behavioral issues, or any other single decision element shall not be the deciding factor when considering whether or not to pursue termination of parental rights and to select adoption as the permanency goal for a specific child. The best interests and well-being of the child are the goal for any plan for a child's permanency.

3. If adoption was considered but not established as the goal, the reasons shall be documented in the summary section of the PPS 3051, Section 6.

4. If adoption is established as the goal, the possibility of obtaining a relinquishment of parental rights from the parent(s) shall be considered during the case planning conference and by the 12th month of out-of-home placement.

5. ~~If relinquishment is deemed appropriate, it~~ Relinquishment, if deemed appropriate, shall be discussed with the parents and documented in the summary section of the PPS 3051, Section 6.

6. Activities needed in order to achieve the permanency goal of adoption are recorded on the PPS 3051, Section 3 Permanency Objectives.

7. Progress toward meeting the objectives associated with the permanency goal of adoption is recorded on the PPS 3051, Section 6.

D. Permanent Custodianship

1. ~~For those youth for whom the court has determined that reintegration and adoption are not viable permanency options, permanent custodianship provides the child with the next preferable goal. Permanent custodianship enables~~ allows the caretaker custodian to exercise all the rights and responsibilities of a parent without the on-going oversight of DCF, as determined by the Permanent Custodianship order. Custodianship may be an option for youth with or without the termination of parental rights ~~and can be established with either a relative or non-relative.~~

2. The activities required to meet the goal of permanent custodianship are recorded on the PPS 3051, Section 3, Permanency Objectives

3. Refer to Appendix 6F for more extensive information on Adoption vs. Permanent Custodianship.

E. SOUL Family Legal Permanency

1. SOUL Family Legal Permanency is defined as "Support, opportunity, unity, legal relationships family legal permanency" or "SOUL Family Legal Permanency" means the appointment of one or more adults, approved by a youth who is 16 years of age or older and the subject of a child in need of care proceeding, pursuant to the child in need of care code and amendments thereto. SOUL Family Legal Permanency also recognizes additional relationships with a broad network of caring adults.

2. The CWCMP shall assess if appointment of a SOUL Family Legal Permanency custodian(s) best meets the youth's needs. The CWCMP shall also prepare all identified SOUL Family Legal Permanency

Custodian(s) for the responsibility associated with becoming a SOUL Family Legal Permanency Custodian.

3. Factors to be considered in the case planning conference when determining if a youth might be appropriate for SOUL Family include: age, agreement and approval of the youth, sibling connections, consent of the youth's parent's if parental rights are still intact, connection to the identified SOUL Family, the agreement and suitability of the potential custodian(s) to care for the youth.

a. SOUL Family Legal Permanency may be considered as a permanency goal if the young person is above the age of 18 and the Child in Need of Care court case remains open as long as the requirements in E.4. have been met.

b. Siblings of eligible youth may not be appointed a SOUL Family Legal Permanency custodian unless all identified requirements are met per E.4.

4. The permanency goal of SOUL Family Legal Permanency may be appropriate when the requirements below have been met;

a. Agreement and approval of a youth aged 16 years of age or older; and

b. Agreement and consent of the youth's parent(s) unless there has been a finding of unfitness or termination of parental rights and consent is no longer required.

i. Should the youth's parent(s) be unwilling to consent to the appointment of SOUL Family Legal Permanency, CWCMP must explore other permanency goals for the youth. If a parent has consented to appointment of SOUL Family Legal Permanency based upon a belief that the youth's other parent would also consent or be found unfit, and such parent does not consent, the consent shall be null and void.

ii. Should the youth's parent(s) location be unknown, the CWCMP shall attempt to locate and engage the parent(s), at minimum, with 3 attempts, utilizing different methods of communication.

iii. If the young adult is above the age of 18, agreement and consent of the young adult's parent(s) is still required, if parental rights are intact.

5. If there is more than one SOUL Family Legal Permanency Custodian identified, one individual shall be designated as primary custodian by the court with the approval of the youth and the individual to serve in such role in the event a dispute arises.
6. Appointment of a youth with a SOUL Family Legal Permanency ends DCF custody and allows the SOUL Family Legal Permanency Custodian(s) to make decisions and be responsible for the day to day care of the youth.
7. SOUL Family Legal Permanency may recognize other individuals identified as supportive connections for the youth by the youth. These identified individuals shall testify to the courts they accept the role. These supportive connections are acknowledged by the court that they will provide support for the youth agreed to by the youth and the SOUL Family Legal Permanency Custodians. Such individuals shall have no legal obligations or rights related to the youth per the court's recognition.
8. While DCF custody ends upon appointment of SOUL Family Legal Permanency, court jurisdiction continues until terminated pursuant to statute.

F. Another Planned Permanency Living Arrangement (APPLA)

1. The permanency goal of APPLA is appropriate only for youth age 16 or older, and when documentation ~~has been provided to the court~~ shows compelling reasons exist which make all other permanency options unacceptable. The compelling reasons may include:
 - a. An older teen requests emancipation;
 - b. A parent cannot care for their child regardless of supports due to limitations of their own with a disability, ~~who even with supports, cannot care for a child,~~ but a significant bond exists between them, and while the placement resource is willing to sign a commitment agreement for the child to remain in their home, but is not willing to adopt or be a permanent custodian for the child;
 - c. A tribe has identified a planned permanency living arrangement for an Indian child.
2. Choosing this option is appropriate only when there is a specific, long-term placement for the child. Long-term out of home placement is not an acceptable permanency option and shall not be chosen as a planned permanency living arrangement.

3. A planned permanent living arrangement is subject to ongoing review at later permanency hearings. Other permanency options for the child shall continue to be explored throughout the time the child is placed out of the home. At no time shall the permanency option of APPLA rule out other more permanent options.

3814 Entering Goals

The case planning goal type and start dates for initial and subsequent case planning activity entered in FACTS shall match information on the FBA summary, case plan, and/or referral documents to the Child Welfare Case Management Providers. If the permanency goal for protective custody has not yet been established enter "NYE" in FACTS. If the goal is reunification, enter "RUC". If the child is in custody and placed at home, the goal type is "MFM". If the goal for a youth in custody is Another Planned Permanent Living Arrangement (APPLA), enter "EMA". If the goal for a youth in custody is Adoption enter (ADP). If the goal for a youth in custody is Custodianship/Guardianship with a non-relative, enter (GUS). If the goal for a youth in custody is Custodianship/Guardianship with a relative, enter (GRL). If the goal for a youth in custody is SOUL Family Legal Permanency, enter (SOL). End dates for case planning goals reflect the day the final goal was achieved or the date the plan closed.

3832 Updating Plan for Dually Adjudicated Individual

A. Adding Dually Adjudicated Status to a CC Plan

To reflect a KDOC-JS CBS (Kansas Department of Corrections - ~~Juvenile Services~~ Community Based Services) dual custody, enter the service action code of FU01N and the service source code of JJA. The responsibility start date of the KDOC-JS CBS case management service action is the date the youth was dually adjudicated. The current custody plan should remain open and the case shall be maintained in FACTS. Update review dates as needed. Work with local community case management agencies to obtain this information. Close all other tasks and placements responsibilities, except for the PR09N service action code. When closing the placement service action code use status closure code "AD". ~~Assess IV-E eligibility and put in the appropriate EP segment into the KDOC-JS CASIMS system.~~

If there are CINC custody children on the case as well as a JO youth in KDOC-CBS custody, the case shall remain open.

B. Removing Dually Adjudicated Status from a CC Plan

Access RESP screen and end the KDOC-JS CBS case management service action responsibility.

C. Closing Dually Adjudicated Cases

If CINC custody ends, and the youth transfers to KDOC-JS CBS custody, enter Transfer to Another Agency as the reason code and enter the date that DCF custody was discharged in the "EndDt" field on the PLAN screen. Entry of a review date in the Review Dt field on the PLAN screen is required by the system. If CINC custody ends regardless if youth transfers to KDOC-JS CBS custody or not, enter CM in the RESPStatus field on the last placement service action code, enter a discharge reason, and the date child was released from custody.

3835 Entering Reason for Discharge on RESP Screen

When a child is either discharged (released from custody) or has been at home 6 months, is age 18 and no longer IV-E eligible, or is age 19, enter "CM" status closure code on the last placement code and enter a reason for discharge. This CM status marks the end of a custody removal episode for a child. The placement responsibility that the discharge reason code is entered on, SHALL be the last responsibility on the RESP screen that has data entry. The discharge reason code shall be entered on the last placement responsibility on RESP. Applicable codes are Reintegration (RU); Adoption (AP); Emancipation (EM); Guardianship (GD); Runaway (RN); Child Death (DD); Living with other relative (LR); or transfer to another agency (TA); or SOUL Family Legal Permanency (SL). Use the hearing date for the date of discharge (released from custody) unless the journal entry indicates an alternative date. Discharges for adoption are the exception since the file stamp date on the adoption decree is used for the date of discharge.

4205 DCF Responsibilities for Open Family Preservation Cases

Following the referral to Family Preservation Services, DCF staff shall be responsible to:

- A. Provide the family a copy of the Family Preservation Case Management Provider brochure. ~~Providers shall supply DCF with their current brochure as needed.~~ Discuss with the family the benefits of participating in services and the need for services to be provided. Educate the family about what may happen if they do not participate in services. ~~Providers shall supply DCF with their current brochure as needed.~~
- B. Upon request from the Family Preservation Services Provider, assist in the engagement process with the family.
- C. Participate in the Initial Family Meeting to develop the Family Preservation Initial Service Plan. Participate in subsequent case planning meetings, as needed.
- D. Inform the Family Preservation Case Management Provider of all open child abuse/neglect investigations or Family in Need of Assessment cases. Inform the Family Preservation Case Management Provider of any additional assigned reports of child abuse/neglect allegations or Family in Need of Assessment cases assigned while Family Preservation Services is open.
- E. Forward all reports not assigned for further assessment within 3 working days from the date of email notification from Kansas Protection Report Center to the Child Welfare Case Management Provider (CWCMP) assigned worker and the CWCMP supervisor. DCF shall include any specific information to be addressed with the family when providing the information to the CWCMP.
- F. Provide the CWCMP a copy of the PPS 2012, Notice of Department Findings. Inform the provider of the status of appeal, if applicable.
- G. Notify the Family Preservation Services Case Management Provider when a child in the home is placed in DCF custody and provide a copy of the journal entry/court order.
- H. Review the Family Case Plan and case plan activities to determine Candidacy of Care eligibility per PPM 3239. Complete the PPS 3050A Family Service/Family Preservation Candidacy for Care.
- I. Authorize or deny requests for hard goods or services more than the \$500.00 obligation of the Family Preservation Services Provider. Approval shall be based

on availability of resources and family need to prevent the removal of a child or further maltreatment.

J. Meet with the family and Family Preservation Services Provider to discuss options and what may happen if there is a refusal of services.

K. ~~Assure~~ **Ensure** the Family Preservation Case Management Provider completes the PPS 4205, Family Preservation Acknowledgment/Change/Closure, if a case plan is not completed within the required timeframe or a child is referred out of home prior to completion of the case plan. The initial case plan should be completed within 20 days after referral and received by DCF within 5 calendar days following the date the case plan was held. When appropriate, the timeframe for completion of the case plan may be extended by documented mutual decision.

L. Review court reports completed by the Family Preservation Services Provider and submit reports to the court timely, per local jurisdictional requirements.

M. Review the PPS 4250, Family Preservation Services Lack of Contact Notification, submitted by the CWCMP. Based on the information provided and progress made by the family, the DCF **Child Protective Services (CPS)** Specialist shall consult with the DCF Supervisor to determine if follow-up is needed. Follow-up may include, determining no action is required, attempting to re-engage the family with the CWCMP, or contacting the county or district attorney and requesting a petition for DCF custody be filed.

N. The regional DCF Family Preservation Services Program Consultant or designee will reconcile names of referrals and names of families with case plans not completed within 30 calendar days of the referral with the Family Preservation Case Management Provider. Additionally, the regional Family Preservation Services Program Consultant or designee shall be consulted, in writing, on any case plans not completed 20 calendar days from referral for ~~Tier 1 and Tier 2~~ services. The regional Family Preservation Services Program Consultant or designee will submit a copy of the completed Acknowledgment/Change/Case Closure, PPS 4205, to the data entry staff for FACTS.

O. Consult with the Family Preservation Services Provider and the DCF Supervisor when the provider recommends a change in the status of services, which may include the following:

1. Case closure;
2. ~~Case closure and a recommendation referring the family to another Tier of Family Preservation Services;~~
3. A recommendation to close the family's case, and the family be referred to another service.

If the CPS ~~Worker~~ **Specialist** and Supervisor agree with the Family Preservation Services Provider's recommendations for a change in case status, the case closure conference shall be held. The CPS ~~worker~~ **Specialist** will participate in the case closure conference with the family and the Family Preservation Services Provider within 7 days of case closure. The family's progress, strengths, and recommendations for additional services, if needed, to maintain the child(ren) safely in the home shall be discussed. If the CPS ~~Worker~~ **Specialist** and Supervisor do not agree with the recommendation of the Family Preservation Services Provider, a written response **documenting the safety concern** shall be provided within three working days to the Family Preservation Services Provider. **documenting the safety concern.**

P. When an additional Family Preservation referral is immediately needed on a current open Family Preservation case, the DCF CPS Specialist shall update the PPS 4200 and send as a new referral. The updated PPS 4200 shall have the new date, time, ~~tier level selection~~, and updated family information. A new report to the Kansas Protection Report Center is not needed.

4210 Family Preservation Case Management Provider Responsibilities

All documentation of case management activities shall be clearly documented in the case file, as described in PPM 0420. Following the referral to Family Preservation Services, the Family Preservation Case Management provider shall:

A. Provide direct services to the referred family for up to six **months**. ~~weeks for Tier 1 services and three to six months for Tier 2 services. Tier 1 services shall include a minimum of 30 hours of in-person contact by an assigned therapist, based on a six-week service period. Tier 2 services shall include a minimum of one hour per week of in-person contact by the assigned Case Manager.~~

B. Acknowledge receipt of the Family Preservation Referral within 24 hours by submitting the Acknowledgment of Referral/Change/Closure form PPS 4205.

C. Contact the family within 24 hours to schedule the Initial Family Meeting (IFM). Hold the IFM within two business days, unless DCF directs the IFM be held sooner. **The IFM shall be scheduled according to the family's availability and convenience. The CPS Specialist shall be invited when the IFM is scheduled with the family.** Complete the Initial Service Plan, PPS 3048, during the IFM. ~~The IFM shall be scheduled according to the family's availability and convenience. The CPS Specialist shall be invited when the IFM is scheduled with the family.~~ Provide a copy of the Family Preservation Initial Service Plan to the family and DCF within 72 hours of completion. See PPM 4215 Initial Family Meeting for Family Preservation services for more information.

D. In consultation with the family, schedule and hold the Family Case Plan conference within 20 calendar days of referral, ~~for Tier 1 and Tier 2 services~~. The CPS Specialist shall be invited to the case planning meeting. Submit the original copy of the Family Case Plan documents, PPS 3050, to the CPS Specialist within 5 calendar days following the case plan meeting. If the family requests the Family Case Plan meeting occur beyond 20 days of referral ~~for Tier 1 or Tier 2 of services~~, the provider shall consult with the CPS Specialist. If the Family Case Plan is not completed within 30 calendar days of the referral, the provider shall complete and submit the PPS 4205, Acknowledgement of Referral/Change/Closure form, with the reason for the case status change and the case closure.

E. If the case has been closed and the family needs additional Family Preservation Services during the initial service period ~~for Tier 1 or Tier 2~~, and DCF has not referred the family to another ~~tier of services~~, the Case Management Provider shall be responsible for providing these services without a new referral through the end of the service period. Complete and submit the PPS 4205 Acknowledgement of Referral/Change/Closure to DCF with the date services are resuming. In consultation with the family, schedule and hold a Family Case Plan conference within 20 days of resumption of ~~Tier 1 or Tier 2~~ services, unless the family requests the conference to occur beyond 20 days. The CPS Specialist shall be invited to the case planning conference at least five days in advance when possible. Complete the Family Case

Plan, PPS 3050, and submit the original copy of the Family Case Plan document(s) to the CPS Specialist within 5 calendar days following the date of the case planning conference.

F. Submit the following case plan documents when the child is not in DCF custody:

1. PPS 3050 Family Service/Preservation Case Plan
2. PPS 3057 Family/Permanency Plan Services and Service Codes
3. PPS 3055 Family/Permanency Plan

G. In addition to the above documents, submit the following case plan documents for each child in DCF custody:

1. PPS 3051 Permanency Plan for Child in Custody
2. PPS 3052 Permanency Plan for Child in Custody Administrative Requirements
3. PPS 3054 Visitation Schedule
4. PPS 3055 Family/Permanency Plan Review
5. PPS 3057 Family/Permanency Plan Services and Service Codes

H. If a child is removed from the home after the initial team meeting and DCF refers the child to the Reintegration/Foster Care services Child Welfare Contract Management Provider, complete the PPS 4205 Acknowledgment of Referral/Change/Closure. ~~If a child is removed from the home after the initial team meeting and DCF refers the child to the Reintegration/Foster Care services Child Welfare Contract Management Provider.~~ The provider shall submit the PPS 4205 within 30 calendar days of referral.

I. Conduct quality in-person worker/child visits with each child in the family, at least once monthly. ~~At least a~~ A portion of one monthly visit shall be with each child alone, for all children who are over 12 months of age and/or verbal. The purpose of the visit is to assess safety, permanency and well-being. The visit shall include developing/reviewing case plan goals and activities or discussing progress in achieving case plan goals and addressing issues, as age appropriate.

More frequent worker/child visits shall be based on the worker's determination of the frequency necessary to ensure the child's safety, permanency, and well-being. Additional visitation with each child in the family home shall be determined based on the circumstances of the case, such as any risk and safety concerns present during the service delivery period, the age and vulnerability of the children, and the reason for the agency's involvement with the family.

J. Notify the CPS Specialist of all court hearings involving the child(ren)/family. If there is court involvement, provide the CPS Specialist a court report, a minimum of 10 days before it is due to the Court. Ensure the case plan is updated and submitted to DCF and forwarded to the court at least every 170 days.

K. Provide documentation, including Case Activity Logs, to the CPS Specialist, when a child cannot safely remain in the home.

L. Attend court hearings and testify in court as requested.

M. Reconcile names of Referrals and names of Non-Completion of Case Plans with the regional DCF Support Services Program Consultant or designee monthly.

N. Submit Encounter Data to PPS as required and respond to Error Reports timely.

O. Complete and maintain the Case Activity Log to document services provided. Documentation shall include all interaction with family members, addressing the safety, well-being and/or permanency of the children, and/or developing or completing tasks and goals of the case plan. Case Activity Logs must be available within 24 hours of request by DCF.

P. Provide every family engaged in services an application for KanCare, if family members do not have health insurance.

Q. Assure all children with KanCare eligibility receive Kan-Be-Healthy (KBH) services timely and on schedule.

R. Notify DCF within 24 hours of lack of initial contact with the family or refusal of services by the family after referral. Notify DCF, using the PPS 4250 Lack of Contact Notification, when there has been no contact with the family, and it has been determined a family cannot be located or the family disengages from services. Notify DCF immediately if any child safety concerns exist or child safety cannot be determined.

S. For Pregnant Women using Substances referrals, request substance abuse testing be completed within 24 hours of birth and report toxicology results to DCF on the PPS 4205. The **Child Welfare Case Management Provider (CWCMP)** shall request substance abuse testing which will consist of urinalysis of mother at the time of admission to the hospital for the birth of the baby or request for urinalysis of the baby within 24 hours of birth. Complete and submit the PPS 4205 within 48 hours.

T. The case closure conference with the family and the DCF CPS Specialist/Liaison shall be held no later than seven days prior to the anticipated case closure date. Case closure recommendations may include recommending a new referral to ~~the same Tier or another Tier~~ of Family Preservation Services if the family is eligible.

~~A new Initial Service Plan is not required for families immediately referred to a new tier of services.~~ The CWCMP shall complete a new case plan with the family within 20 calendar days of the referral.

U. Review all ~~not non~~-assigned reports and provide additional information to the CPS Specialist:

1. When the CPS Specialist forwards a ~~not non~~-assigned report, the CWCMP shall print the intake (PPS 1000, 1001, 1000A, and 1002) and file in Section 3 of the case file per PPM 0430. The CWCMP shall have 3 working days to acknowledge receipt of the report and to provide an initial summary of information they may have regarding the report. The CWCMP shall include all information addressing the event in Case Activity Logs with the event number identified.

2. If, after receiving the initial 3 working day summary, DCF determines more information is needed, the CPS Specialist will request follow-up information. The provider will have 5 working days to provide additional follow-up information. A ~~not~~ **non**-assigned report may or may not require that an in-person visit be made, but an informal assessment should be completed based on new and existing information. The results of this assessment shall be provided to the CPS Specialist within 5 working days and shall include current knowledge of the family functioning and any child risk or safety concerns.
3. If the request for additional information regarding the ~~not~~ **non**-assigned report involves suspected abuse or neglect, the CWCMP shall make a new report to KPRC.
4. The CWCMP Supervisor shall ensure the information contained in the ~~not~~ **non**-assigned report(s) are addressed in the open case. Prior to case closure the CWCMP Supervisor shall ensure all subsequent not-assigned reports have been addressed in the open case.

V. When a family member requests immediate services regarding a risk or safety concern, the CWCMP shall respond to all family crises within one hour. In-person contact is required, when determined necessary to assure child safety, effect positive family change and prevent the removal of a child from the home.

W. After consultation with DCF, considering the best interest of the child(ren) and family, the provider may complete the ongoing safety assessment with each alleged victim.

X. Staff each case with a supervisor at least monthly. An additional supervisory staffing will be held and documented in the case file, when risk and safety concerns are identified. Additional supervisory staffing shall utilize the PPS 4225 FPS Supervision Log for Newly Identified Risk/Safety Concern(s) as a guide. The PPS 4225 or a Supervisory Log capturing all common elements shall be utilized for documenting a summary of the discussion and next steps. Supervisors shall closely monitor those cases which have been identified as having high risk and/or safety concerns. The next level of management, above supervisors, shall ensure staffing is occurring as needed.

Y. Provide families with a Client Satisfaction Survey at the case closure conference or at the last in-home contact, prior to closure of the case. Results of all completed Client Satisfaction Surveys shall be compiled using DCF's quarterly report format.

4215 Family Preservation Initial Family Meeting

The Family Preservation Initial Family Meeting (IFM) initiates the partnership between the family, DCF staff and service providers. This team shall share responsibility for ensuring the family receives services and supports required to build lasting safety to maintain the child(ren) safely in the home and prevent out of home removal future maltreatment. The purpose of the IFM is to discuss the reasons for the referral to Family Preservation Services, discuss the safety and/or risk concerns of all parties, including the family, and reach a consensus with the family. The role of the CPS Specialist and the FPS providers shall be clarified with the family. A Family Preservation Initial Service Plan, with the goal of maintenance at home, shall be developed with the family. This plan outlines activities to be completed prior to the Family Case Plan using the PPS 3048.

A. Family Preservation Initial Family Meeting Participants

1. Persons required to attend the Initial Family Meeting are as follows:
 - a. CPS Specialist
 - b. Family Preservation Services assigned Specialist or Case Manager
 - c. The parent(s)
 - d. Other family members, as deemed appropriate
 - e. Community Family Service Provider, if applicable.
2. The FPS provider shall encourage the family to invite people who are a part of the family's support network. The assigned CPS Specialist and the assigned Family Preservation Services case manager/therapist shall attend the IFM; however, if either or both are unable to attend, each agency is responsible to designate alternate staff members. The preferred designee is a staff member who has been or will be involved with the family. The case file shall document the designee's involvement with the family and all participants in the IFM.
3. Parents shall be asked to sign release of information forms authorizing information sharing between meeting participants.

B. Initial Family Meeting Timeframe and Location

1. The Family Preservation Services Provider shall contact the family within 24 hours of the referral to introduce themselves and to schedule the IFM. The family's availability shall be considered a priority when selecting the time and location for the meeting. The IFM shall be held in the family's home, unless the

family has expressed another preference. The CPS Specialist's availability will also be considered in scheduling the IFM.

2. The Initial Family Meeting shall occur in person, within two business days, following the time of the referral ~~to Tier 1 or Tier 2~~, unless DCF directs the Initial Family Meeting be held sooner.

3. Only the family may request to exceed the two-business day requirement, and family requests should be limited to accommodation of schedules or allowance for a support person to attend. If not held within the two business days, the Initial Family Meeting shall be held as soon as possible, preferably within the next 24 hours. The case file shall reflect the reason for the extension of the IFM time.

4. The decision whether to request the IFM be held sooner than two business days following the referral shall be made by the CPS Specialist, in consultation with the DCF Supervisor or PPS Program Administrator. Factors to be considered are age and vulnerability of the children in the home, safety and risk factors, and weekends and holidays.

C. Purpose of Initial Family Meeting

The purpose of the IFM includes the following:

1. Families are provided the opportunity to describe their experiences, **their worries and hopes**, identify their strengths, resources, and skills, and play a lead role in the development of their Family Preservation Initial Service Plan;
2. When the meeting is over, families should feel their perspectives have been heard and are valued and there is a commitment to helping them achieve success;
3. Supports for the family shall be discussed and identified;
4. Roles and responsibilities of all team members shall be clarified, including all family members, child(ren), FPS Provider, DCF CPS Specialist, other community service providers, and other team members;
5. Full disclosure of the reasons for the referral, DCF expectations for the safety and risk concerns needing to be addressed, what **next steps** may happen as a result of **current safety and future danger** ~~the family's choices and actions~~, and timelines for decisions about child permanence and case closure;
6. An Initial Service Plan is completed to include the continued gathering of assessment information supporting the development of the Family Case Plan, including the family signing releases to allow FPS providers to review information already collected or to contact individuals or other providers to obtain needed information.

D. Roles and Responsibilities of the Initial Family Meeting Participants

1. The FPS Provider shall schedule and facilitate the Initial Family Meeting and complete the Initial Service Plan with the family, ensuring all family members age 7 and older participate and sign the Initial Service Plan, if they have the cognitive ability to participate in the case planning process.
2. The referring CPS Specialist shall explain the reason for the referral to Family Preservation Services and the safety concerns to be addressed, including behaviors of family members needing to change to ensure the child(ren)'s safety and successful case closure. The CPS Specialist shall discuss with the family what may happen if the family does not participate in Family Preservation Services, does not follow the safety plan, or does not complete court orders, as applicable.
3. The FPS Provider and CPS Specialist shall partner with the family in determining the appropriate activities and the person(s) responsible for completion of each activity during the development of the Initial Service Plan.
4. The family, FPS Provider and CPS Specialist shall jointly complete a Safety Plan, if needed, identifying **what needs to happen** ~~the behaviors needing to change~~, the roles of each involved person, the beginning and ending date, the person(s) responsible for monitoring the activities and what may happen if the family does not follow the Safety Plan. The Safety Plan shall be completed using the DCF form, or an approved version which includes all elements contained in the DCF form.
5. The FPS Provider and CPS Specialist will engage the family in determining appropriate activities to include in the Family Preservation Initial Service Plan and the Safety Plan, if applicable, and the person(s) responsible for completion of each activity. Family members will sign the Initial Service Plan and receive a copy immediately.

E. Activities to Include in the Family Preservation Initial Service Plan

1. All activities to address safety concerns and reasons for referral to FPS which need addressed immediately.
2. Parents/Caregivers and age appropriate children/youth will participate in the required assessments, unless the assessment has been completed within the past six months and the results are available to the assigned FPS Provider.
3. FPS Providers will observe parent child interactions and meet with each child alone to gather information and determine additional activities which may need to be included on the Family Case Plan.
Parents/Caregivers will follow all court orders, as applicable.

4861 Entering a Family Preservation In-Home Referral into FACTS

A. All Family Preservation Service Cases

1. To reflect a family preservation referral in FACTS, the following combination of codes are entered. Enter on INIT if this a new plan, on PLAN, if the plan already exists. Enter a FP plan type for each member of household with goal type of maintaining the child in the family (MFM). On RESP, enter a service action of PR03N and service source code of ~~either FP1 (level 1) or FP2 (level 2) depending on level of service~~ **FPC (Family Preservation Contractor)** for each case member. Enter the Service Status as initiated (IN) and indicate the effective referral date from the PPS 4200. If the family preservation referral is due to or involves a juvenile offender case as per the PPS 4200 form, enter on the RESP screen for the head of the household the service action code of JO01N with the service source code of PSW. The start date is the date of the family preservation referral. If an adult is already on an open SS plan, a FP plan shall not be opened. Information will be entered on the open SS plan.

2. When the Family Preservation Case Management has concluded services with the family ~~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 are when the service ended for the family per the PPS 4205 form. Use "CM" status closure code. Close all other responsibilities including the PR03N service action code and then close the plan.

a. If a new Family Preservation referral has been made and the case involves a change in casehead and all children are moving to a new

case, end date the PR03N responsibility under the first casehead and each child and establish a new plan and PR03N responsibility for each individual on the new case.

b. If a new Family Preservation referral has been made and the case involves a change in casehead and all children are not moving to a new case, end date the PR03N responsibility of the children moving to the new casehead and establish a new plan and PR03N responsibility for each child who moved to the new case.

B. Family Preservation Service Cases Involving Child Custody

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

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

1. If a family preservation referral is made to provide services to a pregnant woman using substances as per PPS 4200 form, a family plan (FP) is established for the pregnant woman. Enter the service action code of HP01N and either service source code of OPI or NOP depending on if referral is due to Opioids (OPI) or non-opioids (NOP) on the RESP screen. The start date is same as the date referred to family preservation. On RESP, enter a service action of PR03N and service source code of ~~either FP1 or FP2 depending upon tier level referred~~ **FPC** to show the referral to family preservation. ~~If there are other children in the family being served by the FPS provider refer to PPM section 5811A for steps on entering a family preservation referral for each child.~~ 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.

5030 Child Welfare Case Management Provider Screenings and Assessments

The Child Welfare Case Management Provider (CWCMP) ~~is responsible to~~ **shall** assess the needs of a referred child/youth and their family within 20 calendar days of the referral.

Screenings and assessments are performed to determine appropriate services for the child/youth and family, meet the identified needs, and connect the child/youth and family to appropriate services in their community.

Whenever possible, ~~needed~~ services shall be provided in the home and focus on the needs of the family rather than being focused solely on the child/youth.

To support access to mental and behavioral health services and care coordination of foster care youth mental health needs, the case management provider ~~is expected to~~ **shall** create and maintain a dedicated email ~~box~~ to share with the Community Mental Health Center (CMHC) providers and provide a phone contact. CWCMP ~~are expected to~~ **shall** monitor emails and voicemails received and respond within 2 days.

Screenings and Assessments performed for children/youth in **the DCF custody of the Secretary** and their families to assess needs shall include:

~~A. Background Checks. Information from background checks shall be used in assessing risk and safety to the child. Background checks shall be completed at referral as well as throughout a case when additional caregivers are identified. Clearance is not a requisite for biological parents to be considered as a possibility for reintegration.~~

~~1. Background checks shall consist of:~~

~~a. Child Abuse/Neglect Central Registry,~~

~~b. Adult Protective Services Adult Abuse Registry,~~

~~c. KASPER (Kansas Adult Supervised Population Electronic Repository)
and~~

~~d. KBI Registered Offender website.~~

~~e. The history in KIDS shall also be explored in consultation with DCF.~~

~~The following may also be completed during the background check process:~~

~~f. CWCMP may request access to a closed file in the possession of DCF.~~

g. ~~If there is a reason to believe there may be criminal charges related to child safety from another state, a fingerprint check shall be completed. See PPM 0320 for additional information on expanded criminal history checks.~~

2. Background checks shall be completed for:

a. ~~All parents.~~

b. ~~All Caregivers. See PPM 0160 for definition of caregiver.~~

c. ~~Any non-caregiver adult residing in the home of removal, reintegrative home if not the same as home of removal, or home of a caregiver if the child/youth will be cared for in that home.~~

d. ~~Children/Youth aged 10 or older living in the home of removal, reintegrative home if not the same as home of removal, or home of a caregiver if the child/youth will be cared for in that home.~~

A. Physical Health Assessments for all children/youth. The CWCMP shall assess physical health needs by obtaining information for each child/youth from the last assessment of dental, vision, hearing, and physical health including current prescribed medications and names and addresses of all medical providers. If no such assessment can be located by the CWCMP, new appointments for assessment of dental, vision, hearing, and physical health including assessment of medications shall be scheduled within 20 calendar days. Scheduling the appointment does not mean the appointment must occur within the 20 days.

B. The following evidence-based screenings and assessments for parents, caregivers and age-appropriate children/youth shall be completed within 20 calendar days of referral. The following screenings and assessments shall also be completed prior to completion of each review of the PPS 3051 Permanency Plan.

1. Ages 30 days – 2 years – Ages and Stages Questionnaire – Social Emotional (ASQ-SE); Screen for social-emotional functioning of child. For children who are younger than 30 days old at the time of referral, the ASQ-SE will be completed no later than the 40th day of the child's life.

2. Ages 2 years – 18 years – Child Stress Disorder Checklist-KS (CSDC-KS); Screen for child's history of trauma and current symptoms.

3. Ages 3 years – 5 years – Preschool and Early Childhood Functioning Scale (PECFAS); Assess behavioral health functioning.

4. Ages 6 years – 18 years – Child and Adolescent Functional Assessment Scale (CAFAS); Assessing behavioral health, functioning of the child/youth.

5. Ages 7 years – 17 years – Child Report of Post-Traumatic Symptoms (CROPS); Screen for child's history of trauma and current symptoms.

1. Child Stress Disorder Checklist KS (CSDC-KS) Ages 2-18; Screen for child's history of trauma and current symptoms,

2. Child Report of Post-Traumatic Symptoms (CROPS) Ages 7-17; Screen for child's history of trauma and current symptoms,

3. Ages and Stages Questionnaire—Social Emotional (ASQ-SE) Ages 0-2; Screen for social-emotional functioning of child.

4. Preschool and Early Childhood Functional Assessment Scale (PECFAS) Ages 3-5; Assess behavioral health functioning,

Or

5. Child and Adolescent Functional Assessment Scale (CAFAS) Ages 6-18; Assess behavioral health functioning of child/youth

The following assessments may also be completed:

6. Structured Decision Making (SDM); 24-Hour Safety Assessment for child protection,

7. Parenting Stress Index—Short Form (PSI-SF) Ages 0-18; Assess parenting stress.

C. Fetal Alcohol Spectrum Disorder Screening for referred children/youth of all ages.

D. Substance Use Disorder Screening

1. For adults in the home and children/youth age 13 and older if the child is verbal and developmentally able to participate:

a. Screening shall be completed using the UNCOPE screening tool, PPS 2005, or a form which includes the same elements as the official UNCOPE screening tool.* Children under age 13 shall be screened only if there is evidence identifying the child is at risk for substance abuse.

i. If a family member answers "yes" to two or more questions, on the UNCOPE screening tool and this is a current issue, the family member shall be referred for further assessment to the appropriate licensed Medicaid or private insurance service provider for an assessment to determine if treatment is recommended (refer to mental health workflow appendix 3I). If substance use disorder treatment is recommended for a family member,

as a result of the substance use assessment, a referral for treatment shall be made.

2. For adults in the home who have previously been identified as being at risk for substance misuse or a substance use disorder, such as having been arrested for driving under the influence (DUI), presenting for substance use disorder treatment, or being evaluated for any issue associated with substances:

- a. Diagnostic assessment more extensive than the UNCOPE screening tool, such as the Kansas Client Placement Criteria (KCPC), shall be completed.

*Hoffman, N.G. Retrieved from: <http://www.evinceassessment.com/UNCOPE>

5031 Background Checks

The information obtained from background checks is used by the Child Welfare Case Management Provider (CWCMP) in assessing risk and safety to the child. Background checks will be completed at referral and when additional caregivers are identified.

A. Background checks shall be completed for:

1. All parents. Clearance is not required for reintegration with biological parents. Parental background checks provide information to CWCMP staff about possible risks which were previously unknown to the agency.
2. All Caregivers. See PPM 0160 for definition of caregiver.
3. Any non-caregiver adult who will be residing with or supporting caregiving for a youth in the custody of the Secretary.
4. Youth aged 10 or older, not in the custody of the Secretary, who will be residing with a youth in the custody of the Secretary.

B. All Background checks shall consist of:

1. Child Abuse and Neglect Central Registry,
2. Adult Abuse, Neglect, and Exploitation Central Registry,
3. KBI Name Based Criminal Background Check.
4. Any identified history in KIDS shall also be explored in consultation with DCF. CWCMPs may be allowed access to closed files in the possession of DCF if requested.

C. A national fingerprint based search shall be completed for persons over age 18 and not in the custody of the Secretary:

1. If there is a reason to believe there may be criminal charges related to child safety from another state. See PPM 0320 for additional information on expanded criminal history checks.
2. If the person will be residing in the same home as a youth in the custody of the Secretary.

D. For non-licensed placement purposes, the CWCMP shall request a complete DCF history check on all residents of the prospective home age 10 and older. In addition to the central registry identified in section B, this check shall include Web KDHE Request Processor (WKRP), Family and Children Tracking System (FACTS), Kansas Intake/Investigation Protection Systems (KIPS), Kansas Initiative for Decision Support (KIDS).

5230 Placement Services

Consideration for placements shall be made in accordance with federal and state laws.

A. While the child is in out of home placement, their connection to family members remains of crucial importance. Placement considerations are to:

1. Preserve the child's racial, cultural, ethnic, and religious background;
2. Address the child's safety, strengths and needs;
3. Place children in close proximity to their families and schools;
4. Build on families' strengths to assist them in resolving the issues which led to the child's removal;
5. Place children with relatives or non-related kin whenever possible, and;
6. Place siblings together unless it is not in the best interest of the children.

B. To assist in this effort, the placement resources shall work in partnership with the parents as a mentor and role model.

C. All placements shall be ~~related~~, licensed by DCF Foster Care Licensing, or approved if non-licensed determined by the CWCMP to be environmentally and psychologically safe for children. and All placements shall be entered into the placement management system and paid based on rates established by DCF and information regarding the child. Adoptive home studies are considered approved when their Adoptive Home Assessment is completed and signed by a supervisor, and visits can occur prior to the adoptive placement. Assessments regarding placements shall be completed by a licensed professional.

D. DCF requires foster parents and designated officials at child care institutions to apply the reasonable and prudent parenting standard. The standard is characterized by careful and sensible parental decisions that maintain a child's health, safety, and best interests while at the same time encouraging the child's emotional and developmental growth that a caregiver must use when determining whether to allow a child in foster care to participate in extracurricular, enrichment, cultural and social activities. These are documented on the PPS 3051 Permanency Plan for Child in DCF Custody. See also the Foster Home Licensing Regulations KAR 28-4-311, and 28-4-800 through 28-4-825.

E. If the child cannot be placed with a relative or non-related kin, the Child Welfare Case Management Provider (CWCMP) may utilize the placement management system to ensure the best placement for the child. Once the best available placement is secured and established, the CWCMP Case Manager, preferably, shall transport the child to the placement.

See PPM 5234 for relative placement policy, 5235 for ~~licensed/approved home for non-related~~ ~~div~~ kinship placements policy, 5236 for foster home placement policy, and 5330 for adoptive home placement policy.

5234 Relative Home/Placement

A. Definition: For purposes of notification of DCF custody and placement, DCF defines a relative as follows:

1. A person who can trace a blood tie to a child. Persons related by blood may include, but ~~is~~ **are** not limited to, a parent, grandparent, sibling, great-grandparent, uncle or aunt, nephew or niece, great-great grandparent, great uncle or aunt, cousin, great-great-great grandparent, great-great uncle or aunt, or similar relation. Termination of parental rights does not alter or eliminate the blood relationship to relatives.
2. A person who is or was related to the child through marriage or previous marriage (terminated by death or divorce). This includes, but is not limited to, step-parents, step-grandparents, step-aunts, step-uncles or similar relation.
3. Legally adoptive parents and other relatives of adoptive parents as designated in groups (1) and (2).
4. Parents or relatives of siblings or half-sibling, including but not limited to grandparents, aunts, uncles, cousins, or similar relation.
5. Adoptive parents and grandparents of siblings or half-siblings.
6. A court-appointed guardian or permanent custodian of a sibling or half-sibling.

For placement purposes, parents of the child are not considered an out of home placement. If the child is residing with either parent, the child is considered to be "in the home". When attempting to locate relatives of the child for whom the parents do not have current information, there are a number of websites available to assist in the search effort. A listing of some of these websites is found in Appendix 3N--Family Finding Search Websites. If relatives live out of state, an Interstate Compact for the Placement of Children (ICPC) shall be requested as soon as possible so that placement with the relatives can be considered if the parents are not making progress on case plan activities.

B. Services Provided:

Planning and delivering services and supports for relatives and non-related kinship placements shall be guided by family-centered practice principles, cultural competence and sensitivity to the complex issues involved. For relative/non-related kin placements the Child Welfare Case Management Provider (CWCMP) shall:

1. Assess families and identify risk factors, safety factors, strengths and needs, and intergenerational trauma, including an exploration of how the

family's triumphs and adversities have influenced their present life. This may include the family's prior history with DCF or other social systems;

2. Develop safety plans based on identified risk factors with the family;
3. Effectively address challenges of relative care with the family;
4. Provide relevant information about the child to the relative prior to placing the child in the home;
5. Locate and access services and resources available to relatives;
6. Plan for permanency with the family for the child;
7. Mediate the relationship between the parents/caregivers and family;
8. Provide services and supports to strengthen the relative's capacity to provide a safe, nurturing home for the child;
9. Provide supports and services to assist the relative in understanding and addressing the possible effects on the child due to maltreatment, trauma, and separation.

For additional information concerning placement with grandparent, see PPM 3341

C. Placement at the Time of Referral:

1. If, ~~at the time of the referral,~~ DCF does not recommend certain relatives for placement, ~~DCF will note in Section II of the PPS 5110A Initial Referral to Out of Home Placement Provider.~~ **concerns shall be provided to the CWCMP at the time of the referral.** ~~If DCF does not recommend placement with a relative,~~ DCF shall respond to any concerns expressed by the relative regarding the reasons. **DCF does not recommend placement.**

2. If the prospective initial placement is with a relative who does not have a foster home license, the CWCMP shall complete a walk-through of the relative's home, a PPS 5143 Declaration of No Criminal Offences and request a FACTS/KIDS check by DCF prior to placement of the child. DCF staff shall be available for 4 hours following the referral to assist in providing additional information needed. The 4-hour availability may be negotiated. The relative shall complete the requirements listed in section E2. within 30 days for the child to continue placement with them.

D. Information to be Shared with Relatives Prior to placement:

1. Relatives have a choice between TANF or foster care payments. Relatives may be eligible for TANF assistance from DCF's EES. Eligibility is

determined by EES using their definition of relative. Birth/adoptive parents of siblings may receive TANF if they are income eligible as determined by EES. Relatives shall be informed by the CWCMP of the approximate amount of TANF they may receive. Other options are financial support, through a foster care payment per the set rate structure or requesting to become the payee for benefits the child receives such as SSI, SSA, etc. The Social Security Administration makes the final determination about who will be the payee. For information on child care benefits for relatives, see PPM 5258.

2. The CWCMP shall ~~inform relatives of the option to become~~ **support the relative in becoming a licensed foster relative home.** **Licensed relatives shall be compensated at the same maintenance rate as licensed family foster homes per the current DCF rate structure.** ~~Relatives have the option to choose their sponsoring Child Placing Agency (CPA). Relatives choosing to become licensed, shall meet the same standards as other licensed foster homes, and shall be compensated per the DCF current rate structure. See PPM 5235 for policies on licensed foster home placements.~~

E. Requirements for Relative Placements:

1. Relatives may provide care to the child as a non-licensed relative home, ~~if approved by the CWCMP. The relatives shall be assessed by~~ **if approved by the CWCMP.** ~~The CWCMP shall determine whether their~~ **a non-licensed relative** home is environmentally and psychologically safe for children and a relative placement assessment shall be completed. (See Appendix 5C.) **For non-licensed relatives, Completion of Caring for Our Own (COO), Kinship Path, or TIPS-MAPP curriculum, or other approved pre-service training is at the CWCMP's discretion but is encouraged.**

2. Relatives and all members of the household age 10 and older in the home, excluding children in the custody of the Secretary in out-of-home placement, shall complete KBI criminal background checks, and Child Abuse/ Neglect Central Registry checks. The CWCMP shall request a complete DCF history check, comprised of Web KDHE Request Processor (WKRP), Family and Children Tracking System (FACTS), Kansas Intake/Investigation Protections Systems (KIPS), Kansas Initiative for Decision Support (KIDS), Kansas Adult Abuse, Neglect, Exploitation Central Registry and Kansas Child Abuse and Neglect Central Registry Search (CERS) checks through DCF. Household members **14 18** and older shall be fingerprinted. Child Abuse/ Neglect Central Registry checks must then be completed annually. If the adults in the household lived out of state at any time within the immediate past 5 years and the permanency plan may become adoption, the CWCMP shall complete out-of-state child abuse checks. The assessment of the relative family shall include pertinent social information regarding the family. ~~Completion of Caring for Our Own (COO) or TIPS-MAPP curriculum, or other approved pre-service training is at the CWCMP's discretion but is encouraged.~~

F. Payments made to relative homes are not Title IV-E reimbursable unless they become licensed by DCF Foster Care and Residential Facility Licensing.

5235 ~~Licensed/Approved Home for Non-Related~~ **Kinship Home Placements**

Kinship care is placement of a child in the home of an adult with whom the child or the child's parent already has a close emotional attachment or ties.

A. ~~All Licensed Family Foster Homes~~

1. Any person caring for a child under the age of 16 years who is in the custody of the Secretary and is not related to the child by blood, marriage or adoption shall meet all requirements to be licensed by DCF Foster Care and Residential Facility Licensing and shall be sponsored by a licensed Child Placing Agency in Kansas.

2. Foster parents shall, along with any household members 14 years of age or older (who are not children in foster care/ custody of the Secretary of DCF), complete the national fingerprint background check. Foster parents and household members age 10 and older complete the KBI criminal history check and Child Abuse/Neglect Central Registry check.

3. Foster parents and any adult living in their households who have lived in Kansas less than five years shall clear a child abuse/neglect registry check in every state where they have resided in the past five years. The Kansas Child Abuse/Neglect Central Registry checks will be completed annually by DCF Foster Care and Residential Facility Licensing.

4. DCF PPS policy requires all licensed family foster homes to complete an approved pre-service training, such as Trauma Informed Partnering for Safety and Permanence/Model Approach to Partnerships in Parenting (TIPS-MAPP) or Deciding Together (DT) training curriculum before accepting placements of children in the custody of the Secretary. A different pre-service curriculum, such as STARS, PRIDE or other equivalent training may be substituted if permission is granted by Foster Care Program Manager and/or Deputy Director of Permanency on a case-by-case basis.

B. **A. Licensed** Non-Related Kin Placement ~~Process~~

1. Kinship care is placement of a child in the home of another adult with whom the child or the child's parent already has a close emotional attachment or ties. DCF strongly advocates care for children by their

kin as the first choice for placement when the child's family/relative cannot provide adequate care.

1. **Non-Related Kin placements** Any person caring for a child under the age of 16 years who is in the custody of the Secretary and is not related to the child by blood, marriage or adoption shall be required to be in compliance with licensing statutes and regulations and licensed by DCF Foster Care and Residential Facility Licensing as described in paragraph A. above in order to provide out of home placement services.

2. To expedite placement of children with non-related kin, the requirement for the completion of an approved pre-service training TIPS-MAPP or Deciding Together (DT) is waived prior to a child being placed in the home, but must be met within the first year of licensure. the non-related kin shall be required to complete the TIPS-MAPP curriculum and other pre-service training prior to licensure. A different pre-service training which is not pre-approved by DCF Foster Care Licensing, such as STARS, PRIDE or other equivalent training may be substituted if permission is granted by Foster Care Program Manager and/or Deputy Director of Permanency on a case-by-case basis.

3. Prior to the child's placement with non-related kin, the Child Welfare Case Management Providers (CWCMP) shall request from the local DCF Service Center a Child Abuse/Neglect Central Registry and history check on all members of the non-related kin home who are age 10 and older. Information on the relationship between the child/child's family and the non-related kin shall be shared with DCF prior to placement.

4. Prior to the child's placement with non-related kin, the Child Welfare Case Management Providers (CWCMP) shall request from the local DCF Service Center a complete DCF History check, comprised of Web KDHE Request Processor (WKRP), Family and Children Tracking System (FACTS), Kansas Intake/Investigation Protections Systems (KIPS), Kansas Initiative for Decision Support (KIDS), Kansas Adult Abuse, Neglect, Exploitation Central Registry and Kansas Child Abuse and Neglect Central Registry Search (CERS) checks on all members of the non-related kin home who are age 10 and older.

5. Prior to placement with Within 14 calendar days of placement with a non-related kin, the CWCMP shall send fingerprints and waivers on all members of the household age 14-18 and older to DCF Foster Care and Residential Facility Licensing for processing. Placement can be made prior to results being received.

6. The CWCMP shall also require the members of the family who are age 10 and over sign a statement, Declaration of No Criminal Offenses (PPS 5143). Signing this form acknowledges a check of the criminal history database required by DCF Foster Care and Residential Facility Licensing will be completed and will not reveal conviction for any offenses which would prohibit DCF licensure.

7. DCF Foster Care and Residential Facility Licensing shall complete a KBI criminal history background check, and Child Abuse/Neglect Central Registry checks for anyone age 10 and older in the home. Fingerprint checks shall be completed for anyone age 14 18 and older in the home. Results of all background checks must be received prior to full licensure. The Child Abuse/Neglect Central Registry checks will be completed annually.

8. Immediately following placement, the CWCMP shall complete the family assessment and licensing packet.

a. The packet shall be sent completed to DCF Foster Care and Residential Facility Licensing no later than 2 weeks after the child's placement.

b. DCF shall review the packet and, if all requirements are met, issue a temporary permit within 30 days after the child's placement. The temporary permit remains in effect for 90 days from the date of issuance.

c. This temporary license may be extended for one additional period not to exceed 90 days, to allow the kin time to complete TIPS MAPP. No further extensions shall be granted. Non-related kin shall comply with all licensing requirements of DCF Foster Care and Residential Facility Licensing prior to a full family foster home license being issued.

d.b. CWCMP shall provide the same level of supports and services which are provided to other foster families to ensure the child's needs are met and the placement remains stable. Reimbursement for non-related kin providers will be reimbursed as indicated in the DCF Rate Structure.

B. Non-Licensed Non-Related Kin Placement Approved homes

Any person caring for a child(ren) Youth in the custody of the Secretary age 16 or older and living with an unrelated caregiver(s) must may reside in a non-licensed non-related kin placement which is either licensed by DCF Foster Care and Residential Facility Licensing or approved determined to be environmentally and psychologically safe by the CWCMP. This includes KBI criminal history background check, Child Abuse/Neglect Central Registry and DCF/PPS history checks for anyone age 10 and older in the home. Fingerprint checks shall be completed for anyone age 14 18 and older in the home who is not in DCF

custody. The CWCMP will discuss payment options with the caregivers, if applicable.

5263 Self-Sufficiency/Life Skills Responsibilities of the Child Welfare Case Management Provider

The Child Welfare Case Management Provider (CWCMP) shall provide Life Skills services for youth ages 14 and older who are in DCF custody and in out of home placement, ~~and based on an assessment,~~ **The CWCMP will assess youth and** develop individualized transition plans (PPS 3059).

A. For youth ages 14 and older who are in out of home placement:

1. Parents, ~~caregivers,~~ caregivers, foster families, and out of home providers shall support and integrate daily living skills into activities with the youth.
2. The CWCMP shall provide age and developmentally appropriate training in the following ~~(life)~~ domains:
 - a. Daily ~~Living Skills and Home Maintenance~~ **living skills and home maintenance**
 - b. Housing ~~and Community Resources~~ **and community resources**
 - c. Mental ~~Health Resources~~ health resources
 - d. Money ~~Management~~ **management**
 - e. Health, ~~Medical Care~~ medical care, and ~~Personal Hygiene~~ **personal hygiene** ~~to include~~ **including:**
 - i. **negative impacts** ~~use~~ of nicotine products, drugs and alcohol
 - ii. sexually transmitted diseases or unplanned pregnancies

iii. ~~factual~~ information on how and when to seek medical care

iv. basic first aid training

v. discussions on health insurance and KanCare

f. Personal ~~Safety~~ safety

g. Work and ~~Study Skills~~ study skills

h. Personal ~~Development~~ development

i. Relationships and ~~Communication~~ communication

j. Technology ~~Access~~ access and ~~Internet Safety~~ internet safety

k. Secondary ~~Education Planning~~ education planning

l. Healthy ~~Relationships~~ relationships

3. The CWCMP shall use the Casey Life Skills Assessment for youth in care and Self Sufficiency Matrix for youth participating in aftercare services who have aged out of foster care.

4. Parents/caregivers, foster families, and out of home providers shall be provided with knowledge and training to teach or reinforce methods addressing the youth's needs.

5. The CWCMP shall also:

a. Refer youth ages 14 and older with a disability (Section 504) and/or who are receiving services under an IEP based upon disability to appropriate education and employment resources meeting federal Workforce Innovation and Opportunity Act (WIOA) guidelines.

b. Work with DCF and/or programs offering credit check services free of charge and ensure each youth age 14 and older in foster care receives a copy of their consumer credit reports from Experian, Equifax, and TransUnion each year until discharged from foster care. ~~Grantee~~ CWCMP will also assist

in interpreting the credit reports and resolving any discrepancies. (PL 113-183).

c. assist all interested youth ages 14 and older with participation in the Kansas Graduated Driver's Licensing program, including obtaining the age-appropriate permit or license, attending driver's education, and completing the required hours of supervised driving practice. Youth who are not interested in participating will sign an opt out form. Youth who have opted out may subsequently opt in at any time.

d. ~~assure~~ ensure each youth has photo identification upon turning age 16. Providers shall assist the youth in obtaining a photo ID without charge by completing the PPM Appendix 7F Kansas Department of Revenue DL-DCF1 Department for Children and Families Certification for Original Identification Card. The DL-DCF1 may be used one time per youth.

e. Assist interested youth, 16 and above, to open a bank account. Youth in foster care may open an account without a cosigner. CWCMP staff will provide youth with verification of foster care status to open an account. The CWCMP will refer youth to a financial literacy program and inform youth of their responsibility for banking costs or penalties associated with holding an account without a cosigner (K.S.A. 9-1204(a)-(d)).

f. ~~assure~~ ensure classes in parenting skills and childcare are available ~~when a youth is already a parent or expecting a child for pregnant or expecting youth.~~

g. assist DCF in administering National Youth in Transition Database (NYTD) surveys to youth in foster care during each designated survey collection period. ~~Grantee~~ The CWCMP will also cooperate with the collection and submission of the data elements of the surveys.

h. support and encourage youth involvement with Regional and Kansas Youth Advisory Councils through aid with transportation, participation in events and chaperoning.

B. The CWCMP shall prepare transition plans (PPS 3059 My Plan for Successful Adulthood) for all youth in out-of-home placement starting at age 14, regardless of case plan goal, that:

1. Support youth in preparing for and obtaining employment, when appropriate.
2. Connect youth to community and mental health resources as needed.
3. Prepare youth for responsible financial management, including obtaining and maintaining safe and stable housing.
4. Support pregnant and parenting youth and refer them to appropriate resources within the agency, DCF, and the community.
5. As applicable, refer youth with developmental disabilities for guardians.
6. Educate youth on housing, including the use of Foster Care Transition Services, and the public transportation options available in their communities.
7. Assist youth with developing/maintaining ~~Permanent Connections for Success~~ permanent connections which will provide resources for them as they leave foster care, including referring youth for mentoring services. Permanent connections shall not be ~~Grantee~~ CWCMP staff directly responsible for the case.
8. Assist the youth in protecting their identity and future credit worthiness and resolving any inaccuracies or instances of identity theft.
9. Assist the youth and young adults with learning about the ~~State's MCO's~~ Medicaid programs and selecting a Managed Care Organization MCO. The CWCMP will assist young adults exiting care, who plan to remain in Kansas, to ~~and completing~~ complete a KanCare Application for "Families and Children" for the Aged Out Medical program. The application for Kansas is on-line at ~~KanCare~~ KanCare.ks.gov or a paper application can

be mailed or faxed to the Clearinghouse for KanCare (see KanCare website for specific application instructions). If submitting a paper application include “aging out of foster care” at the top of the form. The application can be downloaded and printed or submitted online at <http://kancare.ks.gov/apply.html>. The CWCMP will assist young adults exiting care to live in another state in locating and completing an application for the Aged Out Medical program in that state. Youth and young adults shall be assisted with ensuring documents proving with providing citizenship and identity documents to have been provided to KanCare the Clearinghouse or other state entity accepting Aged Out Medical applications.

10. Encourage and enable youth to maintain sibling connections, when possible and appropriate, and support youth as they prepare to reconnect with their biological families after exiting foster care.

11. Support and encourage youth involvement with Regional and Kansas Youth Advisory Councils through aid with transportation, participation in events and chaperoning.

5271 Exceptions to Aftercare Responsibility of Case Management Providers

The aftercare period does not apply to:

- A. Youth who are transferred to Kansas Department of Corrections - Juvenile Services (KDOC-JS) or to the Tribal Court.
- B. Children released from the Secretary's custody and placed with an individual who is not the child's parent, adoptive parent or legal guardian, or custodian.
- C. Youth with no open ICPC case who are no longer in custody and are living out of state. If there is an open ICPC case and court maintains jurisdiction, aftercare services would continue.
- D. Direct adoptive placements by the court in which the child(ren) are released from DCF custody.
- E. Probate guardianships pursuant to KSA Chapter 59.

5500 Recommending SOUL (Support Opportunity Unity Legal Relationships) Family Legal Permanency Custodian(s)

- A. SOUL Family Legal Permanency establishes a court ordered legal relationship between a youth aged 16 and above and one or more adults who will be responsible for the youth's care while still maintaining family connections. SOUL Family Legal Permanency recognizes additional relationships with a broad network of caring adults.
- B. Prior to submitting SOUL Family Legal Permanency for appointment by the court, the Child Welfare Case Management Provider (CWCMP) shall assess the Custodian(s) and household members, to include:
 1. Supporting Youth in their consideration of relatives and individuals with whom the youth has close emotional ties with preference as potential custodians.
 2. If there is more than one identified SOUL Family legal permanency custodian, one individual shall be designated as residential custodian by the court with the approval of the youth and the individual to serve in such role if any disputes arise.
 3. Observing the youth in the home of the potential SOUL Family Legal Permanency residential custodian and determine the ability and suitability of the potential residential custodian to care for the youth.
 4. Conducting background checks of the identified SOUL Family Legal Permanency Custodian(s) to include:
 - a. National Fingerprint Check on the custodian(s) and any additional household members 18 years or older.
 - i. If the National Criminal Fingerprint Check has been sent to the Federal Bureau of Investigation (FBI) two times and the fingerprints are not legible, a name check is acceptable.
 - b. Clearance through Kansas Bureau of Investigation (KBI) for all family members 10 years and older.
 - c. Complete a DCF History check on all members of the home who are age 10 and older. A complete DCF history check is comprised of:
 - i. Web KDHE Request Processor (WKRP),

- ii. Family and Children Tracking System (FACTS),
- iii. Kansas Intake/Investigation Protection Systems (KIPS),
- iv. Kansas Initiative for Decision Support (KIDS),
- v. Kansas Adult Abuse, Neglect, Exploitation Central Registry
- vi. Kansas Child Abuse and Neglect Central Registry Search (CERS) checks.

d. If the family resided out of state for the last five years, child abuse registry checks in all the state(s) where they resided shall be completed for all adults.

C. The CWCMP shall submit a report to the court containing:

1. Benefit information for SOUL Family Legal Permanency and other applicable permanency options, to include but not limited to:

a. Financial supports including:

- i. Caregiver and youth/young adult monthly subsidy
- ii. One-time special payment
- iii. John H Chafee Foster Care for Successful Transition to Adulthood Funding (Chafee)

b. Medical coverage

- i. Foster Care Medicaid
- ii. Aged Out Medicaid

c. Educational and Employment supports,

- i. Independent Living monthly subsidy (limited to secondary education)
- ii. Educational Training Voucher (ETV) funds
- iii. Kansas Foster Child Education Assistance Act (tuition waiver)
- iv. John H Chafee Foster Care for Successful Transition to Adulthood Funding (Chafee)

2. Background check information obtained from section B,

3. The extent to which the CWCMP has determined appointment to be in the best interest of the youth.

5827 Entering Indian Child Welfare Act Information

When race is identified as American Indian, the code of AI is entered on the CASE Screen. A child's tribe is identified with the corresponding federal tribe code on the MACL screen. If the child is not a member of a federally recognized tribe, enter the 3-digit code NOT on the MACL screen. If a child's tribe is unknown, enter the 3-digit code UNK on the MACL screen. Up to two identified tribal codes can be entered onto the FACTS MACL screen. A list of federally recognized tribes can be located within the AFCARS technical bulletin under "Appendix C – List of Federally Recognized Tribes with EPA identifier Code."

The following Indian Child Welfare Act (ICWA) information is to be entered on the MAIC screen in FACTS for each youth placed in DCF custody (CC plan). This information can be located on the PPS 5110 Foster Care Referral. ICWA information can be amended in CareMatch, generating an updated PPS 5120 form that is to be sent to its designated FACTS region. The ICWA verification date is located on the child's Journal Entry. Each field on the MAIC screen in FACTS is directly recorded for AFCARS reporting.

On the MAIC screen in FACTS, indicate Y or N if DCF inquired, or asked, if the child is an "Indian child" under ICWA. Indicate Y, yes; N, no; or U, unknown if ICWA applies to the child. If ICWA does apply to the child, record the date that DCF was notified by the State court that ICWA applies. If ICWA does apply, also record Y or N if DCF sent legal notice to the child's tribe.

5834 Entering Out of Home Placement End Information

The Out of Home (OOH) End Reason and EndDt fields are enterable fields to reflect the date and reason the out of home placement has ended. When a child has been reunified with any parent or reunified with any person defined in the Child Welfare Contract Management provider contract as a reintegration resource, indicate Reintegration (RUC) as the reason and enter the date of reintegration in the "EndDt" field. If a child is removed from home post reunification, but prior to release of DCF custody, delete the OOH end reason and date and update the PLAN screen.

When DCF has been relieved of custody for reasons of Emancipation (EMA), Guardianship/Custodianship (GUS), SOUL Family Legal Permanency (SOL), or Other (ex: child death) (OTH), indicate the appropriate code and enter the date of discharge in the "EndDt" field. When a child's adoption is finalized, enter (ADP) and the date of finalization.

When custody is discharged due to transfer to another agency (ex: KDOC- CBS JS), use Transfer to Another Agency (TAA) as the reason and enter the date of discharge in the "EndDt" field.

5863 Permanency Goals

Case plan goal information in FACTS shall match case planning documentation. Enter an initial permanency goal and update this goal as required through the life of a case as indicated on the PPS 3050 and PPS 3051. Applicable permanency goals include maintain with family (MFM), reintegration (RUC), adoption (ADP), custodianship/guardianship with a non-relative (GUS), custodianship/guardianship with a relative (GRL), **SOUL Family Legal Permanency (SOL)**, and Another Planned Permanency Living Arrangement-APPLA (EMA).

5865 Pregnant or Parenting Foster Care Youth

If a youth in foster care is pregnant as per the PPS 3052 form or PPS 4311 form, enter the FC01N service action code with the service source code of FGC on the youth's open custody plan (SC or CC). The end date is when the youth is no longer pregnant. The FC01N service action code is reported to AFCARS and Family First Prevention Services federal reporting.

If the youth is in foster care and ~~is parenting~~ has a child who is not in DCF custody as per PPS 3052 form or PPS 4311 form, enter the FC02N service action code with the service source code of FGC on the youth's open custody plan (SC or CC). The end date is when the youth has been released of custody or parenting circumstances change as per the PPS 3052. The FC02N service action code is reported to AFCARS and Family First Prevention Services federal reporting.

If the youth is in foster care and is parenting a child who is in DCF custody as per PPS 3052 form, enter the FC03N service action code with the service source code of FGC on the youth's open custody plan (SC or CC). The end date is when the youth has been released of custody or parenting circumstances change as per the PPS 3052 form. The FC03N service action code is reported to AFCARS and Family First Prevention Services federal reporting.

If the youth is in foster care and is placed with their child, whether their child is in custody or not, enter the FC04N service action code with the service source code of FGC on the youth's open custody plan (SC or CC). The end date is when the youth has been released of custody ~~is no longer pregnant~~ or parenting circumstances change as per the PPS 3052 form. The FC04N service action code is reported to AFCARS federal reporting.

5872 Entering Court Activity for Parental Right Termination Hearings

Termination or modification of parental rights is recorded on the child's MACL screen for each parent. If there are multiple putative fathers, entry is required for each putative father.

When parental rights are ~~terminated (PRT)~~ severed (SEV) by the court, enter the ~~actual date of the PRT hearing or the date of judge's decision~~ file stamp date from the Journal Entry ~~on~~ onto the child's MACL screen.

If a parent voluntarily relinquishes their parental rights (REL), enter the date ~~DCF accepted the~~ parent signed the relinquishment ~~on~~ onto the child's MACL screen.

If a child's parent is deceased, enter the date of death in the respective parent's date of death field on child's MACL screen.

When ~~all parental rights have been terminated~~ both parental rights have been terminated, add a new adjudication code of CP (CINC-PRT) and the adjudication date as the date that the last parent was PRT/REL/DEC on CORT. The CORT screen must be successfully added prior to accessing adoption information for the child on ADOP in FACTS.

5892 Payment Eligibility

Payment eligibility is an AFCARS requirement. An eligibility segment, known as an EP segment in FACTS, shall be entered into FACTS for every child in an out of home placement.

A. Plan Types and Eligibility Determination

Children in an out of home placement are on either an SC, CC or EC plan.

When a GA Eligible youth moves from a CC plan type to an EC case plan type, continue the GA01N EP segments on the EC plan. A IV-E basic eligible youth age 18 and older (AF01N and AG01N) will continue on a CC plan type until age 19. Upon the youth's 19th birthday, they will be moved to an EC case plan.

B. Adding, Ending, and Changing EP Segments

Eligibility (EP Segments) shall be entered or updated within 5 working days of the youth in the custody of the Secretary entering out of home placement or having a change in placement which affects eligibility.

1. Adding an EP Segment - Each change in payment eligibility shall have a separate service request responsibility entered onto the RESP screen. Effective dates for payment eligibility shall not overlap. ~~(There is one exception: when client is GA eligible and has SSI there are two EP segments opened at the same time. See section C.2.b) Enter the date the new payment eligibility took effect.~~ The end date is the day before the next eligibility segment start date. Enter the date the new payment eligibility took effect. The end date is the day before the next eligibility segment start date.

Entry of the Eligibility for Payment segment (EP) on RESP:

Enter the EP segment as indicated below:

ServReg = EP

AchDate = 6 month from EffDate

Service Action = 5 digit code to identify payment eligibility (See further discussion in Section B.)

Service Source = 3 digit code to identify primary reason for client's payment eligibility (See further discussion in Section B)

SpecDesc = Description reason for service source

RespStatus = IN

EffDate = Date new payment eligibility took affect

2. Ending an EP Segment - Eligibility segments (EP Segments) for foster care shall end when the child returns to a parent, whether or not if custody continues. If the child returns to the specified relative removal home, the EP Segment shall end.
To End an EP Segment:

EffDate = Enter day before next action occurred.

RespStatus = CM

3. Changing an EP Segment - If dates for a specific payment eligibility responsibility are entered in error, delete the responsibility and enter the correct information on a new responsibility.

C. Types of Eligibility

1. Pending Eligibility

Cases where eligibility is to be determined enter:

Service Action code: GA01N

Service Source code: PEN

2. GA Basic Eligible

- a. GA Basic Only - If a child does not meet all basic IV-E eligibility requirements enter:

Service Action code: GA01N

Service Source code options: There are nine (9) code options to be used with GA01N to indicate the reason the case is GA. They shall be used in the following order of priority:

1. CTW: No judicial finding of contrary to the welfare in the initial JE

2. CTP: Contrary to the welfare finding on the wrong removal home
3. CTR: Contrary to the welfare finding was made, but the child remained in the home
4. CTH: Child home over 6 months and no contrary to the welfare finding when returned to foster care
5. NRO: No reasonable effort, income greater than 185%
6. NRR: No reasonable effort, income less than 185% but great than 100% or resources over \$10,000
7. OVR: Income greater than 185%
8. EIR: Reasonable efforts, income less than 185% but greater than 100% or resources over \$10,000
9. NDP: State only due to no initial deprivation, or no removal, or has not lived with a specified relative in the previous 6 months
10. NRD: The initial custody and removal order lacks reasonable efforts language and the child is not eligible due to no initial deprivation
11. NRB: Non-citizen, no reasonable efforts, meets resource and income
12. GAB: Other reasons why the youth is GA only.

3. AF Basic Eligible

a. AF Basic and IV-E Payment Eligible:

The child meets IV-E basic eligibility and all IV-E payment eligibility requirements, enter:

Service Action code: AF01N

Service Source code: AFP

b. AF Basic Eligible, but not IV-E Payment Eligible:

The child meets AF basic eligibility, but is not IV-E payment eligible, enter:

Service Action code: AG01N

Service Source code: There are eleven (11) Service Source codes that can be used with AG01N and they shall be used in the following order of priority indicating the reason the child is payment ineligible:

1. SSI: Eligible for SSI, regardless of who is payee
2. NIR: Journal Entry lacks Reasonable Efforts judicial language in the Initial Custody and Removal Order
3. NOR: No continuing reasonable efforts judicial language as required every 12 months
4. NOS: Judge found the State did not make reasonable efforts
5. ULR: Placement with an unlicensed relative
6. UNP: Placement in an unlicensed non-related person
7. TMP: Placement in a temporary license
8. IPL: Placement not IV-E Eligible such a Juvenile Detention, Juvenile Correctional Facility (JCF), Psychiatric Residential Treatment Facility (PRTF) or public ran group home over 25 beds.
9. AWL: AWOL from placement
10. AGE: The youth, 18 or older, is on a CC or EC case plan and is no longer eligible for IV-E funds
11. AGI: The youth, 18 or older, is on a CC or EC case plan and is no longer eligible for IV-E funds but receives SSI.

5900 Eligibility and Payment Procedures for Out of Home Program and Services

Subsections here forward in PPM 5900 series explain criteria and process for determining Medicaid and Foster Care benefits under Title IV-E of the Social Security Act.

A. Child/Youth

1. The term "Child/Youth" is referenced multiple times throughout this section of PPS Policy.
2. Child/Youth is defined as an individual between the ages of 0 and 18. (See PPM 5911 for explanation of determination of age and eligibility)

B. Jurisdiction and Applicable Policies

1. Throughout the 5000 series of the PPS Policy manual, policies will apply to children in the custody of Department for Children and Families (DCF), and youth in the custody of Kansas Department of Corrections Juvenile Services (KDOC-JS). Title IV-E eligibility funding policies apply to children in the custody of Department for Children and Families (DCF). Title IV-E eligibility determinations are made by PPS Eligibility Specialists for children in the custody of DCF.
2. Title IV-E Medicaid policies apply to children/youth in either DCF or KDOC-Community Based Services (KDOC-CBS) custody and who are in a placement that is categorically Medicaid eligible. (See PPM 5918 for further information.)

Title IV-E Eligibility policies apply to both Children in Need of Care (CINC) and Juvenile Offender (JO) children/youth in out of home placement.

When a child/youth is determined eligible for Title IV-E funding, the state may claim Federal reimbursement for a portion of the child's maintenance costs while in out of home placement. Title IV-E funds also help to support staff trainings and administrative costs. When a child/youth is determined ineligible for Title IV-E funding, the cost of care is supported with State General Funds without federal reimbursement. (For information regarding Tribal Youth IV-E and Medicaid eligibility, see PPM 5960.)

Children/Youth who are in the custody of the state and in an eligible placement are categorically eligible for Medicaid.

5910 Overview of the Title IV-E Program

Title IV-E payments are an individual entitlement for eligible children placed in state custody and out-of-home care ~~either by the Department for Children and Families (DCF) or by the Kansas Department of Corrections – Juvenile Services (KDOC JS).~~

The Title IV-E foster care maintenance program is based on Title IV-A, Part A, of the Social Security Act as the program was in effect in Kansas on July 16, 1996. A child's eligibility for IV-E payments is based upon the Aid to Families with Dependent Children (AFDC) relatedness criteria in effect in Kansas on July 16, 1996. IV-E eligibility is not based on the Temporary Assistance for Needy Families Program (TANF) criteria which replaced the AFDC program under Welfare Reform.

A. Reimbursable Activities

Through Title IV-E, the federal government shares in the cost of:

1. Foster Care Maintenance:
Maintenance is the costs associated with maintaining the child in out-of-home care. These costs include room/board and supervision for a child's placement in a Kansas Department of Health and Environment licensed/approved foster home, childcare institution, shelter care, or group home.
2. Administrative Services:
Administrative costs are incurred when working with the child, the child's family, and the care provider. Staff shall complete the REST or RMTS survey when sampled. Staff shall refer to the description of the activity and program codes to ensure the coding accurately reflects the activity/service they provided at the time of sampling.
3. Training:
IV-E training costs are the costs of training people who work with the child, including resource parents and those who administer the foster care system for the child.
4. Candidates for Care:
Candidates for Care are children receiving in home services and determined to be at imminent risk of removal from the home. Title IV-E provides reimbursement of some administrative activities for these children. The DCF social worker shall determine the child is a candidate for care by reviewing the case plan and documenting it on the PPS

3050C. Eligible administrative activities are documented through the REST or RMTS process.

B. IV-E Basic and Payment Eligibility

An eligible child enables the State to collect Title IV-E funds in two ways:

1. IV-E Basic Eligibility:

The determination of IV-E basic eligibility qualifies the State to obtain IV-E reimbursement for administrative and training costs associated with the child.

2. IV-E Eligibility for Federal Financial Participation (FFP):

The determination of IV-E payment eligibility qualifies the State to also obtain IV- E reimbursement for maintenance costs (board and care) associated with the child.

A child must first be determined IV-E basic eligible to be determined IV-E payment eligible. Initial basic eligibility is based on information obtained when the child first enters out-of-home care and enters custody of the State. If a child is determined not eligible for basic eligibility, the child is ineligible for the duration of the custody episode for both IV-E basic eligibility and FFP eligibility.

5914 Ongoing Eligibility

The activities explained in this section occur throughout a child's custody episode and relate to the child's ongoing eligibility. These activities affect administrative and payment eligibility for Federal Financial Participation (FFP).

A. Children/Youth determined basic Title IV-E eligible initially continue to be basic eligible throughout their custody episode if the following criteria continue to be met:

1. The child meets the age requirement for the Title IV-E program as described in Section 5911. When the youth reaches age 17, documentation regarding school attendance and expected graduation date shall be requested by the PPS eligibility specialist.
2. The child continues to be in the custody of DCF and placed out of the home. The DCF Liaison shall forward journal entries documenting continued DCF custody.

B. Placement at home

1. A child is never maintenance eligible when living in the home of their parent.
2. A child is never maintenance eligible when returning to the home of the specified relative from whom they were removed.

C. Returning to the removal home

1. When a child is placed in their removal home after being in out of home placement whether the removal home is a parent or non-parent specified relative, the child is no longer in Foster Care.
2. When children return to the removal home of a non-parent specified relative but are not identified by the CWCMP as achieving reunification, eligibility remains open and maintenance eligibility is determined based on the placement.
3. Children returned to a parent or non-parent specified relative and identified as achieving permanency by the Child Welfare Case Management Provider, are considered reunified and basic and maintenance eligibility ends the day prior to placement.

D. At Home in State Custody

1. When a child is home longer than six months or released of custody, the child is no longer basic Title IV-E eligible.
 - a. If a child returns to out of home care in the same custody episode, within six months of being placed at home, the child retains their initial basic eligibility. Their basic eligibility cannot be changed to basic Title-IVE eligible if they were not determined basic Title IV-E eligible initially.
 - b. If a child returns to out of home care after six months and in the same custody episode, the Eligibility Specialist shall complete a new basic determination. Refer to Section 5911 for criteria in completing an initial determination.

E. Runaway or Absent

If a child is absent from placement or has run away, the child is basic Title-IVE eligible as long as they remain in DCF custody, six-month reviews and permanency hearings should continue.

F. Judicial

Kansas statute requires judicial findings of contrary to the welfare and reasonable efforts be made; when a child is placed at home longer than six months, remains in the custody of the agency and re-enters out of home placement. A new petition is not required, the month in which the notice was provided to the Court is the eligibility month.

1. Emergency Removal

- a. If the CWCMP determines the child is in imminent danger and the family is unable to assure the safety of the child, the child will be removed and the Case Manager will notify the Court by the next working day.
- b. The notification to the Court shall include a request for new judicial findings of contrary to the welfare and reasonable efforts.

2. Non-Emergency Removal

- a. When the removal does not require emergency actions, the CWCMP shall provide advance written notice to the Court of intent to move the child.
- b. The notice of intent to move sent to the Court shall include a request for new judicial determinations of contrary to the welfare and reasonable efforts.

- c. Statute allows the Court 45 calendar days from the date of the notice to issue the required Judicial determinations.
- d. The Court may respond by setting a hearing no later than 14 calendar days from the date of notice.
- e. The Court may issue the judicial determinations without a hearing.

G. Reasonable Efforts to Finalize Permanency

1. Every twelve months the Court must find the agency has made reasonable efforts toward achieving permanency for the child if the child is to remain maintenance eligible. The DCF Liaison shall forward a copy of Permanency Hearing journal entries to the PPS Eligibility Specialists to include in their review of ongoing eligibility.
2. If the finding is not made timely, the child's maintenance eligibility ends the month the finding is due.
3. Maintenance eligibility resumes on the first of the month the findings are made.
4. Eligibility Specialists shall determine how the permanency hearing will be coded in the Kansas Eligibility Enforcement System (KEES):
 - a. Permanency hearings with language meeting Title IV-E requirements will be coded in KEES as "PH".
 - b. Permanency hearings with language indicating the Judge did not find reasonable efforts will be coded in KEES as "PH-No Efforts", resulting in an aid code of "NOS".
 - c. Permanency hearings where no finding of reasonable efforts have been made (no language in the order), shall be coded in KEES as ~~"Court Hearing"~~ "Custody Review" resulting in an aid code of "NOR".

H. Managing Court Documents

Eligibility Specialists shall enter the following court documents into the Kansas Eligibility Enforcement System (KEES) until the child's case is closed:

1. Petition
2. Ex Parte

3. Temporary Custody Order
4. Adjudication
5. Disposition
6. Permanency
7. Review Hearings
8. Parental Rights Terminated
9. Change of Venue
10. Release of Custody;
 - a. Court documents coded in KEES as “PH” or “Custody Review” will transfer from KEES into the Family and Child Tracking System (FACTS).
 - b. FACTS staff will continue to enter all other court orders which do not transfer from KEES.
 - c. Eligibility Specialists shall journal receipt of court documents in KEES if received after the eligibility case has closed.
 - d. Journal Entry releasing the child from custody of the State must be journaled to the case in KEES.

5918 Medicaid Requirement for Children in Out of Home Care

Children who are in the custody of DCF, **Kansas Department of Corrections** (KDOC) - ~~Juvenile Services~~ **Community Based Services (CBS)** or Tribal Authority and removed from their home are eligible for Foster Care Medical assistance up to the age of 21.

Eligibility

- ~~1.~~**A.** Children in Foster Care and children receiving Adoption Support are exempt from the citizenship and identity requirements of Medicaid eligibility.
- ~~2.~~**B.** Medicaid eligibility is based on the child's custody and removal status making them a family unit of one.
 - ~~a.~~**1.** For children to be determined Title IV-E eligible, citizenship requirements in PPM 5911, C2 must still be met.

Placement

- ~~1.~~**A.** Placements ineligible for Medicaid:
 - ~~a.~~**1.** Detention Center
 - ~~b.~~**2.** Juvenile Correctional Facility
 - ~~c.~~**3.** Jail
 - ~~d.~~ Sanction House
- ~~2.~~**B.** A hospital is considered a Medicaid eligible placement when a child in a hospital is placed in custody and is expected to be placed out of home when discharged.

Opening Medical

- ~~a.~~**1.** The Eligibility Specialist shall open a medical block in the Kansas Eligibility Enforcement System (KEES).
- ~~b.~~**2.** If the child is currently open for medical in KEES, the Eligibility Specialist is to verify a task was generated for ~~the Clearinghouse~~ **KanCare**. This will allow ~~the Clearinghouse~~ **KanCare** to close their medical case and allow the child to receive Foster Care Medicaid benefits. If a task is not created in KEES the Eligibility Specialist is to complete a Contact Log notifying ~~the Clearinghouse~~ **KanCare** Foster Care Medical has been established.

3. The out of home provider shall receive a Letter of Coverage when a child is placed in their care. This Letter provides the child's Medicaid ID number and assigned Managed Care Organization (MCO) for medical providers to use until the out of home placement receives the child's medical card.

NOTE: Selecting the Custody Authority on the Foster Care Eligibility Determination page allows the **KEES Eligibility Determination Benefit Calculator (EDBC)** to generate the correct medical aid code. This selection generates the aid code when EDBC is run for the Medical program block and prompts the interchange ~~Medicaid Management Information System (iC-MMIS)~~ **Kansas Modular Medicaid System (KMMS)** to reflect the correct population code for budget purposes. This coding also assures the correct custody authority is charged for Medicaid paid placements by the ~~iC-MMIS system~~ **KMMS**.

Medicaid Coverage at Reunification.

- 4.A. When a child is reunified, their Foster Care Medicaid eligibility ends. This includes children returning from out of home placement to their adoptive parents. Exceptions to this include:

a. ~~Children covered through an adoption Subsidy Agreement~~

b.1. Extension – approved by the Regional PPS Program Administrator

c.2. Extension – approved by the Director of ~~PPS~~ **Permanency**

d.3. Extension – approved by the KDOC ~~Juvenile Services Administrator~~
Director of Early Intervention Services

4. Youth appointed a **Soul Family Legal Permanency Custodian**

B. Children covered through an Adoption Subsidy Agreement will resume coverage through the Adoption Subsidy Medical program.

- 2.C. If a child in the custody of DCF is denied Medicaid coverage by the Clearinghouse, the CPS Specialist shall forward written documentation of continued need for medical coverage to the Regional PPS ~~Foster Care Administrator~~ **Director of Permanency** for approval. The approval for an extension and the documentation shall be forwarded to the PPS Eligibility Specialist.

- 3.D. If a child in the custody of KDOC is denied Medicaid coverage by the ~~Clearinghouse~~ **KanCare**, the case manager shall forward the denial and written documentation supporting continued need for medical coverage to the ~~Juvenile Services Administrator~~ **KDOC Director of Early Intervention Services**. ~~KDOC-JS CBS~~ **Juvenile and Adult Community Corrections** works with KDHE to reinstate Medicaid medical claims denied by ~~MMIS~~ **KMMS**. The approval for an extension

and the supporting documentation shall be forwarded to the ~~e~~Eligibility ~~s~~Specialist.

~~a.1.~~ Extensions may be approved ~~by administrators~~ for up to six months.

~~b.2.~~ Extension needed beyond six months must be requested from and approved by the Director of ~~Prevention and Protection Services~~ Permanency or designee.

4.E. If the child continues to need medical treatment and the parent(s) cannot pay, the following steps are taken:

~~a.1.~~ In the case logging, there shall be documentation supporting the need for continued medical treatment and information regarding the lack of medical care being a barrier to reunification.

~~b.2.~~ Parent(s) or relative must apply for medical coverage on behalf of the child through the Clearinghouse if the child is not covered by private medical insurance.

~~i.a.~~ The application should be sent to the Clearinghouse on the day the child is reunified.

~~ii.b.~~ If the child has an urgent medical need, it shall be noted on the front page of the application.

~~a.3.~~ To expedite the Medicaid eligibility determination, the following documentation must be submitted with the application sent to the Clearinghouse.

~~i.a.~~ Proof of citizenship

~~ii.b.~~ Proof of identity

~~iii.c.~~ Proof of income

~~iv.d.~~ Proof of other health insurance (if applicable)

5920 Purchase Limitations and Guidelines for Medicaid

Medicaid pays for eligible services furnished by enrolled providers.

A. Kan Be Healthy (KBH) is the name for the federally mandated Early and Periodic Screening, Diagnosis Treatment (EPSDT) program in Kansas. Details on the Kan Be Healthy program are located on the Kansas Department of Health & Environment website at kdheks.gov.

1. KBH is a preventative health screening program for Medicaid eligible children under the age of 2.
 - a. A KBH screen includes a vision and dental check.
 - b. Children whose KBH screenings are current are eligible for expanded Medicaid services.
 - c. Children in the custody of DCF or KDOC-JS Community Based Services (CBS) shall receive timely KBH screenings (screen dates can be reviewed in ~~MMIS~~ KMMS)

B. Services Delivered Outside of Kansas

1. May require prior authorization.
2. May have a limited geographical area in which services may be delivered to qualify for payment.
 - a. This is more prevalent in border cities (Kansas Medical Services Manual).

C. Third Party Liability (TPL)

1. If the child is receiving services through DCF or KDOC-JS and has other health insurance, PPS Eligibility Specialists will enter the third-party insurance information into the Kansas Eligibility Enforcement System (KEES).
2. Third-party insurance information is sent from KEES to the ~~Medicaid Management Information System (MMIS)~~ Kansas Modular Medicaid System (KMMS) via an interface.
3. Medical providers must first bill other health insurance before they can bill Medicaid.

4. If third-party insurance ends, the information should be updated in KEES.

D. Payment for Services

1. Medicaid pays for eligible services furnished by enrolled providers.
2. Each MCO has different providers in their network and payment rates vary by MCO.
3. Specific services covered, prior authorization requirements, and the proper payment rate are established by the Kansas Department of Health and Environment (KDHE). KDHE reviews and adjusts rates periodically.
4. At times payment is determined on a case by case basis.

E. Denied Claims

1. When DCF is notified medical claims for a child in custody have been denied and eligibility is in the MMIS, DCF contacts the MCO to request an investigation.
2. If the expense is a non-eligible expense the claim should be submitted to the CWCMP for payment.
3. If the youth is in KDOC custody, KDOC-JSCBS works with the Department of Health Policy and Finance to reinstate resolve Medicaid claims denied by the iC-MMIS system.

5930 Closing the Foster Care Case

Detailed instructions for discontinuing a foster care case are contained in the **Kansas Eligibility Enforcement System (KEES)** Non-Medical User Manual.

Discontinue the Foster Care case in KEES when any of the following occur.

- 1- **A.** Child returns home
- 2- **B.** Child is living independently or has otherwise achieved permanency
- 3- **C.** Adoption Assistance case opens
- 4- **D.** Death of the child

If the child returns home on or before the 15th of the month, the medical program block shall be closed at the end of that month. If the child returns home after the 15th of the month the medical program block shall close at the end of the following month.

Medical coverage is to be discontinued in the following situations:

- 1- **A.** Child is no longer in an out of home placement
- ~~2- Child is on runaway status~~
- B.** Child is in a Medicaid ineligible placement (jail, juvenile detention, correctional facility)
- C.** Death of a child

Youth released from custody who are appointed a SOUL Family Legal Permanency Custodian will continue to have Foster Care Medical (FCM) coverage while youth is attending high school or completing GED up to age 21. FCM will end when high school education or GED is completed by youth aged 18 or older. Youth who are appointed a SOUL Family Legal Permanency Custodian will be eligible to transition to Aged Out medical coverage. See PPM 5918 regarding requirements for extending foster care medical coverage.

If DCF staff receives the Certificate of Creditable Coverage from the **Kansas Medical Assistance Program (KMAP)** after a child returns home from foster care, the form shall be mailed to the parental home.

6220 Determining Funding Source for Adoption Assistance

The adoption assistance agreement shall be completed prior to the finalization of the adoption. Adoption assistance payments shall be entered into KEES once the PPS 6130 Adoption Assistance Agreement form is signed by all required parties. The start date of the assistance is listed in Section V of the agreement.

The following shall be considered when determining the funding source for Adoption Assistance:

A. Special Need – Does the child meet the special needs criteria outlined in PPM 6210?

1. If yes, proceed to section B.
2. If no, the child is not eligible for adoption assistance.

B. Administrative Eligibility

1. IV-E Eligibility in FC - At the initial removal from the home, was the child Title IV-E eligible for the current foster care episode?

i. If yes; proceed to Section C to confirm maintenance eligibility.

ii. If no, proceed to B.2.

2. Voluntary Relinquishment

- a. Was the child voluntarily relinquished to DCF or voluntarily relinquished to a licensed child placing agency and
- b. Did the child have IV-E foster care eligibility established as a result of this foster care episode? (The voluntary relinquishment may be considered a judicial removal if a petition to remove the child from his/her home is filed within six months of the date the child lived with the specified relative and there is a subsequent judicial determination that

to remain in the home would be contrary to the child's welfare.

i. If yes, proceed to Section C to confirm maintenance eligibility.

ii. If no, proceed to Section B.3.

3. SSI Eligible -

a. Was the child eligible for Supplemental Security Income (SSI) prior to the finalization of the adoption? (The child's eligibility for SSI benefits must be established prior to finalization of the adoption. The notice of eligibility must be received by the agency prior to finalization. The application date for SSI may not be used as the eligibility date.)

i. If yes, proceed to Section C to confirm maintenance eligibility

ii. If no, proceed to Section B.4.

4. Child's Parent is a Minor

a. Is the child's parent a minor who is IV-E maintenance eligible and does the minor parent's IV-E maintenance payment covers the child's cost of care?

i. If yes, proceed to Section C to confirm maintenance eligibility.

ii. If no, proceed to Section B.6.

5. Prior Adoption was IV-E

a. Was the child eligible for IV-E adoption assistance prior to becoming available for adoption again because of the dissolution of a prior adoption or the death of their adoptive parents? (See PPM 6230 Subsequent Adoption Assistance Agreements.)

i. If yes, proceed to Section C to confirm maintenance eligibility.

ii. If no, proceed to Section B6.

6. Applicable Child Eligibility (ACE), AKA Fostering Connections

a. Citizenship - Does the child meet one of the following?

- i. Child is a United States citizen by birth or naturalization, or
- ii. Child is legally admitted for permanent residence in the United States and the initial court order includes a statement that continuation in the home would be contrary to the welfare of the child or words to that effect (per 45 CFR 1356.21)

1. If yes, proceed to Section B.6.b.

2. If no, child is State Funded.

b. Contrary to the Welfare

- i. When in foster care, did the child's initial court order of removal contain "contrary to the welfare" language?

1. If yes, proceed to Section B.6.c.

2. If no, child is state funded.

c. **Age criteria (expires 6/30/2024) – Any Age** Has the child met one of the following?, the applicable age for a fiscal year is as follows:

In the case of fiscal year:	The applicable age is:
2010	16
2011	14
2012	12
2013	10
2014	8
2015	6
2016	4
2017 through 2023	2
2024	2 (or, in the case of a child for whom an adoption assistance agreement is entered into under this section on or after July 1, 2024, any age)
2025 or thereafter	any age.

- ~~i. Child has attained age 2 by the end of the fiscal year in which their adoption assistance agreement started.~~
- ~~ii. If yes, proceed to section C to confirm maintenance eligibility.~~
- ~~iii. If no, is the child a sibling of a child placed at the same time in the same adoptive placement who meets the age requirement?~~
- ~~iv. If yes, proceed to Section C to confirm maintenance eligibility.~~
- ~~v. If No, child is state funded.~~

C. Maintenance Eligibility

Maintenance eligibility should be determined when adoption assistance begins. If child is determined state maintenance eligible, no further redeterminations are necessary. When federal maintenance eligibility is determined, a redetermination is necessary at each yearly review and before the child turns 18.

1. Felony Convictions

- a. Did the adoptive parents agree to being fingerprinted for which the KBI found none of the following?
 - i. Convicted for child abuse or neglect, spousal abuse, crimes against children, including child pornography; or crimes involving violence, including rape, sexual assault, or homicide; and
 - ii. In the past 5 years, convicted for physical assault, battery, or a drug related offense.

1. If yes, proceed to Section C.2.

2. If no, child is state funded.

2. School Attendance

- a. Is the child of the minimum age for compulsory school attendance under state law and enrolled, and attending, school per law?

i. If yes, or if child is under the minimum age for compulsory school attendance, child is federally funded.

ii. If no, child is state funded.

3. Age 18-21

a. Does the youth have a documented physical or mental disability (documented by a physician, hospital, clinic, or other qualified medical practitioner)?

i. If yes, federal funding remains.

ii. If no, funding reverts to state funding.

6310 Establishment of SOUL (Support Opportunity Unity Legal Relationships) Family Legal Permanency

SOUL Family Legal Permanency establishes a court ordered legal relationship between a youth and one or more adults who will be responsible for the youth's care while still maintaining family connections. SOUL Family Legal Permanency recognizes additional relationships with a broad network of caring adults. In 2024 the legislature established funding for the SOUL Family Legal Permanency monthly subsidy to assist youth and identified residential custodian.

6311 Requirements for SOUL (Support Opportunity Unity Legal Relationships) Family Legal Permanency Monthly Subsidy

SOUL Family Legal Permanency monthly subsidy may be considered if the following is met:

- A. A SOUL Family Legal Permanency order has been entered and a residential custodian identified. Only the identified residential custodian shall receive the SOUL Family Legal Permanency Monthly Subsidy.
- B. SOUL Family Legal Permanency monthly subsidy is not prorated. The first and last month's entire monthly payment shall be issued regardless of start and end dates.
- C. SOUL Family Legal Permanency monthly subsidy ends when:
 - 1. Youth attains 18 years of age
 - a. Unless the youth is still in enrolled in a secondary education program, then the SOUL Family Legal Permanency monthly subsidy may continue until the youth turns 21, unenrolls or completes secondary education program,
 - 2. The youth is emancipated, dies, or otherwise ceases to need support,
 - 3. The youth no longer resides with a SOUL Family Legal Permanency residential custodian,
 - 4. The identified residential custodian fails to complete and return the annual review,
 - 5. The youth engages in Independent Living services and would like to receive the Independent Living Program's monthly subsidy. The SOUL Family Legal Permanency monthly subsidy shall not be issued concurrently with an Independent Living Monthly Subsidy.
- D. SOUL Family Legal Permanency monthly subsidy is not an entitlement program, and the youth shall meet all of the following criteria:

1. Be in the custody of the Secretary of DCF, with or without parental rights terminated, at the time the SOUL Family Legal Permanency is established;
2. SOUL Family Legal Permanency custodian(s) are appointed by the Court;
3. The residential custodian may apply to become the youth's payee for Supplemental Security Income (SSI). However, SSI may impact the SOUL Family Legal Permanency Monthly Subsidy amount.

E. Process to initiate SOUL Family Legal Permanency monthly subsidy:

1. The CWCMP sends the following (items A-C) directly to the DCF Regional Office Contact to initiate approval of SOUL Family Legal Permanency Monthly Subsidy prior to finalization of SOUL Family Legal Permanency
 - a. Completed PPS 6300 SOUL Family Legal Permanency Monthly Subsidy Checklist
 - b. PPS 6301: SOUL Family Legal Permanency Referral for Payment
 - c. W-9 Statement. The SOUL Family Legal Permanency custodian with whom the youth shall reside will be the payee/listed on the W9 form, that person's SSN, address, and signature are required for this form. (Copy of the SS card for the residential custodian completed the W-9 is needed.)
2. Upon finalization of SOUL Family Legal Permanency, the CWCMP sends the following directly to the DCF Regional Office Contact to initiate payment of SOUL Family Legal Permanency Monthly Subsidy
 - a. PPS 6302: SOUL Family Legal Permanency Subsidy Agreement
 - b. Appointment of SOUL Family Legal Permanency Journal Entry
3. The DCF Regional Office Contact reviews the documents for accuracy, completeness, and saves all documents from section E.1 and E.2 to the SOUL Family Legal Permanency shared drive. Reference the instructions on shared drive for saving. The DCF Regional Office Contact sends notification to CWCMP.

- a. SOUL Family Legal Permanency Monthly begins the first day of the month of appointment of SOUL Family Legal Permanency by the court.

6312 Type of Support and Amounts for SOUL (Support Opportunity Unity Legal Relationships) Family Legal Permanency Monthly Subsidy

A. SOUL Family Legal Permanency Monthly Subsidy Payment

1. SOUL Family Legal Permanency Monthly Subsidy cannot exceed \$500 per youth. It may be adjusted lower depending on the income and resources of the youth. The residential custodian shall not receive SOUL Family Legal Permanency Monthly Subsidy if the youth's social security income is higher.

2. Youth income and resources to be considered when determining the SOUL Family Legal Permanency Monthly Subsidy amount.

a. Social Security Survivors Benefits (SSA)- The residential custodian is to apply to become the youth's payee. The Social Security Survivor's Benefit may impact the SOUL Family Legal Permanency Monthly Subsidy amount.

b. The residential custodian may apply to become the youth's payee for Supplemental Security Income (SSI). However, SSI may impact the SOUL Family Legal Permanency Monthly Subsidy amount.

c. Income for the youth from a trust or annuity.

d. Other benefits, e.g. railroad or veterans benefits.

3. Residential SOUL Family custodians are expected to apply to be the payee for benefits on behalf of the youth. If parental rights are intact, parents may need to agree to the transfer of payee. The amount of benefits may affect the amount of subsidy and Temporary Assistance to Needy Families (TANF) payment. Once the subsidy amount is established it does not change unless there is a change in the youth's circumstances.

4. The residential custodian may apply for TANF on behalf of the youth and eligibility will be determined based on the Kansas Economic and Employment Services Manual (KEESM).

B. Medical Card

1. Foster care medical is to be maintained by DCF as a part of the SOUL Family Legal Permanency Monthly Subsidy benefits.

2. KAN Be Healthy Screens and all Medicaid rules are applicable.

3. If the residential custodian moves to a different state, the Kansas medical card shall remain active. The residential custodian will need to apply for medical coverage in the state of residency. A medical card may or may not be issued for the youth in that state. If medical becomes active in the receiving state, then Kansas will close medical.

4. Foster Care Medical coverage shall be discontinued when the SOUL Family Legal Permanency Monthly Subsidy is discontinued.

5. Young adults participating in this program will be eligible for Kansas Aged Out Foster Care Medical coverage.

C. SOUL Family Legal Permanency One-time Payment

1. The SOUL Family Legal Permanency one-time payment shall be used to help the youth and residential custodian transition into their new living situation or arrangement, support costs associated with care of the youth, and ensuring their needs are met.

a. The SOUL Family Legal Permanency residential custodian shall receive a one-time \$3000 payment upon receiving the journal entry of appointment of SOUL Family Legal Permanency by the court.

b. The SOUL Family Legal Permanency one-time payment shall be issued once, unduplicated, per identified residential custodian with a lifetime maximum of \$9,000 per youth.

6313 SOUL (Support Opportunity Unity Legal Relationships) Family Legal Permanency Eligibility Determination

Prior approval from PPS Administration must be obtained before entering into a SOUL Family Legal Permanency subsidy agreement with the residential custodian using the PPS 6302 Soul Family Legal Permanency Subsidy Agreement.

A. The Child Welfare Case Management Provider shall:

1. The CWCMP sends the following (items A-C) directly to the DCF Regional Office Contact to initiate approval of SOUL Family Legal Permanency Monthly Subsidy prior to finalization of SOUL Family Legal Permanency
 - a. Completed PPS 6300 SOUL Family Legal Permanency Monthly Subsidy Checklist
 - b. The PPS 6301 SOUL Family Legal Permanency Referral for Payment
 - c. W-9 Statement. The SOUL Family Legal Permanency custodian with whom the youth shall reside will be the payee/listed on the W9 form, that person's SSN, address, and signature are required for this form. (Copy of the SS card for the residential custodian completed the W-9 is needed.)
2. Upon finalization of SOUL Family Legal Permanency, the CWCMP sends the following directly to the DCF Regional Office Contact to initiate payment of SOUL Family Legal Permanency Monthly Subsidy
 - a. The PPS 6302 SOUL Family Legal Permanency Subsidy Agreement
 - b. Appointment of SOUL Family Legal Permanency Journal Entry
3. The DCF Regional Office Contact reviews the documents for accuracy, completeness, and saves all documents from section A.1 and A.2 to the SOUL Family Legal Permanency shared drive. Reference the instructions on shared drive for saving. The DCF Regional Office Contact sends notification to CWCMP.
 - a. SOUL Family Legal Permanency Monthly begins the first day of the month of appointment of SOUL Family Legal Permanency by the court.

B. The CWCMP shall inform the SOUL Family Legal Permanency Custodians;

1. How to access the Journal Entry with the court date stamp on it.
2. The completed PPS 6302 SOUL Family Legal Permanency Subsidy Agreement with DCF Administration signature.
3. The name and contact information of the regional DCF point-of-contact for questions about payments, returning annual reviews and reporting changes.
4. Instructions for completing and submitting the PPS 6320 SOUL Family Legal Permanency Change in Status Form.
 - a. Changes in living arrangements, school, child's income, and closures, etc. are to be reported by the family to the regional office.
5. Instructions for completing and submitting the PPS 6315 SOUL Family Legal Permanency Annual Review. DCF regional offices are to complete annual reviews with the SOUL Family Legal Permanency residential custodian. Failure to complete and return the forms to the regional offices could result in subsidy being stopped. The Soul Family Legal Permanency Monthly Subsidy is not considered income and therefore the agency does not send out a 1099-MISC, Miscellaneous Information, to the I.R.S. reporting the benefit
6. Accessing information on the DCF Independent Living services for the youth.

C. The SOUL Family Legal Permanency custodian(s) shall assist the young adult with;

1. The instructions to apply for Aged Out KanCare/Medicaid when the youth turns 18.
2. A paper Medicaid application for Aged Out Medical.
 - a. The SOUL Family Legal Permanency residential custodian should write AGED OUT Medicaid at the top of the completed application.
3. Accessing information on the DCF Independent Living services for the youth.

6314 SOUL (Support Opportunity Unity Legal Relationships) Family Legal Permanency Subsidy Agreement

The PPS 6302 SOUL Family Legal Permanency Subsidy Agreement shall be signed by the designated residential SOUL Family Legal Permanency custodian. The PPS 6320 SOUL Family Legal Permanency Change in Status form shall be provided to the residential custodian, which shall include information about where to send the form if changes occur.

A. The Child Welfare Case Management Provider (CWCMP) shall inform the residential custodian about the following:

1. The purpose of the subsidy, including both its financial and social obligations;
2. The terms and duration of the agreement;
4. Procedures regarding the utilization of the PPS 6320 SOUL Family Legal Permanency change in status form, for reporting changes to DCF as they occur;
5. Completion of the annual review is mandatory. Failure to do so may result in termination of the SOUL Family Legal Permanency monthly subsidy. Should the residential custodian neglect to submit the PPS 6315 SOUL Family Legal Permanency Annual Review to the DCF Regional Staff within 30 days of the postage date, the subsidy will be discontinued.
6. The youth may be eligible for independent living services. The residential custodian should be encouraged to assist the youth by contacting the Independent Living Program Manager to access services;
 - a. Concurrent issuance of the SOUL Family Legal Permanency monthly subsidy with an Independent Living Monthly Subsidy is not permissible.
7. The possibility of a reduction in Supplemental Security Income (SSI) benefits for the youth if they become eligible for SSI after the approval of the SOUL Family Legal Permanency subsidy;

8. Residential Custodian may apply for other financial benefits for the youth, e.g., SSI or veteran's benefits;
9. Residential Custodian shall notify DCF immediately of any changes in the youth's living situation;
10. Residential Custodian shall notify DCF immediately if the SOUL Family Legal Permanency appointment is annulled or if the custodian ceases to be legally or financially responsible for the youth;
11. Residential Custodian shall notify DCF upon the youth reaching the age of 18:
 - a. Unless the youth is still enrolled in a secondary education program, in which case the SOUL Family Legal Permanency monthly subsidy may continue until the youth turns 21, unenrolls, or completes the secondary education program.
12. Residential Custodian shall notify DCF if the youth becomes emancipated;
13. Residential Custodian shall notify DCF if the youth or young adult dies, or otherwise ceases to need support.

6315 Termination of SOUL (Support Opportunity Unity Legal Relationships) Family Legal Permanency Monthly Subsidy

A. SOUL Family Legal Permanency Monthly Subsidy shall not continue beyond the month in which:

1. Youth attains 18 years of age

a. Unless the youth is still enrolled in a secondary education program, then the SOUL Family Legal Permanency monthly subsidy may continue until the youth turns 21, unenrolls or completes secondary education program,

2. The youth is emancipated, dies, or otherwise ceases to need support;

3. The youth no longer resides with a SOUL Family Legal Permanency residential custodian;

4. The youth engages in Independent Living services and would like to receive the Independent Living Program's monthly subsidy. The SOUL Family Legal Permanency monthly subsidy shall not be issued concurrently with an Independent Living Monthly Subsidy;

5. An annual review is due, and the residential custodian fails to submit the PPS 6315 SOUL Family Legal Permanency Annual Review to the DCF Regional Staff within 30 days of the post marked date may result in discontinuance of SOUL Family Legal Permanency Subsidy.

B. If a service case is open, the case manager is responsible for promptly forwarding all information that could lead to termination to both DCF.SOULFamilyBenefits@KS.gov and the Regional Department for Children and Families (DCF) Office as soon as it is received.

6316 SOUL (Support Opportunity Unity Legal Relationships) Family Legal Permanency Annual Review

- A. An annual review is required to determine if any changes in the circumstances of the youth exist. SOUL Family Legal Permanency Monthly Subsidy does not require an annual eligibility re-determination.
 - B. On an annual basis, Department for Children and Families (DCF) staff shall send the PPS 6315 SOUL Family Legal Permanency Annual Review to the family. The PPS 6315 shall be returned to email or and forwarded to DCF Regional staff for review. DCF Regional staff shall upload a copy to the Kansas Eligibility and Support System (KEES).
 - C. The SOUL Family Legal Permanency Residential Custodian shall submit the PPS 6315 SOUL Family Legal Permanency Annual Review within 30 calendar days of post marked date
- 1. Failure to submit the PPS 6315 SOUL Family Legal Permanency Annual Review to the DCF Regional Staff within 30 days of post marked date may result in discontinuance of SOUL Family Legal Permanency Subsidy.

7030 Assessment

Youth **and young adults** shall complete the PPS 7030 Kansas Independent Living Self-Sufficiency Matrix (SSM) within 60 days of completion of the first Self-Sufficiency Case Plan. A new SSM shall be completed at a minimum of once every 170 days. The ~~tool~~ **SSM** may be re-administered at any time, should a youth **or young adult** experience significant changes in their life. ~~This tool~~ **The SSM** shall be used to help direct the individual case planning and services provided. Any needs identified by the assessment shall be addressed by DCF and the youth **or young adult**. See PPM 3000 Case Management and PPS 7030 Instructions for specific procedures on completing assessments.

7050 Monthly Budgeting Plan

The PPS7000A, Independent Living (IL) Monthly Budget Plan assists DCF IL Coordinators (ILC) and young adults receiving independent living services to plan for monthly expenses.

This form is used to document a young adult's financial needs and provide ILCs an opportunity to discuss additional community support options with young adults. ILCs shall consider the young adult's culture, background, past experiences, trauma, and other interpersonal and external factors that may impact the young adult's ability to create and manage a budget.

A. The IL Monthly Budget Plan shall be updated:

1. Every 170 calendar days and submitted with the PPS 7000 Self-Sufficiency Plan and
2. When the young adult's financial circumstances change and
3. As requested by the young adult, ILC, or DCF IL Supervisor.

B. Income & Resources

1. This section documents a young adult's reported income from employment, and supports such as food assistance, cash assistance, housing assistance, disability benefits, child support, and other financial support.
2. ILCs may indicate that a client is either not eligible or not pursuing those resources at the time of completing the IL Monthly Budget Plan by marking N/A under the specific resource category.
3. ILCs may include information on housing assistance programs that the young adult has either applied for or is receiving.

C. Expenses

1. This section documents a young adult's monthly expenses. ILCs shall discuss income and resources with young adults to help them understand their finances. These discussions should consider young adult's individual experiences and needs.
2. It is reasonable and expected for young adults to save for an emergency, to purchase a car, or for other reasons. Reasonable amounts for savings may be included in IL subsidy determinations.
3. When budgeting for food and groceries, ILCs shall consider a young adult's specific individual medical and dietary needs, as well as their ability

and skill to plan and prepare meals.

D. The IL Monthly Budget shall be signed by the young adult and ILC on page 2. A copy of this budget should be provided to the young adult and the date the form was provided should be documented under the signatures on page 2 of the form.

E. Start Up Funds and Vehicle Repair

1. This section is to help young adults who qualify and ILCs plan for start-up or vehicle repair expenses, or both. If young adults have previously received these funds, prior amounts and current requests should be documented. The Start Up Funds and Vehicle Repair section may be signed by the young adult, ILC, and DCF IL Supervisor on page 3 if applicable.

F. There are many recommendations on best practices for budgeting. The following may be utilized as resources for ILCs to discuss areas of a young adult's budget:

1. Economic Policy Institute Family Budget Calculator
2. Consumer Financial Protection Bureau Education Tools
3. National Foundation for Credit Counseling
4. USDA Monthly Cost of Food Reports
5. Consumer Financial Protection Bureau Debt to Income Ratio
6. Consumer Financial Protection Bureau Savings Rule
7. Consumer Financial Protection Bureau How to Rebuild Credit
8. US Bureau of Labor Statistics 2022 Consumer Expenditures
9. US Department of Health and Human Services Federal Poverty Guidelines

7100 Eligibility

Specific eligibility requirements apply to all services and supports offered through the Independent Living (IL) and Self-Sufficiency Program.

A youth's marital status does not impact eligibility for services or supports.

Citizenship status may impact a youth or young adult's ability to receive federally funded supports and services. Only citizens and qualified aliens are eligible for federally funded supports and services, including Basic Chafee, Subsidy, Start-Up Costs, Vehicle Repair and Maintenance, Education & Training Voucher (ETV) and Aged Out Medical.

Youth and young adults who do not meet citizenship requirements may be eligible for equivalent supports and services through state funds depending on availability and any restrictions that may be in place.

A. For the purposes of determining eligibility for specific service components, eligible and ineligible placement settings are defined as follows:

Eligible Out of Home Placements

1. Resource Home
2. Relative and non-related Kinship Placements
3. Group or Residential Homes
4. Independent Living Settings
 - a. Transitional Living Program (TLP)
 - b. Community Integration Program (CIP)
 - c. Youth living on their own who continue to be supported by a Child Welfare Case Management Provider (CWCMP)
5. Secure Care, as a child in Need of Care
6. Runaway/Missing Child Status

Ineligible Placements

7. Placement at Home with Parent(s)
8. Juvenile Detention Facility

9. Juvenile ~~C~~orrectional ~~F~~acility
10. Adult ~~D~~etention ~~F~~acility (jail)
11. Adult ~~C~~orrectional ~~F~~acility (prison)

Refer to the specific service components below to determine eligibility.

B. Youth under the age of 18 ~~who are being served through~~ receiving ~~Aftercare~~ services with the CWCMP ~~(after reintegration, permanent custodianship, or SOUL, or adoption)~~ shall have any IL services ~~they are eligible for~~ coordinated through the CWCMP case manager and the Department for Children and Families (DCF) Independent Living Coordinator (ILC).

C. Service Component Eligibility Criteria

1. Basic Chafee

Youth ~~and young adults~~ who were in an eligible out of home placement in the custody of DCF, Kansas Department of Corrections-~~Juvenile~~ **Community Based Services (KDOC-~~JS~~ CBS)** or Tribal Authority for any length of time on or after their 14th birthday are eligible for Basic Chafee.

- a. Youth ~~and young adults~~ who achieved permanency through permanent custodianship or guardianship or who were adopted before the youth's 16th birthday are eligible for Basic Chafee and Vehicle Repair and Maintenance only.
- b. Eligibility for Basic Chafee ends when the ~~youth~~ **young adult** attains 21 years of age.

2. Subsidy

- a. ~~Youth~~ **Young adults** who were released from the custody of ~~the Secretary DCF~~, KDOC-~~JS~~ **CBS**, or Tribal Authority, and from an eligible out of home placement, on or after their 18th birthday are eligible for Subsidy.
- b. **Young adults who achieved permanency through SOUL Family Legal Permanency are eligible for IL Subsidy. SOUL Family Legal Permanency Monthly Subsidy to the residential custodian must be terminated prior to issuance of IL Subsidy to the young adult.**
- c. ~~Youth~~ **Young adults** who were in an eligible placement on their 18th birthday but in an ineligible placement on the date of release from custody may be eligible for Subsidy, with the approval of the IL Program Manager or designee and the ~~Permanency Program Administrator~~ **Youth Programs Deputy Director** or designee.

d. ~~Youth~~ Young adults who were in Kansas through ICPC and in an eligible placement on their 18th birthday may be eligible for Subsidy, with the approval of the IL Program Manager or designee and the ~~Permanency Program Administrator~~ Youth Programs Deputy Director or designee.

e. ~~KDOC-JS~~ Youth or young adults who have not been released from ~~KDOC-JS CBS~~ custody but and are not receiving room and board assistance from ~~KDOC-JS CBS~~ may be eligible for Subsidy.

f. Youth or young adults still under the responsibility of the CWCMP or Tribal Authority are not eligible for Subsidy.

g. Eligibility for Subsidy ends when the ~~youth~~ young adult attains 21 years of age.

3. Start-Up Costs

a. ~~Youth~~ Young adults who were released from the custody of DCF, ~~KDOC-JS CBS~~, or Tribal Authority, and from an eligible out of home placement, on or after their 18th birthday are eligible for Start-Up Costs. ~~Youth~~ Young adults who were in an eligible placement on their 18th birthday but in an ineligible placement on the date of release from custody may be eligible for Start-Up Costs, with the approval of the IL Program Manager or designee and the Permanency Program Administrator or designee.

b. Young adults who achieved permanency through SOUL Family Legal Permanency are eligible for Start-Up Costs. SOUL Family Legal Permanency Monthly Subsidy to the residential custodian must be terminated prior to issuance of start-up funds to the young adult

c. Youth and young adults who were in Kansas through ICPC and in an eligible placement on their 18th birthday may be eligible for Start-Up Costs, with the approval of the IL Program Manager or designee and the ~~Permanency Program Administrator~~ Youth Programs Deputy Director or designee.

d. Youth who are still under the responsibility of DCF, ~~KDOC-JS CBS~~, or Tribal Authority, and are likely to attain 18 years of age while in an eligible out of home placement, are eligible for Start-Up Costs.

e. ~~Youth~~ Young adults who are still under the responsibility of DCF, ~~KDOC-JS CBS~~, or Tribal Authority and have already attained 18 years of age while in an eligible out of home placement are eligible for Start-Up Costs.

f. Youth **and young adults** who meet the above criteria and are receiving Education Training Voucher (ETV) support continue to be eligible for Start-Up Costs.

g. Eligibility for Start-Up Costs ends when the ~~youth~~ **young adult** attains 21 years of age.

4. Vehicle Repair and Maintenance

a. ~~Youth~~ **Young adults** who were in an eligible out of home placement in the custody of DCF, ~~Kansas Department of Corrections Juvenile Services~~ (KDOC-~~JS~~ **CBS** or Tribal Authority for any length of time on or after their 14th birthday are eligible for Vehicle Maintenance and Repair.

b. **Young adults** who achieved permanency through SOUL Family Legal Permanency are eligible for Vehicle Maintenance and Repair. SOUL Family Legal Permanency Monthly Subsidy to the residential custodian must be terminated prior to use of Vehicle Maintenance and Repair.

c. ~~Youth~~ **Young adults** who were in Kansas through ICPC and in an eligible placement at age 14 or older may be eligible for Vehicle Repair and Maintenance, with the approval of the IL Program Manager or designee and the ~~Permanency Program Administrator~~ **Youth Programs Deputy Director** or designee.

d. Eligibility for Vehicle Repair and Maintenance ends when the ~~youth~~ **young adult** attains 21 years of age.

e. ~~Youth~~ **Young adults** who meet the above criteria and are receiving ETV payments are still eligible to receive Vehicle Repair and Maintenance costs.

5. Education & Training Voucher (ETV)

a. ETV services are available to youth **and young adults** served by the following: DCF, KDOC-~~JS~~ **CBS**, or Tribal Authority.

b. Youth **and young adults** who left a foster care placement subject to permanent custodianship or guardianship or who were adopted before the youth's 16th birthday are not eligible for ETV.

c. Youth **and young adults** who are eligible for ETV have earned a high school diploma or GED, are enrolled in a post-secondary education that is a pre-accredited, accredited, or certified training program, and the youth meets one of the following:

- i. in the custody of DCF, KDOC-~~JS CBS~~, or Tribal Authority and in a foster care placement on the date the youth attained 18 years of age; or
- ii. left a foster care placement subject to a permanent custodianship or guardianship under chapter 38 or 59 of the Kansas Statutes Annotated on or after the youth's 16th birthday; or
- iii. adopted from a foster care placement on or after the youth's 16th birthday; or
- iv. in an eligible out of home placement for any length of time on or after the 14th birthday, unless an adoption, permanent custodianship, or guardianship is finalized prior to the youth's 16th birthday.

d. Youth and young adults who achieved permanency through SOUL Family Legal Permanency on or after age 16 and who otherwise meet the requirements for ETV funding will receive equivalent supports and services to ETV. State funding shall be used to provide these supports. SOUL Family Legal Permanency Monthly Subsidy to the residential custodian must be terminated prior to the use of ETV equivalent supports and services.

e. ~~Youth~~ Young adults are eligible until they turn 26 years of age ~~as long as if~~ they are enrolled in a post-secondary education or training program and are making satisfactory progress, ~~as determined by the program guidelines,~~ toward completion of that program. ~~(satisfactory progress is defined by individual program guidelines).~~

f. Youth ~~and young adults~~ who have received acceptance or conditional acceptance notice from a post-secondary education or training program and who have or will meet one of the above eligibility requirements for ETV, may receive funding for deposits and expenses, as approved based on the PPS 7001. ETV may be used to pay for dorm fees due prior to youth ~~or young adult~~ completing secondary education or GED for an ETV eligible youth ~~or young adult~~ with an acceptance notice from a post-secondary education institution.

g. Youth ~~and young adults~~ who continue to be under the responsibility of the CWCMP, KDOC-~~JS CBS~~, or Tribal Authority and meet the above criteria may receive ETV supports prior to the release of custody with completion of the PPS 7001 and associated tasks on the PPS 3050 series, to include custody planning documents utilized by KDOC-~~JS CBS~~ and Tribal Authority. Tribal case managers, KDOC-~~JS CBS~~ case managers and CWCMP case managers shall coordinate services for youth ~~and young adults~~ eligible for ETV and still in their care in custody through communication with the regional DCF ILC. A new FACTS case or

intake is not required for youth and young adults requesting ETV services who are served by the CWCMP.

h. Youth and young adults may only participate in the ETV program for a total of five years, whether or not the years are consecutive which do not need to be consecutive.

6. Kansas Foster Child Education Assistance (Tuition Waiver)

a. Youth and young adults who are eligible to apply for the Kansas Foster Child Educational Assistance Act are enrolled in a Kansas educational institution and meets one of the following:

- i. in the custody of DCF and in a foster care placement on the date the youth attained 18 years of age; or
- ii. released from custody of DCF prior to attaining 18 years of age, after having graduated from high school or fulfilled the requirements for a GED while in foster care placement and the custody of DCF; or
- iii. adopted from a foster care placement on or after the youth's 16th birthday; or
- iv. left a foster care placement subject to a permanent custodianship or guardianship under chapter 38 or 59 of the Kansas Statutes Annotated on or after the youth's 16th birthday.

b. ~~In order~~ To remain eligible for participation in the program, youth and young adults shall remain in good standing at the Kansas educational institution where the youth is enrolled and shall make satisfactory progress toward completion of the requirements of the educational program in which the youth or young adult is enrolled.

c. Eligibility for Kansas Foster Child Education Assistance service component ends at the conclusion of the semester during which the youth-young adult attains 23 years of age.

d. Youth and young adults eligible for the tuition waiver through the Kansas Foster Child Assistance Act must have been in the custody of the Secretary of DCF.

7. Aged Out Medical

a. Aged Out Medical is available to eligible young adults starting at age 18 until the last day of the month the young adult turns age 26. Eligibility for coverage may be granted for 3 months prior to the application date, if requested on the application, per Kansas Department of Health and Environment (KDHE).

i. ~~Youth~~ Young adults who were in the custody of DCF, KDOC, ~~JS-CBS~~, or Tribal Authority and were in any out of home placement on their 18th birthday are eligible for Medicaid coverage through the Aged Out Medical Program. ~~from age 18 through age 26. If eligible, the Medicaid card coverage will extend to the last day of the month the young adult turns 26 years of age. Eligibility for coverage may be granted for 3 months prior to the application date, if requested on the application, per Kansas Department of Health and Environment (KDHE).~~

ii. Young adults who achieved permanency through SOUL Family Legal Permanency are eligible for Medicaid coverage through the Aged Out Medical Program from age 18 to age 26.

iii. ~~Youth~~ Young adults who were in Kansas through ICPC and in any out of home placement on their 18th birthday are eligible for Aged Out Medical.

iv. Young adults who turned age 18 on or after January 1, 2023, while in any state are eligible for Medicaid coverage through the Aged Out Medical Program (Substance Use-Disorder Prevention that Promotes Opioid Recover and Treatment for Patients and Communities for Patients and Communities [Support] Act).

b. No income or resource testing is required for eligibility.

c. Proof of citizenship and identity must be provided by ~~either~~ uploading through the KanCare portal ~~documents provided by the youth young adult, or insuring documents have been uploaded by the DCF eligibility worker.~~ This may be done by DCF eligibility staff or the young adult.

d. ~~Youth~~ Young adults ~~who have been granted Special Immigrant Juvenile Status shall~~ must have had Legal Permanent Resident status for a minimum of five years before they are eligible for Aged Out Medical.

e. The ILC shall inform the youth young adult they ~~shall be~~ are responsible for keeping the KanCare Clearinghouse informed of their current address by calling the Clearinghouse at 1-800-792-4884 whenever their address changes.

f. Termination of eligibility for this program occurs when one of the following happens:

i. the youth young adult turns 26 years of age (last day of the month they turn 26).

ii. the youth young adult is no longer a resident of Kansas.

iii. the youth young adult is an inmate in a public institution.

iv. the young adult fails to complete and return the required annual review. Annual reviews for youth young adults receiving the Medical Card are required. Failure to return completed reviews shall result in termination of Aged Out Medical

The youth young adult will be notified by KDHE prior to the closure of the medical card.

7250 Education and Training Voucher Program

A. Education and Training Vouchers (ETV) are available to eligible youth and young adults for assistance, based on need, with post-secondary education and certified training programs. ETV funds may be used for costs associated with post-secondary education and/or training only and cannot exceed \$5000, or the total cost of attendance per youth per financial need identified on the ETV plan (PPS 7001, Section 3.C.) for that youth or young adult per plan year, whichever is less. All youth must have an open service case to receive ETV. Youth and young adults may only participate in the ETV program for a total of five years, whether or not the years are consecutive.

B. Youth and young adults may elect to attend post-secondary education and/or certified training programs outside of Kansas and may use Kansas ETV for this purpose. If a youth or young adult is receiving ETV and attending post-secondary education and/or certified training outside of Kansas, all requirements still apply for case planning purposes. The DCF Independent Living Coordinator (ILC) and youth may need to use phone or e-mail for regular contacts.

C. Youth and young adults who are moving to another state and establishing permanent residency in that state, for purposes other than attending a post-secondary educational institution or certified training program, must apply for ETV funds through the state where they will establish permanent residency.

D. Youth and young adults must reapply for ETV funds on a yearly basis, as it coincides with the youth's or young adult's education or training plan. All plans shall be for a twelve-month period between July 1 and June 30th. If a youth or young adult finds themselves unsuccessful in completing their education or training plan, the youth or young adult may reapply at any time up until they are no longer eligible for the program. The DCF worker IL Coordinator shall use good judgment in working with youth and young adults who have received ETV in the past and who have not been successful in continuing in their education or training plan. It is foreseeable and acceptable that youth or young adult may make changes in their education or training plans as they move into different stages of their adult lives. These changes should not be used against to deny a youth or young adult in accessing ETV unless there is a pattern is established of the youth's or young adult's being unable to complete inability to work through his/her education or training goals. Assistance should be provided to the youth or young adult to keep motivation towards completing their education or training goals.

E. ETV shall only be used at post-secondary educational institutions or certified training programs that meet all three of the following criteria:

1. Admits as regular students only persons with a high school diploma or equivalent; or admits as regular students persons who are beyond the age of compulsory school attendance; and
2. Public, Private, or Non-Profit; and
3. Accredited or pre-accredited and is authorized to operate in that state.

F. Youth and young adults who have not completed high school or GED requirements and who are beyond the age of compulsory school attendance may be eligible for ETV services and supports at post-secondary educational institutions or certified training programs that accept students under this criteria.

7270 Aged Out Medical Program

This program provides medical coverage to young adults who are released from custody of the Secretaries of DCF, Kansas Department of Corrections-Juvenile Services Community Based Services (KDOC-JS CBS) or Tribal Authority at or after age 18 and meet specific eligibility guidelines. In addition, Youth and young adults placed in Kansas through ICPC who meet eligibility guidelines are eligible. Young adults who turned age 18 on or after January 1, 2023, and meet eligibility criteria are eligible in all states (Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities [SUPPORT] Act). Refer to PPM 7100 Eligibility for Aged Out Medical Program.

Child Welfare Case Management Providers (CWCMP), local KDOC-Juvenile Services CBS agency staff, and DCF staff working with youth and young adults who will leave care at age 18 or after, shall inform the youth about the Managed Care Organizations (MCO) and Aged Out Medical Program. Youth shall be assisted in choosing an MCO, if appropriate, and preparing the KanCare application "For Families and Children" prior to their release from custody. If a youth or young adult is interested in relocating to another state upon release from custody, the CWCMP shall assist the youth or young adult in locating information and applying for Aged Out Medical in the other state.

After release of custody, DCF Independent Living (IL) staff shall assist young adults with completing the application, serving as Facilitator (if appointed) by the young adult, obtaining the medical card, and choosing an Managed Care Organization MCO that best meets their needs. If a youth or young adult is interested in relocating to another state, the DCF IL Coordinator shall assist the youth or young adult in locating information and applying for Aged Out Medical in the other state upon request.

DCF IL Coordinators shall inform young adults who have been released from custody, but have not submitted an application or obtained a medical card, of the Aged Out Medical Program by sending them the PPS 7240 You May be Eligible Notice.

Documentation of the notification and assistance provided to should be made in the youth's case file. A youth's eligibility for the Aged Out Medical Program does not require the youth to participate in Independent Living services with DCF.

Consentimiento para la divulgación de información

Este formulario autoriza al Departamento de Educación del Estado y a cualquier distrito escolar en el que esté inscrito su menor a compartir información sobre su hijo(a) dentro de ese organismo si y con las demás agencias que se indican a continuación y que se ocupan o participan en la satisfacción de las necesidades de su menor. Se le informa de que:

- La información no se compartirá a menos que sea necesario para satisfacer las necesidades de su menor.
- La información del Departamento de Educación o de la escuela puede incluir cualquiera o todos los registros educativos y la información suministrada al Departamento o a la escuela por otros, como informes médicos de doctores e informes de otras agencias incluyendo DCF, KDOC-JS, KDHE y KanCare, que estén incluidos en los registros educativos de su menor.
- El propósito de compartir información es proporcionar servicios apropiados para su menor, evitar evaluaciones o inmunizaciones duplicadas o innecesarias, evitar retrasos innecesarios en la prestación de servicios mientras se espera la transferencia de registros, permitir que su menor participe con éxito en la escuela y ayudar al distrito escolar a recibir fondos de Medicaid para ayudar a pagar algunos servicios de educación especial.
- Este consentimiento permanecerá en vigor hasta que usted lo revoque por escrito.
- Tiene derecho a revocar este consentimiento en cualquier momento.

El Departamento de Educación del Estado y el distrito escolar en el que está inscrito su menor divulgarán información, previa solicitud, a las siguientes agencias y a sus agentes o proveedores de servicios contratados:

Department for Children and Families (Departamento de Niños y Familias Departamento de Niños y Familias); Kansas Department of Health and Environment (Departamento de Salud y Medioambiente de Kansas); Kansas Department of Corrections Juvenile Services (Departamento de Servicios Correccionales Juveniles de Kansa); KanCare; ~~Kansas Kids @ GEAR UP.~~

Al firmar y fechar este formulario de Consentimiento para la Divulgación de Información, usted da su consentimiento al Departamento de Educación del Estado y al distrito escolar para compartir cualquiera o todos los registros educativos relativos a su menor entre sí y con las agencias indicadas anteriormente. Su firma también indica que usted entiende que cualquier divulgación de información es con el propósito de satisfacer las necesidades de su menor a través de los esfuerzos cooperativos de las agencias.

Nombre del menor en letra de imprenta

Fecha de nacimiento

Firma del padre o tutor

Relación

Nombre del padre, madre o tutor (letra de imprenta)

Fecha



9315 Monitoring Out of State Children in Kansas Residential Facility Placements

ICPC Staff shall initiate a report to the KPRC when a child/youth in the custody of another state is placed in a residential facility placement through the ICPC process.

The assigned Child Welfare Case Management Provider (CWCMP) shall meet the child/youth privately in the facility where the child resides, at a minimum, on a monthly basis.

The purpose of the visit is to assess the child's adjustment, progress in treatment and overall well-being. Quarterly reports shall be submitted to the ICPC office. Appendix 9E shall be used for this purpose.

~~Residential Supervision Report~~

~~Date of Report: / /~~

~~Name of Child(ren):~~

~~Name of Caretaker(s):~~

~~Address of Placement:~~

~~Courtesy Caseworker :
(Receiving State)~~

~~Phone Number: ()~~

~~Reporting Period:~~

~~Dates and locations of Face-to-Face Contact:~~

~~Discuss child(ren)'s current circumstances, addressing child(ren)'s safety in current placement and child(ren)'s well-being:~~

~~Child(ren)'s school performance, if applicable: (Attach copies of report card, IEP, evaluations, if applicable.)~~

~~Child(ren)'s health & medical status, including dates of medical and dental appointments and names of service providers, if applicable: (Attach records, evaluations, therapy reports if applicable)~~

~~Assess current placement and caretakers, e.g., (physical condition of the facility, caretaker's commitment to child, health, financial situation, work, legal involvement, social relationships; child care arrangements):~~

~~Permanent plan status: What progress has been made toward a treatment goal? Has the goal changed? Are there any recommendations?~~

~~List any unmet needs, and recommendations to meet those needs: (Sending State is responsible for case planning and for funding)~~

~~Recommendation:~~

- ☐ Continue placement.
☐ Terminate placement.

~~If recommending termination of placement, please provide justification for recommendation:~~

SIGNATURE OF SOCIAL WORKER COMPLETING THIS REPORT

Printed Name

Date

OFFICIAL INTERSTATE COMPACT OFFICE USE ONLY:

☐ The Receiving State Compact Administrator/Deputy Compact Administrator/ICPC Specialist concurs with this recommendation.

☐ The Receiving State Compact Administrator/Deputy Compact Administrator/ICPC Specialist **does not** concur with this recommendation.

Name

You May be Eligible for Health Coverage with a State Medical Card

To: _____ Date: _____

Address: _____

If you turned 18 years of age while in foster care in the custody of DCF, KDOC Division of Juvenile Services, or Tribal Authority you may be eligible for a medical card that covers you through one of Kansas' Managed Care Organizations. You can use the card through the month you turn 26, as long as you live in Kansas and are not in a detention facility.

We want to be sure you have the medical coverage you need. To apply, contact your Independent Living worker below who will help you set up an online account and complete the application "For Families and Children" at <http://www.kancare.ks.gov/consumers/apply-for-kancare>.

It's easier than it looks and you can choose which Managed Care Organization best fits your needs.

You can contact the Regional Independent Living Social Worker if you have questions.

Your IL Social Worker is: _____

Located at: _____

Phone: _____

Email Address: _____



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

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

Critical Incident Notification

Select one: ☐ Initial Notification ☐ Update

SECTION I. CRITICAL INCIDENT INFORMATION AND TYPE		
COMPLETE SECTIONS I AND II FOR INITIAL NOTIFIICAITON		
Select any which apply to this critical incident as defined in PPM 0510:		
<input type="checkbox"/>	Child death Provide to FACTS Data staff the following:	
	Child name:	Date of death:
<input type="checkbox"/>	Child near death	
<input type="checkbox"/>	Child in the custody of the Secretary who attempted suicide	
<input type="checkbox"/>	Child in the custody of the Secretary with severe injuries	
<input type="checkbox"/>	Foster parent with criminal proceedings related to abuse or neglect	
<input type="checkbox"/>	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)	
<input type="checkbox"/>	Media-incident which has drawn public media attention or become legislative concern	

FACTS CASE HEAD: (last, first)		FACTS CASE #:	
Child(ren) Name(s): (last, first)		DOB(s):	
Is the child(ren) in the custody of the Secretary?		<input type="checkbox"/> No	<input type="checkbox"/> Yes
Date of Custody:		Date of out of home placement:	
DCF Region:		County:	
Local DCF Office:		Assigned DCF Staff:	
Provider:		Assigned Provider Staff:	
Date of last PPS/Provider in person contact with child:			
Agency name who completed last contact:			
Completed by:		Date:	

SECTION I.A. At the time of the incident, did PPS have an open case? (Completed by DCF only)		
<input type="checkbox"/> No	If no, skip to Section II.	
<input type="checkbox"/> Yes	If yes, select the type of open case (Select all that apply) and provide the date of referral:	
<input type="checkbox"/>	Investigation and Assessment	Date of Referral:
<input type="checkbox"/>	Family First Prevention Services	Date of Referral:
<input type="checkbox"/>	Family Service	Date of Referral:
<input type="checkbox"/>	Family Preservation	Date of Referral:
<input type="checkbox"/>	Reintegration/Foster Care/Adoption	Date of Referral:

Critical Incident Notification

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

CARE Referral(s) completed (**Completed by DCF only**): ☐ No ☐ Yes ☐ N/A

Select N/A if the intake leading up to the CI did not require a CARE Referral (CARE referrals are only required on assigned intakes for PHA and/or PHN for children under 6).

If yes, please provide details including date(s) and recommendation(s):

SECTION II. CRITICAL INCIDENT DESCRIPTION

Date of incident: | Date of knowledge of incident:

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?

Critical Incident Notification

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:

SECTION III. CASE INFORMATION
List all applicable children whose safety is a concern or select N/A.
<input type="checkbox"/> 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 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 others involved: (Caregivers, others involved in the critical incident, other individuals living in the home, non-residential parent, etc.)	Other individual's relationship to identified child:

PPS Administrator Review:	
The information described in this incident meets the definition of a critical incident. <input type="checkbox"/> No <input type="checkbox"/> Yes	
PPS Administrator Signature:	Date:

SECTION IV. UPDATES
Date:
Update:

What is a DCF Finding Decision?

The case finding is the decision about whether what happened meets the State's definitions for abuse/ neglect, and whether the alleged perpetrator should not be permitted to reside, work or regularly volunteer in a child care facility regulated by the Kansas Department of Health and Environment (KDHE) or DCF Child Foster Care and Residential Facility Licensing. DCF has three case finding decisions.

- An "unsubstantiated" finding means a reasonable person weighing the facts or circumstances would decide it is more likely than not (preponderance of the evidence) the alleged perpetrator's actions or inactions do not meet the abuse and/or neglect definitions per applicable Kansas Statutes Annotated (K.S.A.) and Kansas Administrative Regulations (K.A.R.).
- An "affirmed" finding means a reasonable person weighing the facts and circumstances would decide it is more likely than not (preponderance of the evidence) the alleged perpetrator's actions or inactions meet the abuse/neglect definition per Kansas Statutes Annotated (K.S.A.) and Kansas Administrative Regulations (K.A.R.).
- A "substantiated" finding means a reasonable person weighing the facts and circumstances would decide it is more likely than not (preponderance of the evidence) the alleged perpetrator's actions or inactions meet the abuse/ neglect definition per Kansas Statutes Annotated (K.S.A.) and Kansas Administrative Regulations (K.A.R.), and meet criteria indicating the alleged perpetrator should not be permitted to reside, work, or regularly volunteer in a child care facility regulated by KDHE or DCF Foster Care and Residential Facility Licensing.

If the evidence supports a substantiated finding, the person identified as responsible for the abuse or neglect will have his/her name placed on a statewide list of substantiated perpetrators known as the Kansas Child Abuse/Neglect Central Registry.

You will receive a copy of the finding decision in writing.

Kansas Child Welfare Values: Statements of what we believe drive what we do.

1. All children deserve to be protected and free from abuse and neglect.
2. Children should be maintained with their family whenever possible.
3. Families are important to the health and wholeness of children.
4. Children need consistent nurturing in a healthy environment to realize their full potential.
5. Children and families are to be understood within the context of their own family history and culture.
6. All children need and deserve healthy, enduring relationships that provide stability and belonging.
7. Foster care is a temporary intervention, with the primary goal of reintegration and, if reintegration is not possible, a secondary goal is to attain another form of permanency, such as adoption.
8. Kansas child welfare staff should demonstrate integrity, understanding and compassion when addressing and overcoming difficult issues with children and families.
9. Kansas child welfare staff should be committed, qualified, trained and skilled, and supported by an effectively-structured organization.
10. Parents have the primary responsibility for a child's safety and wellbeing. However, the entire community can contribute to helping families so children reach their fullest potential.

State law does not allow DCF to tell you who made the report.

Office

CPS Specialist

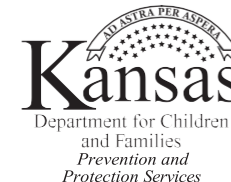
Telephone

Kansas Department for Children and Families Prevention and Protection Services 555 S Kansas Ave. 4th Floor, Topeka, KS 66603 1-888-369-4777 1-833-765-2003 PPS-2010 REV Jan-21 July 2024



Kansas Child Protective Services

What you need to know
about investigations
of child abuse
or neglect



Why is DCF investigating me?

State law requires the Kansas Department for Children and Families (DCF) and/or law enforcement officers to investigate reports of alleged child abuse and neglect and decide if action is needed to protect your child.

What is going to happen?

DCF staff members will identify themselves, talk with you about what has been reported and what will happen next.

DCF staff and/or a law enforcement officer will gather information to make a decision about whether the allegation(s) of abuse or neglect has happened or is in danger of happening.

To find out if any action is necessary to protect your child, DCF will ask to see and talk to your child, family members and others who may know about what is happening.

DCF will talk with you about the things you are already doing to help your family and other ways your family is being supported.

DCF may work with you, other family members and any other support resources you identify to develop a plan of care in order to protect your child

What are my rights?

- To refuse to talk with DCF
- To know what was reported
- To request DCF services
- To know the DCF finding decision
- To appeal a substantiated or affirmed finding decision

What can I do to help?

DCF staff wants to help your family. We will work with you to find the best ways to get the help your family may need. Please see Kansas Child Welfare Values on the back which describes the agency's values supporting our work to partner with families.

You can help by being cooperative and by openly talking to DCF and law enforcement officers. Giving the names of your relatives, friends, doctors, teachers and other people who have first-hand knowledge of you and your children will also be useful.

What if I don't want to talk to DCF?

It is your right not to talk to DCF. However, by talking to DCF, you can help DCF staff members better understand your family's situation. This will ensure the best possible service decisions are made to keep everyone safe.

If you choose not to talk to DCF staff, and DCF staff members are not able to determine that your child is safe, DCF may ask for law enforcement assistance or a court order.

A law enforcement officer who believes a child may be harmed has the authority to take the child into protective custody. If it is necessary, the officer will take your child to a safe place.

What can I do if I am dissatisfied with the process?

Talk about your concerns with DCF, calmly stating the facts as you see them. If you have concerns or questions after talking with DCF staff, you may speak to a DCF supervisor.

You may also contact the DCF Office of Client Services by calling 1-888-369-4777-1-833-765-2003 or emailing DCFCustomerService@ks.gov.

Will my child be removed?

DCF believes children should remain with their parents unless the children are determined unsafe. Your child will be removed from your home only in the most serious situations and if you are unable to protect your child by yourself.

If abuse or neglect has happened or is likely to happen to your child, DCF will help your family make a plan to keep everyone safe.

In order to ensure the safety of your child and minimize trauma, you may need to consider:

- If someone in your home is a threat to your child, can you tell that person to leave?
- Are any family members or friends willing and able to care for your child in their home?

If neither choice is possible right now, law enforcement may place your child in protective custody or a judge may give temporary custody of your child to DCF or another person.

Will I go to court?

Parents can usually make necessary changes without involving the court. DCF must report substantiated and affirmed case findings to the county or district attorney. The county or district attorney decides whether to file a case with the court. If a "Child in Need of Care" petition is filed, the court will hold a hearing, and you may appear with an attorney. DCF may be a witness, but DCF has no authority or control over court decisions.

If your child has been removed by a law enforcement officer or by an emergency court order, a court hearing must be held within 72 hours (except weekends and holidays) to determine if your child can be returned to you.

(Child's Name) Permanency Plan

Section 1 Demographics

Child Name:		DOB:		Court Case #:		CO:	
FACTS Case #:				FACTS Client ID:			
Mother's Name:		Father's Name:		Othe r			
Local DCF Office:			Assigned DCF Staff:				
Provider:			Assigned Provider Staff:				
Case Planning Conference Date:							

Section 2 Assessment Information (Initial and on-going. Update each at every case planning conference.)

Summary of Assessments (Initial and On-going)

Family/Individual Strengths and Resources:

Safety Concerns/Reason Child Cannot Return Home:

Risk Concerns:

Permanency Goal (check one of the following):

<input type="checkbox"/>	Maintain at home	<input type="checkbox"/>	Reintegration	<input type="checkbox"/>	Adoption	<input type="checkbox"/>	Permanent Custodianship <input type="checkbox"/> with relative <input type="checkbox"/> with non-relative	<input type="checkbox"/>	SOUL Family Legal Permanency	<input type="checkbox"/>	APPLA		
Concurrent Plan (if applicable and Reintegration also goal):						<input type="checkbox"/>	Adoption	<input type="checkbox"/>	Permanent Custodianship	<input type="checkbox"/>	SOUL Family Legal Permanency	<input type="checkbox"/>	APPLA

Section 3 Objectives and Activities (Include at least one and no more than 3 permanency objectives, incorporating family strengths.)

Permanency Objective # _____

What behavioral change is expected:

Activity #	Measurable Short-Term Activity to Achieve Objective	Court Ordered	Responsible Person	Target Date	Progress Since Last Case Plan	Achieved Date
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(Child's Name) Permanency Plan

Permanency Objective # _____

What behavioral change is expected:

Activity #	Measurable Short-Term Activity to Achieve Objective	Court Ordered	Responsible Person	Target Date	Progress Since Last Case Plan	Achieved Date

Permanency Objective # _____

What behavioral change is expected:

Activity #	Measurable Short-Term Activity to Achieve Objective	Court Ordered	Responsible Person	Target Date	Progress Since Last Case Plan	Achieved Date

Section 4 Interaction/Visit Plans – Attached in PPS 3053 and 3054

Section 5 Appropriateness of Placements

Attach print out of current placement and all placements since last case plan. For each placement, document if it was safe, meets the needs

(Child's Name) Permanency Plan

of the child, least restrictive, consistent with the best interest of the child, in close proximity to parents (if reintegration is the CP goal), and how proximity to home school and appropriateness of the child's educational setting was considered.

Place ment #/ Date	Is/Was Placement Safe?	Does/Did Placement Meet the Needs of the Child?	Is/Was Placement Least Restrictive?	Is/Was Placement In Close Proximity to Parents?	Is/Was Placement In Close Proximity to School?	Is/Was Educational Setting Appropriate?
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes
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Explanation For Any No Answers:

Reason for Moves and Child's Reactions to Move:

How maternal and paternal relatives were considered for placement since the last case plan:

Note specific recommendations for placement (such as Qualified Residential Treatment Program [QRTP], placement in Substance Use Disorder facility with parent):

If the child has been assessed for or placed in a QRTP, attach the PPS 3060 QRTP Case Plan Requirements.

Section 6 Child/Youth Well-Being Plan

(Child's Name) Permanency Plan

Summary of how child is doing since last Case Plan (include authorization for sleepovers, self-care, physical restraint, driving, or high risk activities when applicable.). Note child's opportunities to engage in age and developmentally appropriate activities.

Need					Description	Response/Service to Address	Received Timely Treatment on this date
Medical	<input type="checkbox"/>	yes	<input type="checkbox"/>	no			
Dental	<input type="checkbox"/>	yes	<input type="checkbox"/>	no			
Vision	<input type="checkbox"/>	yes	<input type="checkbox"/>	no			
Mental Health	<input type="checkbox"/>	yes	<input type="checkbox"/>	no			
Developmental Disability	<input type="checkbox"/>	yes	<input type="checkbox"/>	no			
Alcohol/Drug Treatment	<input type="checkbox"/>	yes	<input type="checkbox"/>	no			
Social and Emotional	<input type="checkbox"/>	yes	<input type="checkbox"/>	no			
Educational	<input type="checkbox"/>	yes	<input type="checkbox"/>	no			
Placement	<input type="checkbox"/>	yes	<input type="checkbox"/>	no			
ICWA Determination	<input type="checkbox"/>	yes	<input type="checkbox"/>	no			

Section 7 Prevention Plan for Pregnant/Parenting Foster Youth

☐ NA

Foster care prevention strategy for any child, not in custody, born to the youth (check one):

☐ Safely maintain the child with the foster youth ☐ Live temporarily with a kin caregiver ☐ Live permanently with a kin caregiver

Service needs (check all that apply): ☐ Mental Health ☐ Substance Use ☐ Parent Skill Building ☐ Kinship Navigation

List the specific services or programs to be provided to the youth to ensure the youth is prepared (if pregnant) or able (if parenting) to be a parent.

Section 8 Case Plan Participation

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

Child Signature: For a child under the age of 10, a copy of the PPS 5138 Foster Care Bill of Rights shall be provided to the child and to the parent / foster parent / relative / kinship caregiver. If age 10 or older, my signature means I was provided a copy of the PPS 5138 Foster Care Bill of Rights. If age 14 or older and placed out of home, I acknowledge I was explained my health rights and provided a copy of my annual credit check.

Child's Input/Comments:

	Printed Name	Signature	Participation Code	Date Signed
Child				

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

(Child's Name) Permanency Plan

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



Family Preservation Referral

Case Name:			<input type="checkbox"/> Initial Referral	<input type="checkbox"/> Resumption of Services <input type="checkbox"/> Resumption of Intensive Services (use only on cases referred prior to 1/1/20)	
Last Name First Name MI			<input type="checkbox"/> Tier 1 Services <input type="checkbox"/> Tier 2 Services		
Date of Initial referral:		Time of Initial Referral:		Date of Resumption of Services:	
Address of family:					
City, State, Zip:			County where family resides:		
Contact name/number(s) for family:					
Non- residential parent(s):	Name:	Address:	Phone:		
	Name:	Address:	Phone:		
	Name:	Address:	Phone:		
FACTS Case # (When Available):		CPS Specialist:			
Case Name Client ID #:		CPS Specialist's Best Contact Number:			
Local DCF Office:		CPS Specialist's Email:			
DCF Region:		DCF Supervisor:			
Referred to Provider Agency:		DCF Supervisor's Best Contact Number:			
Family Preservation Liaison Assigned?	<input type="checkbox"/> No <input type="checkbox"/> Yes (If yes, list name):	Family Preservation Liaison Phone Number:			
Dates/Times CPS Specialist/Family Preservation Liaison is available for Initial Family Meeting:					
SECTION I: Additional Family Information					
Case participants:					
Date Family Preservation Services accepted?					
Date of last contact with family?			Type of contact: <input type="checkbox"/> In Person <input type="checkbox"/> Phone		
Are there language barriers? <input type="checkbox"/> No <input type="checkbox"/> Yes			Explain:		
Has an interpreter been used with this family? <input type="checkbox"/> No <input type="checkbox"/> Yes (If yes, list name and number below)					
Name of Interpreter:			Contact Number of Interpreter:		
Worker Safety Issues: (Explain)					
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):					

Family Preservation Referral

SECTION II: Court Involvement

Is/are any child(ren) in this family in DCF custody? ☐ No ☐ Yes (If yes, list names below with date of custody and next court hearing for each)

Name of Child:	Date of Custody:	Next Court Hearing Date:
Name of Child:	Date of Custody:	Next Court Hearing Date:
Name of Child:	Date of Custody:	Next Court Hearing Date:
Name of Child:	Date of Custody:	Next Court Hearing Date:

If there is a child(ren) in custody, when is the next custody case plan due?

Is there other court involvement for any of the family members? ☐ No ☐ Yes (If yes, list names, etc. below)

Name:	Date/location of Court Hearing:	Type of Court Hearing*:
Name:	Date/location of Court Hearing:	Type of Court Hearing*:
Name:	Date/location of Court Hearing:	Type of Court Hearing*:

*Types of Court Hearings:

CINC: Temporary Custody, Adjudication, Disposition, Review, Other:

Juvenile Offender: Adjudication, Disposition, Revocation, Other:

*Types of Adult Court Hearings: Family Court/Divorce Custody; Criminal, Other:

Court Case Number(s):	Judicial District/County or Judge:
-----------------------	------------------------------------

Has the court ordered Family Preservation Services? ☐ No ☐ Yes (If yes, list court date, case number and court below)

Next Court Date(s):	Court Case Number:	Judicial District/County or Judge:

Section III: Reason for Referral

Presenting Problem: ☐ Abuse ☐ Neglect ☐ Family In Need of Assessment ☐ Pregnant Woman Using Substances

If applicable, check status of child abuse/neglect investigation: ☐ In Process ☐ Unsubstantiated ☐ Affirmed ☐ Substantiated

Is this referral the result of a Juvenile Offender case? ☐ No ☐ Yes

Has the Family Based Assessment (FBA), PPS 2030 series, been completed? ☐ No ☐ Yes

Synopsis of Reasons for Referral:

Safety Concerns: (List all safety concerns to be addressed below)

Family Preservation Referral

Protective Factors to Mitigate Safety Concerns: *(Include family's strengths, resources and actions taken to help protect children; Appendices 2J, 1B, and/or 2F may be used for guides)*

Risk Factors: *(List known risk factors below)*

Protective Factors to Mitigate Risk Factors: *(Include family's strengths, resources and actions taken to help protect children; Appendices 2J, 1B, and/or 2F may be used for guides)*

Prior DCF involvement and/or services? ☐ No ☐ Yes If yes, provide details of prior DCF involvement:

Section IV: Service Needs

Is any family member receiving mental health services? ☐ No ☐ Yes *(If yes, complete the following:)*
Has any family member received mental health services in the past?

Name of Family Member	Name of Past/Current Therapist or Case Manager

Does any family member have suspected or confirmed substance use concerns? ☐ No ☐ Yes *(If yes, complete the following:)*

Name of Family Member	Type of Substance Used	Has a drug screen, evaluation, or court confirmed substance use? If yes, when?

Is this a Pregnant Woman Using Substances (PWS)? ☐ No ☐ Yes *(If Yes, check if opioids or non-opioids)* ☐ Opioids ☐ Non-Opioids

List current services being provided through a Client Purchase Agreement and indicate if authorized by DCF to continue. If there are no services, write "none" in the space below.

Service	Provider	DCF Approved
		<input type="checkbox"/> Yes <input type="checkbox"/> No

Family Preservation Referral

Section V: Signatures

Completed by:	Date:	Time:
Supervisor Electronic Signature:	Date:	

Send the following forms to the Provider (check all that apply):

- ☐ PPS 1000 ~~PPS~~ Face sheet – Required
- ☐ ~~PPS 2003 Family Based Safety Plan, if applicable~~
- ☐ PPS 2007 Plan of Safe Care per PPM 2050, if applicable
- ☒ PPS 2020 Assessment Map
- ☒ PPS 2021 Immediate Safety Plan (if applicable)
- ☐ PPS 3050 Family Service/Preservation Plan for Child Not in Custody, if applicable
- ☐ PPS 3051 Permanency Plan for Child in Custody, if applicable

Note: DCF CPS Specialist shall be available to FPS provider staff for two hours following referral.

Distribution: 1. Provider Agency File 2. Regional Support Services Program Consultant 3. DCF Case Record



Family Preservation Referral Instructions

The PPS 4200 Family Preservation Referral shall be completed for each family referred to the Family Preservation Services (FPS) provider.

Case Name: Enter the last name, first name and middle initial of the FACTS case head.

Initial Referral: An initial referral is the referral on the case head (head of household). ~~at the beginning of a service tier~~

Resumption of Services: Select when the case has been closed and the family needs additional Family Preservation Services during initial service period ~~for Tier 1 or Tier 2, and DCF has not referred the family to another tier of services,~~ the Case Management Provider shall be responsible for providing these services without a new referral through the end of the service period.

~~**Resumption of Intensive Services:** For cases referred prior to January 1, 2020 if the family has been previously referred in the past 365 days and has been moved to less intensive services, and DCF or the FPS provider determines there is a need for intensive services again, this box is checked. Enter the date of the resumption of intensive services.~~

~~**Tier 1 Services and Tier 2 Services:** Select the tier of Family Preservation chosen to meet the family's current need.~~

Address of family: Enter the address where the family can be located/contacted.

County where family resides: Enter the county where the family resides and can be located.

Contact name/number for the family: Enter the phone number where the head of household can be contacted.

Non- residential Parent(s): List names, addresses and phone numbers of all non- residential parents who do not reside in the household. There is space to include three parents. If there are more than three parents, please add additional lines to the form.

FACTS Case #: Enter the FACTS Case number for the head of household.

CPS Specialist: Enter the name of the assigned DCF CPS Specialist.

Case Name Client ID#: Enter the Case name Client ID number associated with the family head of household.

CPS Specialist's Best Contact Number: Enter the best phone number to contact the CPS Specialist for two hours after the referral is made, including area code.

Local DCF office: Enter the name of the DCF office where the CPS Specialist is located.

CPS Specialist's Email: Enter the email address where the CPS Specialist can be contacted.

DCF Region: Enter the region the family resides in: Kansas City, East, West or Wichita.

DCF Supervisor: Enter the name of the CPS Specialist's Supervisor.

Referred to Provider Agency: Enter the name of the FPS Provider receiving the referral.

DCF Supervisor's Contact Number: Enter the best phone number to contact. the CPS Specialist's Supervisor.

Family Preservation Liaison Assigned: If a Family Preservation Liaison is assigned, check yes and put the name and phone number of the liaison. If there is no Family Preservation Liaison, check no and leave the name and phone number blank.

Dates/Times CPS Specialist/Family Preservation Liaison is available for Initial Family Meeting (IFM):
Enter the best time and date(s) for the CPS Specialist to participate in the Initial Family Meeting to be held within 48 hours of the referral date. The FPS provider will try to accommodate the CPS Specialist's time, with the understanding the family's schedule will be the priority.

SECTION I: Additional Family Information

Case Participants: Indicate the names of all family members, including children, who shall participate in Family Preservation Services.

Date Family Preservation Services Accepted: Indicate the date the family accepted Family Preservation Services.

Date of Last Contact with Family: Indicate the last date the CPS Specialist had contact with the family.

Type of Contact: Check the box for in person contact or phone contact with the family.

Are there language barriers: Check the box no or yes if there are language barriers to working with the family and if yes, explain/describe what the barriers are.

Has an interpreter been used with this family: Check the box for no or yes, and if yes, list the name and phone number to contact the interpreter on the line below.

Worker Safety Issues: Describe and explain all worker safety issues in the household, including-weapons in the home, aggressive animals on the property, illegal drugs being used, persons with felony convictions in the home, and environmental hazards.

Indian Child Welfare Act (ICWA): If any family member is an enrolled member of a recognized Native American Tribe or eligible to be enrolled, check the box yes and list the name of the Tribe and the name of the enrolled member.

SECTION II: Court Involvement

Is/are any child(ren) in this family in DCF custody: Check no or yes, to indicate if there are children in the home in DCF custody. If “Yes” is checked, provide the names of the children in DCF custody, date of custody and the next court hearing date in the spaces below.

If there is a child in custody, when is the next custody case plan due: Indicate the date the next child case plan is due to DCF.

Is there other court involvement for any of the family members: Check the box for yes or no and if yes, list the name(s) of the children who are not in custody and/or other family member(s) who are involved in any type of court, the date and location of the court hearing, and the type of court hearing, in the spaces provided. Refer to the lists of possible types of court hearings for children or adults.

Court Case Number(s): Provide the case number(s) of all court cases involving a child or other family member.

Judicial District or Judge: Provide the number of the Judicial District, county and/or name of the presiding judge.

Has the court ordered Family Preservation Services: Check the box for no or yes.

Is any other family member involved with another type of court: Check No or Yes, if yes, list the next court date, court case number and judicial district, county or judge, if known, in the spaces provided below.

Section III: Reason for Referral

Presenting Problem: Check the presenting reason for the referral: Abuse, Neglect, Family In Need of Assessment or Pregnant Woman Using Substances

If applicable, give status of child abuse/neglect investigation: Check if an investigation is in process, unsubstantiated, affirmed or substantiated.

Juvenile Offender: Check the box no or yes if the referral is the result of a Juvenile Offender case, refer to PPM 2746 E. for criteria.

Synopsis of Reasons for Referral. Provide information so the Family Preservation Services provider will know why the family is being referred and what issues DCF expects the provider and the family to address.

Safety Concerns: List all safety concerns to be addressed by the FPS provider prior to case closure, to ensure the safety of the children in the home.

Protective Factors to Mitigate Safety Concerns: List family’s strengths, resources and/or actions taken to help protect the children and address the safety concerns. Appendices 2J, 1B, and/or 2F may be used for guides. Include all safety plans or safety services.

Risk Factors: List all risk factors that place the children at risk of maltreatment or out of home placement to be addressed by the FPS provider.

Protective Factors to Mitigate Risk Factors: Include family's strengths, resources and/or actions taken to help protect children. Appendices 2J, 1B, and/or 2F may be used for guides.

Prior DCF involvement and/or services: Check yes if there is documentation in FACTS, KIDS or KIPS of prior DCF involvement and/or if services were provided before the current referral.

Section IV: Service Needs

Has/is any member of the family received/receiving mental health services: If yes, provide the name of the family member who has or is receiving mental health services and provide the name of the past or current therapist and/or case manager, if known.

Does any family member have suspected or confirmed drug or alcohol issues: Check No or Yes. If yes, provide the name of the family member and, if confirmed, provide information regarding how and when drug or alcohol issues have been confirmed, including positive drug screens, drug charges in court, self-report, etc., in the spaces provided.

Type of Drugs Used: Indicate the type of drugs used and by which family member(s), if known.

Is this a Pregnant Woman Using Substances (PWS)? Check yes or no. If yes, check if opioids or non-opioids.

List current services being provided through a Client Purchase Agreement: List the services provided and the provider in the blanks. Check no or yes, if authorized by DCF to continue, if any. If there are no services, write "none" in the space below.

Section V: Signatures

Completed by: List the name of the CPS Specialist completing the referral.

Date: Indicate the date the referral was provided to the Family Preservation Services provider. This is the same date as the referral date above.

Time: Indicate the time the referral was provided to the Family Preservation Services provider.

Supervisor or Designee Signature and Date: The DCF Supervisor or designee, who approved the referral for Family Preservation Services, provides a signature and date of approval on the form. This signature may be electronic.

Send the following forms to the Provider: Check the forms which are provided at the time of referral to the Family Preservation Services provider.

Note: The DCF CPS Specialist shall be available by phone for the Family Preservation Services provider to contact, for at least two hours following the referral, to discuss/staff the referral and arrange a meeting with the family within 48 hours.

Distribution: Copies of this form and attachments shall be filed in the Family Preservation Services provider's file and the DCF Case Record. A copy of the referral shall also be provided to the Regional Support Services Program Consultant at the time of referral.



State of Kansas Department for Children and Families Prevention and Protection Services	Family Preservation Services Acknowledgment of Referral / Change / Closure	PPS 4205 REV July-2024 Page 1 of 2
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To DCF CPS Specialist:		From Family Preservation Services Provider / Agency	
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Date:		Referral Date:		<input checked="" type="checkbox"/> Tier 1	<input type="checkbox"/> Tier 2
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Reason for Submission: (Check the applicable boxes below)

<input type="checkbox"/> Initial/Acknowledgment of Referral
<input type="checkbox"/> Drug Toxicology Results/Pregnant Woman Using Substances referral to Medicated-Assisted Treatment
<input type="checkbox"/> Resumption of Services
<input type="checkbox"/> Corrected Copy
<input type="checkbox"/> Status Change
<input type="checkbox"/> Non-Completion of Case Plan
<input type="checkbox"/> Closure

SECTION I Case Identifying Information

Case Name:		Client ID #:	
FACTS Case #:		Court Case #:	

SECTION II Acknowledgment of Referral

Date Referral Received by Provider		Time Referral Received by Provider	<input type="checkbox"/> AM <input type="checkbox"/> PM
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SECTION III Provider Staff Identifying Information

Provider Staff Assigned:		Address:	
Worker Phone #:		24-Hour Access Phone #	

SECTION IV Pregnant Woman Using Substances

Infant's Name:		Date of Birth:		Sex:	<input type="checkbox"/> Female <input type="checkbox"/> Male
			<input type="checkbox"/> Not Live Birth		
Race:	<input type="checkbox"/> American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Declined <input type="checkbox"/> Unable to determine				
Ethnicity:	<input type="checkbox"/> Mexican <input type="checkbox"/> Puerto Rican <input type="checkbox"/> Cuban <input type="checkbox"/> Not Hispanic <input type="checkbox"/> Central or South American <input type="checkbox"/> Other Spanish Cultural Origin <input type="checkbox"/> Unable to determine <input type="checkbox"/> Declined to provide information				
Tribe:	<input type="checkbox"/> Sac & Fox <input type="checkbox"/> Potawatomi <input type="checkbox"/> Kickapoo <input type="checkbox"/> Iowa <input type="checkbox"/> Other: _____ <input type="checkbox"/> Not applicable				

(Complete if PWS Using Non-Opioid Substances) Infant's Drug Toxicology Test Date: <input type="checkbox"/> Not Tested (Opioid Use Only) Results of infant's test: <input type="checkbox"/> Negative for drugs <input type="checkbox"/> Positive for drugs	(Complete if PWS Using Opioids) <input type="checkbox"/> Pregnant Woman Referred to a Medication Assisted Treatment (MAT) program (Opioid Use Only) Date: <input type="checkbox"/> No Reason:
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SECTION V Case Status Change		
	Date:	Note:
<input type="checkbox"/> Child released from DCF custody		
<input type="checkbox"/> Court venue change (custody only / services transfer to another region)		
<input type="checkbox"/> Family cannot be located / disengaged from services		
<input type="checkbox"/> Family moved out of state		
<input type="checkbox"/> Family placed children out of state		
<input type="checkbox"/> Family refused to continue services		
<input type="checkbox"/> Family placed children with relatives/kin in another region		
<input type="checkbox"/> Family successfully completed services / case conference complete		
<input type="checkbox"/> Other (specify)		
SECTION VI Case Closure/Payment Cessation		
	Date:	Note:
<input type="checkbox"/> Family did not sign Family Case Plan/Not engaged in services in 30 days		
<input type="checkbox"/> Conclusion of Initial Intensive phase (only use for cases referred prior to 1/1/20) Conclusion of Family Preservation Services		
<input type="checkbox"/> Conclusion of 12-month case responsibility (only use for cases referred prior to 1/1/20)		
<input type="checkbox"/> Conclusion of Tier 1 Services		
<input type="checkbox"/> Conclusion of Tier 2 Services		
<input type="checkbox"/> Family refused to continue services		
<input type="checkbox"/> Family Preservation Services ended due to referral for out-of-home placement of child(ren)		
<input type="checkbox"/> Other (specify)		

DISTRIBUTION

According to local procedures, send to:
Regional Support Services Program Consultant
DCF CPS Specialist/Family Preservation Liaison
DCF Payment Unit/eSCRIPTS
DCF FACTS Unit



TO DCF Specialist				Provider Case Manager Agency			
Date / Time				Child's Legal County			
<input type="checkbox"/> Release of Custody	<input type="checkbox"/> Initial	<input type="checkbox"/> Corrected Copy	<input type="checkbox"/> AWOL	<input type="checkbox"/> Hospital	<input type="checkbox"/> Placed at Home		
<input type="checkbox"/> Planned Move	<input type="checkbox"/> Respite	<input type="checkbox"/> Venue Change	<input type="checkbox"/> Reinstatement	<input type="checkbox"/> In-Transit	<input type="checkbox"/> Disruption		
SECTION I							
Name of Child			DOB				
FACTS Client ID #		FACTS Case #		Court Case #			
SECTION II							
Provider Staff Assigned					Worker Phone #		
SECTION III							
Previous Placement Name and Address		From			To		
Reason for Move							
Deleted Placement		Deleted Rate		Deleted Add on Rate			
SECTION IV							
Date of Current: <input type="checkbox"/> Placement <input type="checkbox"/> Service				Placement Name and Physical Address			
Placement Mailing Address							
Phone Number		Respite / Hospitalization		Start		End	
CLARIS Case #							
FACTS Service Action Code							
FACTS Service Source Code							
<input type="checkbox"/> Child has no siblings in Out of Home Care							
Notes:							

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☐ "Same" District & School Name

☐ Attending same school per instructions (SCO1N)

Attending same school reason:

- ☐ Same school as before placement
☐ Same school with grade level change
☐ Parent moved
☐ Same school as permanent placement (APA, PCA)
☐ Same school, IL
☐ Does not meet same school criteria
☐ Not yet school age

☐ School Changes

District and School Name child is leaving	
District and School Name child is entering	
Has youth (in Foster Care) ever given birth or fathered a child?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is child placed with them?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
ICWA Inquiry Made?	<input type="checkbox"/> Yes <input type="checkbox"/> No
ICWA Applies?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Verified Date of Determination	
If ICWA applies, has tribe been legally notified?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name of Tribe	

SECTION V

Cessation of Monthly Payment and/or Closure	Date	Cessation of Monthly Payment and/or Closure	Date
<input type="checkbox"/> Returned Home & Released from DCF Custody		<input type="checkbox"/> Transfer to KDOC	
<input type="checkbox"/> Returned Home & NOT Released from DCF Custody		<input type="checkbox"/> Child Death Date	
<input type="checkbox"/> Custodianship & Released from DCF Custody		<input type="checkbox"/> Released from DCF Custody- Emancipation	
<input type="checkbox"/> Adoptive Placement Finalized		<input type="checkbox"/> Released from DCF Custody- Living with Other Relative	
<input type="checkbox"/> Transfer to Tribal Court		<input type="checkbox"/> Released from DCF Custody- Runaway	

<input type="checkbox"/> Venue Change (referral date to new CW/CBS Provider)		<input type="checkbox"/> Released from DCF Custody- Transfer to Other Agency Reason:	
<input type="checkbox"/> Released from DCF Custody- While Placed at Home		<input type="checkbox"/> Address Released to	
<input checked="" type="checkbox"/> Released from DCF Custody- SOUL Family Legal Permanency			

SECTION VI

☐ Change of status for sibling(s) remaining in the home

Name of Sibling	DOB	Client ID # (if known)	Add	Remove	Delete	Effective Date
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	



Initial Eligibility Determination Data Collection

Completed by the DCF Social Worker or Community Supervision Officer **Child Protection Specialist**

Child in Custody Information

Child's Legal Name: _____ Race: _____ Sex: _____

DOB: _____ SSN: _____ Language: _____ Tribe: _____

Citizenship/Alien Status: ☐ U.S. Citizen ☒ Permanent Resident ☐ Other Specify _____

Place of Birth: _____
City State County

If the child is school age: _____
Name of School attending Grade Level

Section 1 Legal Information:

1 Date court proceedings were initiated requesting custody: _____
(attach the PETITION, AFFIDAVIT or COMPLAINT) (include Petition with foster care referral documents)

2 Date the STATE agency received legal custody of the child: _____
(attach the custody order) (include custody order with FC referral documents)

Section 2 Removal Information

1 Date the child was removed from the home: _____

2 Where was the child living in the six months prior to his/her removal from the home?

a. _____ from _____ to _____
Name
List all homes
All homes where
child has lived in 6
months prior to
removal
Address (include street, city) Relationship to the child

b. _____ from _____ to _____
Name
Address (include street, city & state) Relationship to the child

c. _____ from _____ to _____
Name
Address (include street, city & state) Relationship to the child

Household members with * and coded red are part of the AFDC group and only their income and resources shall be recorded in the Income and Resources section on page 3.

[illegible]

Section 3 Income and Resources:

Name of the child	Amount paid per month	Provider's Name

Section 3 Income and Resources Continued:

2 Income and Resources of AFDC Members **Household members from with * and coded red on page2:**

Name	Gross Income Per Month	Unearned Income Per Month	Resources Value	Type
0				
0				
0				
0				
0				
0				
0				
0				
0				
0				
0				
0				
0				

3 **Are the parent(s) and/or step-parents employed? This includes any step-parent living in the home in which the child was removed.** **Only complete information regarding income if the parent/step-parent-(step) lives in the home in which child was removed.**

Mother: ☐ **Yes** Employer: _____ Begin Date: _____
(Step)

Hourly wage _____ How often receive pay? _____ Hours worked per week? _____

☐ **No** _____ _____
Name of last employer Date of termination

Father: ☐ **Yes** Employer: _____ Begin Date: _____
(Step)

Hourly wage _____ How often receive pay? _____ Hours worked per week? _____

☐ **No** _____ _____
Name of last employer Date of termination

Section 3 Income and Resources Continued:

4 If there is a step parent in the home, are they paying child support and / or alimony?

☐ **Yes**

Monthly amount

State

County

Court order #

Date last paid

☐ **No**

Number of child supported with the payment

Section 4 Deprivation:

1 Did the parents live together during the month in which the petition ~~affidavit or complaint~~ requesting custody was filed?

☐ **Yes**

☐ **No** Date they last lived together: _____

2 Is either parent deceased?

☐ **Yes** Name of deceased parent (s): _____

Date of death (s): _____

☐ **No**

3 Is either parent disabled and receiving a disability payment?

☐ **Yes** Name of disabled parent (s): _____

☐ **No**

4 **Have parental rights been terminated or relinquished on either parent for this child?**

☐ **Yes** Date of termination / relinquishment: _____

☐ **No**

Section 5 Child Support Enforcement Information:

Mother:

Legal First Middle Last Also Known As

Residence: (street, mailing, if different, city, state, zip and phone)

Place of birth (city, state and county) DOB SSN

Paying child support?: ☐ **Yes** _____
 Monthly amount State County Court Order #

 Date last paid

☐ **No**

Receiving child support: ☐ **Yes** _____
 Monthly amount State County Court Order #

 Date last received

☐ **No**

Father:

Legal First Middle Last Also Known As

Residence: (street, mailing, if different, city, state, zip and phone)

Place of birth (city, state and county) DOB SSN

Paying child support?: ☐ **Yes** _____
 Monthly amount State County Court Order #

 Date last paid

☐ **No**

Receiving child support: ☐ **Yes** _____
 Monthly amount State County Court Order #

 Date last received

☐ **No**

Include ~~Attach~~ the PPS 5135 (Acknowledgement of Parental Obligation Form) with referral information

Section 6 Health Insurance Information:

Does the child have health insurance coverage?

☐ **Yes** Fill out the information below

☐ **No**

Primary Policy holder information

First Name Middle Last DOB SSN

Policy Number Group Number IF HMO or PPO, Provide Physician Information

Insurance Company (name, address and phone)

Type of Coverage: ☐ **Medical/Hospital** ☐ **RX** ☐ **Dental** ☐ **Other (specify)** _____

Secondary Policy holder information

First Name Middle Last DOB SSN

Policy Number Group Number IF HMO or PPO, Provide Physician Information

Insurance Company (name, address and phone)

Type of Coverage: ☐ **Medical/Hospital** ☐ **RX** ☐ **Dental** ☐ **Other (specify)** _____

Copies of all insurance cards must be attached to this form and given to the placement of the child as the above insurance coverage must be billed before Medicaid. If at anytime the child health insurance changes while in the custody of the state, the changes must be reported immediately to the eligibility specialist and the child's placement. IF the child is currently covered by a Kansas Medicaid program, including Healthwave, the PLASTIC CARD must be obtained from the parent and given to the child's placement.

DCF Social Worker / Community Supervision Officer completing this form

Date

DCF Child Protection Specialist

Office address

Phone Number

Fax Number

E-mail address



Child's Name: _____ DOB: _____ AGE: _____

KEES Client ID: _____ KEES Case # _____ FACTS # _____

Initial Basic Eligibility Determination

Section 1: Legal Information

A. Date court proceedings were initiated: _____

Source of Documentation: _____ Eligibility Month/Year: _____

B. Was the child placed in the custody of DCF?

☐ **Yes** Date of Custody Order: _____

☐ **No** If **NO**, the child is not IV-E basic eligible.

Source of Documentation: _____

C. Does the initial court order state that continuation in the home would be contrary to the welfare of the child or that removal is in the child's best interest?

☐ **Yes**

☐ **No** If **NO**, the child is not IV-E basic eligible.

Source of Documentation: _____ Date of CTW finding: _____

D. Was the CTW finding on the specified relative the child lived with at the time of removal? ☐ **Yes** ☐ **No**

E. Was there a judicial finding of "Reasonable Efforts" in the initial court order removing the child from the home?

☐ **Yes** ☐ **No**

Source of Documentation: _____ Date of RE finding: _____

Section 2: Removal Information:

A. Name of individual(s) child was removed from: _____

B. Is this a specified relative? ☐ **Yes** ☐ **No** If **NO**, the child is not IV-E basic eligible.

Source of Documentation: _____ Relationship to child: _____

C. Was the child living with the specified relative during or 6 months prior to the eligibility month?

☐ **Yes** ☐ **No** If **NO**, the child is not IV-E basic eligible

Source of Documentation: _____

Initial Eligibility Determination

Child's Name: 0

B. Income from AFDC Group:

AFDC Group Size: _____		<input type="checkbox"/> Shared	185% AFDC Need Income Limit: _____
County: _____		<input type="checkbox"/> Non Shared	100% AFDC Need Income Limit: _____
<u>185% Need Standard Income Test</u>		<u>100% Need Standard Income Test</u>	
Gross Earnings:	\$ <u>0.00</u>	Gross Earned Income:	\$ <u>0.00</u>
Current Child Support Income:	\$+ <u>0.00</u>	Subtract \$90 per worker (disregard)	\$- <u>0.00</u>
Other Unearned Income :	\$+ <u>0.00</u>	Subtotal (remaining income):	\$ <u>0.00</u>
Deemed Stepparent Income:	\$+ <u>0.00</u>	Subtract \$30 per worker (disregard)	\$- <u>0.00</u>
Total Income:	\$ <u>0.00</u>	Subtotal (amended income):	\$ <u>0.00</u>
C. Is the total gross income less than 185% of the need standard for the AFDC group size? <input type="checkbox"/> Yes Continue to the 100% Need Standard Income Test. <input type="checkbox"/> No If NO , the child is not IV-E basic eligible		Subtract 1/3 income (disregard):	\$- <u>0.00</u>
		Subtotal (adjusted income):	\$ <u>0.00</u>
		Add deemed stepparent income:	\$+ <u>0.00</u>
		Add total countable unearned income:	\$+ <u>0.00</u>
		Add child support income:	\$+ <u>0.00</u>
		Subtract \$50 chld support (disregard):	\$- <u>0.00</u>
		Subtotal:	\$ <u>0.00</u>
		Child Care Expense (disregard):	\$- <u>0.00</u>
		\$200 per child under age 2	
		\$175 per child 2 or older	
		Subtotal:	\$ <u>0.00</u>
		Total Adjusted Income:	\$ <u>0.00</u>

D. Is the total adjusted income less than 100% of the need standard for the AFDC group size?

- ☐ **Yes**
☐ **No** If **NO**, the child is not IV-E basic eligible.

Source of Documentation: ☐ 5410A ☐ BARI ☐ BASI
☐ COMN ☐ Childcare ☐ TPQY ☐ Equifax/Work Number
☐ COLL ☐ LCDA ☐ Other: _____

Section 5: Deprivation, Age and Citizenship

A. Was the child deprived of support of at least one parent (biological/adoptive) due to either death, disability, continued absence from the home or unemployment/underemployment of the principal wage earner?

- ☐ **Yes** Deprivation Factor: ▼
☐ **No** If **NO**, the child is not IV-E basic eligible.

Source of Documentation: _____

Child's Name: 0

B. Was the child under age 18 on date of custody order?

☐ **Yes** ☐ **No** If **NO**, the child is not IV-E Basic eligible.

Source of Documentation: _____

C. Is the child a U.S. Citizen or legally admitted for permanent residence in the U.S.?

☐ **Yes**
☐ **No** If **NO**, the child is not IV-E Basic eligible.

Source of Documentation: _____

Section 6: Basic Eligibility and Funding Source

A. Is the child IV-E Basic Eligible?

☐ **Yes**
☐ **No** If **NO**, the child is eligible for State funds only.

B. Does the child receive SSI benefits?

☐ **Yes**
☐ **No** Source of Documentation: _____

Consideration on a case by case basis regarding SSI benefits versus IV-E reimbursement.

Eligibility Specialist Name

Office

Eligibility Specialist Signature

Date of initial determination



JJA KDOC-CBS NOTICE OF CHANGE IN IV-E MEDICAID ELIGIBILITY OR CSE STATUS

County

I. Identifying Information:

DCF Client ID Number (if known)

Youth's Name

Date of Birth:

SSN:

II. Placement Change:

Type of Placement:

- ☐ Independent Living
☐ Juvenile Correctional Facility*
☐ Jail/Detention *
☐ Runaway*
☐ Parents*
☐ All Foster Homes except Relative
☐ Relative Home (non parent)
☐ YRC I
☐ YRC II
☐ PRTF
☐ Emergency Shelter
☐ Kinship/Non- Relative Kinship Care
☐ Residential Maternity Care
☐ TLP/CIP
☐ Others: _____

* Ineligible for Medicaid

Date Placed: _____

Previous Placement Name

Address: _____

Address: _____

From: _____

To: _____

Current Placement

Name: _____

Address: _____

Address: _____

From: _____

Medicaid Card Mailing Address (if different):

- ☐ Send Medicaid card to the current placement address indicated above
☐ Send Medicaid card to the following location:

Name: _____

Address: _____

Address: _____

Address: _____

III. Changes in SSI:

☐ Youth began receiving SSI Benefits effective: _____

☐ Youth's SSI Benefits terminated effective (Attach Social Security Notice as verification) _____

IV. III. Changes in Health Insurance:

☐ Policy Terminated effective: _____

☐ New or Existing Policy effective (provide details below, attach front and back copies of card.):

HMO / PPO: ☐ Yes ☐ No If HMO / PPO, Name of Primary Care Physician: _____

Name of Insurance Company: _____

Insurance Company's Address: _____

Employer: _____

Medical: ☐ Yes ☐ No

Hospital: ☐ Yes ☐ No

Dental: ☐ Yes ☐ No

Policy #:

Group #:

Name of Policy Holder: _____

Relationship to Youth: _____

V. Custody:

JJA Relieved of Custody / Date (Attach court order if available):

VI. Comments:

JJA KDOC-CBS Case Manager Name

Phone Number

Date

Distribution: DCF Local Office, CSE Local Office, Juvenile's File



Fees are paid for an array of adoption services to help prepare and support families through the adoption process. It is understood by all agencies working in collaboration with each other and families that these services will continue through the completion of a BIS and finalization.

Adoptive Family:

Name: _____

Sponsoring Agency: _____

Relative Family: Yes No

Is the family currently licensed: ☐ Yes ☐ No

Is the homestudy being submitted an Update or Original? _____

Date of completed home study/Family portion of BIS packet: _____

Does the family have current placement of child (ren): ☐ Yes ☐ No

If no, expected date of placement: _____

Child(ren) family is wanting to adopt (if applicable):

Name(s): _____

DOB(s): _____

County of Origin: _____

Agency/Case Management Provider: _____

Child(ren's) case manager: _____

By submitting this checklist, we acknowledge and accept responsibility for the adoptive family's home study and BIS packet items. Furthermore, we affirm that these documents have been completed according to our agency standards, as well as in compliance with KS Statute and DCF policies.

CWCMP Agency Representative

Date

CPA Agency Representative

Date

ELIGIBILITY FOR ADOPTION ASSISTANCE

Child's Name

DOB:

Client ID:

Section A: Establish Eligibility for Adoption Assistance (Reference PPM Section 6210)

1. Is child legally free for adoption and in the custody of the Secretary of Kansas Department for Children and Families (DCF) or is a private adoption and in the custody of a licensed child-placing agency? ☐ Yes ☐ No

2. Is documentation present showing the child cannot or should not return home? ☐ Yes ☐ No
(Attach all documentation used to determine that the child cannot return home.)

	Parent 1	Parent 2
Journal entry documenting the termination of both parental rights (TPR); or,	<input type="checkbox"/>	<input type="checkbox"/>
Journal entry documenting the child cannot return home; or,	<input type="checkbox"/>	<input type="checkbox"/>
Relinquishment by both parents to DCF or private agency, in lieu of TPR; or	<input type="checkbox"/>	<input type="checkbox"/>
Relinquishment by both parents to a private agency.	<input type="checkbox"/>	<input type="checkbox"/>

Parent deceased – date of death:

3. Does the child have one or more of the following specific factors or conditions? ☐ Yes ☐ No
(Linking one or more factors to the need for assistance)

	Primary (choose one)	Others
a. Physical Disability _____	<input type="checkbox"/>	<input type="checkbox"/>
b. Developmental Disability _____	<input type="checkbox"/>	<input type="checkbox"/>
c. Behavior/Emotional Disability _____	<input type="checkbox"/>	<input type="checkbox"/>
d. Age of child _____ (age 6 or older)	<input type="checkbox"/>	<input type="checkbox"/>
e. Member of a sibling group of three or more placed together	<input type="checkbox"/>	<input type="checkbox"/>
f. Two siblings placed together – other sibling has a specific factor	<input type="checkbox"/>	<input type="checkbox"/>
g. Guarded prognosis – no current symptoms	<input type="checkbox"/>	<input type="checkbox"/>
h. Other medical condition _____	<input type="checkbox"/>	<input type="checkbox"/>

Notes/Comments:

4. Were reasonable but unsuccessful efforts made to place without adoption assistance? ☐ Yes ☐ No
(Mark all that apply. At least 1 marked box shows reasonable efforts were made.)

- ☐ This criterion is not applicable for the child being adopted by a relative or a foster family with whom the child has a significant relationship.
- ☐ Referrals of the child were made to state and national adoption exchanges.
- ☐ An individual recruitment plan was developed for this child.
- ☐ Special recruitment initiatives, such as TV or newspaper, were made for this child.
- ☐ The selected family cannot adopt without assistance.

Section A Results: Does the child qualify for adoption assistance? (all 'yes' answers above) ☐ Yes ☐ No

The answers to all questions above MUST be yes to meet the criteria for special needs determination.

Section B-1: Determine Basic/Admin Funding (Reference PPM Section 6220)

ELIGIBILITY FOR ADOPTION ASSISTANCE

Child's Name

DOB:

Client ID:

1. Was child Title IV-E basic eligible in foster care? ☐ Yes (possible FDFD; continue) ☐ No (continue)
2. Was child eligible for SSI prior to the finalization of adoption? ☐ Yes (possible FDFD; continue) ☐ No (continue)
3. Is the child's parent a minor who meets IV-E cost of care criteria? ☐ Yes (possible FDFD; continue) ☐ No (continue)
4. Was child Title IV-E eligible in a prior adoption which dissolved? ☐ Yes (possible FDFD; go to B.2) ☐ No (continue)
5. Does child meet all conditions (a,b,c) below for fostering connections? ☐ Yes (possible FDFD; go to B.2) ☐ No (fund STST)
 - a. Child meets citizenship guidelines. ☐ Check if True
 - b. FC court order contains 'contrary to the welfare' language. ☐ Check if True
 - c. Child meets ~~at least one of~~ the age criteria. ☐ Check if True
(check all that apply)
☐ Met age requirements (has attained age 2 by end of FY of start of AA Agreement);

☐ Child has a sibling who meets the 'age' or 'months in FC' criteria AND they are placed in the same adoptive placement.

Sibling's name: _____

Section B-2: Determine Payment/Maintenance Funding (Reference PPM Section 6220)

1. Did adoptive parents agree to be fingerprinted and pass felony conviction criterion? ☐ Yes (continue) ☐ No (fund STST)
2. Is child attending school? ☐ N/A ☐ Yes ☐ No
(continue) (continue) (fund STST)

Basic/Admin Funding Determination

(Choose One)

Determined by: (type name)

Region:

CPS Specialist/Designee Signature

Date

Supervisor's Signature

Date

(To be completed by Eligibility Specialist)

Placement Agreement Signed: _____

Adoption Assistance Signed: _____

Adoption Assistance Effective: _____

Adoption Assistance Funding: FOCA/ASPD Choose One

All supporting documentation for eligibility must be in the Adoption Assistance Eligibility file.



ELIGIBILITY FOR ADOPTION ASSISTANCE Form 6115 Instructions

Section A: Establish Eligibility for Adoption Assistance (*Reference PPM Section 6210*)

This section determines whether the client is eligible for adoption assistance. If client is not eligible, there is no need to continue to Section B.

- A.1. Custody of DCF or private licensed child placing agency and legally free for adoption –** Maintain documentation in file to support answer.
- A.2. Documentation showing child cannot or should not return home –** Maintain documentation in file to support answer.
- A.3. Special factors or conditions –** Following are the FACTS Disability Codes that correspond to the factors/conditions listed on the 6115, Section A.3. (Refer to PPM Appendix 1J for a complete listing.)
- | | |
|--------------------------------------|--|
| A.3.a. Physical Disability | PD (Physically Disabled)
SI (Sight Impaired)
HE (Hearing Impaired) |
| A.3.b. Development Disability | MR (Mental Retardation)
LD (Learning Disability) |
| A.3.c. Behavior/Emotional Disability | ED (Emotionally Disturbed) |
| A.3.d. Age of child | AGE (Age) |
| A.3.e. & f. Sibling Group | MSG (Membership in sibling group) |
| A.3.g. Guarded prognosis | GRD (Guarded Prognosis) |
| A.3.h. Other medical condition | OD (Other Diagnosed Condition)
SP (Speech Impaired) |
- A.4. Efforts to place without adoption assistance –** Maintain documentation in file to support answer.

A “Yes” answer to all four parts of Section A must be obtained to demonstrate the child is eligible for adoption assistance. If all four parts are “Yes”, continue to Section B.

Section B: Determine Funding (*Reference PPM Section 6220*)

This section determines whether the eligible client’s adoption assistance is federally or state funded. KEES holds Administrative and Maintenance IV-E eligibility.

B.1. Administrative Eligibility

- a. IV-E Eligible in FC (FDFD) -** At the initial removal from the home, was the child Title IV-E basic eligible for the current foster care episode?
(In FACTS, look for the CC plan for the child; go to the RESP screen, look for a SvcAct=AF01N or AG01N where the RespStart = the initial removal date from the home.)
If yes, Aid Code=FDFD, ASPD=FD; proceed to B.2 to confirm maintenance eligibility.
If no, proceed to section B.1.b.
- b. Voluntary Relinquishment (FDFD) –** Was the child voluntarily relinquished to DCF or voluntarily relinquished to a licensed child placing agency and did the child have IV-E eligibility established as a result of this foster care episode? (The voluntary relinquishment

ELIGIBILITY FOR ADOPTION ASSISTANCE Form 6115 Instructions

- may be considered a judicial removal if the petition to remove the child from his/her home is filed within six months of the date the child lived with the specified relative and there is a subsequent judicial determination that to remain in the home would be contrary to the child's welfare.) See B.1.a for where to look in FACTS for IV-E eligibility.
If yes, Aid Code=FDFD; proceed to Section B.2 to confirm maintenance eligibility.
If no, proceed to Section B.1.c.
- c. SSI Eligible (FCFC)** – Was the child eligible for Supplemental Security Income (SSI) prior to the finalization of the adoption? (The child's eligibility for SSI benefits must be established prior to finalization of the adoption. The notice of eligibility must be received by the agency prior to finalization. The application date for SSI may not be used as the eligibility date.)
If yes, Aid Code=FDFD; proceed to B.2.-to confirm maintenance eligibility.
If no, proceed to section B.1.d.
- d. Child's Parent is a Minor (FDFD)** – Is the child's parent a minor who is IV-E maintenance eligible and does the minor parent's IV-E maintenance payment covers the child's cost of care?
(See B.2 for where to look in FACTS for IV-E eligibility.)
If yes, Aid Code=FDFD; proceed to B.2.-to confirm maintenance eligibility.
If no, proceed to section B.1.e.
- e. Prior Adoption was IV-E (FDFD)** – Was the child eligible for IV-E adoption assistance prior to becoming available for adoption again because of the dissolution of a prior adoption or the death of their adoptive parents? (See PPM 6230 Subsequent Adoption Assistance Agreements.)
If yes, Aid Code=FDFD; proceed to B.2 to confirm maintenance eligibility.
If no, proceed to section B.1.f.
- f. Applicable Child Eligibility (ACE), aka Fostering Connections (FDFD)**
1. Citizenship – Does the child meet one of the following?
 - i. Child is a United States citizen by birth or naturalization; or
 - ii. Child is legally admitted for permanent residence in the United States and the initial court order includes a statement that continuation in the home would be contrary to the welfare of the child or words to that effect (per 45 CFR 1356.21).
If yes, proceed to Contrary to the Welfare (section B.1.f.2).
If no, child is State funded. Aid Code=STST
 2. Contrary to the Welfare – When in foster care, did the child's initial court order of removal contain 'contrary to the welfare' language?
(In FACTS, look for the CC plan for the child; go to the RESP screen, look for SvcAct=GA01N and SvcSrc=CTW.)
If yes, proceed to section B.1.f.3.
If no, child is State funded.
 3. Age Criteria – Any age, the applicable age for a fiscal year is as follows:

In the case of fiscal year:	The applicable age is:
2010	16

ELIGIBILITY FOR ADOPTION ASSISTANCE Form 6115 Instructions

2011	14
2012	12
2013	10
2014	8
2015	6
2016	4
2017 through 2023	2
2024	2 (or, in the case of a child for whom an adoption assistance agreement is entered into under this section on or after July 1, 2024, any age)
2025 or thereafter	any age.

Has the child met age criteria

- i. Age – Child has attained age 2 by the end of the fiscal year in which their adoption assistance agreement started;
- ii. If yes, proceed to Section B.2 to confirm maintenance eligibility.
- iii. If no, is a sibling of a child placed at the same time in the same adoptive placement who meets the age requirement?

If yes, Aid Code=FCFD; proceed to B.2 to confirm maintenance eligibility.

If no, child is State funded. Aid Code=STST.

B.2. Maintenance Eligibility

a. Felony Convictions (AWST) – Did the adoptive parents agree to being fingerprinted for which the KBI found none of the following?

- i.-convicted for child abuse or neglect; spousal abuse, crimes against children, including child pornography; or crimes involving violence, including rape, sexual assault or homicide; and,
- ii. in past five years, has been convicted for physical assault, battery, or a drug related offense.

If yes, proceed to section B.2.b.

iv. If no, child is state funded. Aid Code=STST

b. School attendance (STST) –

- i. Is child of the minimum age for compulsory school under state law and enrolled, and attending, school per law?

If yes or not applicable because child is under age 7, proceed to section B.2.c.

If no, child is State funded. Aid Code=STST.

ELIGIBILITY FOR ADOPTION ASSISTANCE Form 6115 Instructions



This checklist guides the CWCMP through referring a family to receive Permanent Custodianship Subsidy (PCS). For any questions regarding the Permanent Custodianship process/policy or for program related questions, please contact the Regional Foster Care Program Administrator. ***

Name of Youth: _____

County of CINC Case _____

DOB _____

Current Age _____

Note : If under age 14, name of sib/s 14 or older on this same referral:

PCS Contact: Adoption Program Manager – Hayley Munford

DCF Regional Office Contacts:

East Region	Debbie Pyle deborah.pyle@ks.gov	
Kansas City Region	JO and DG: Zina Abdulaziz zina.abdulaziz@ks.gov	AT, LV, WY: Stephanie Greener stephanie.greener@ks.gov
West Region	Monica Smithwick monica.smithwick@ks.gov	
Wichita Region	A-K (Child Last Name) Tristan Bengé - tristan.benge@ks.gov	L-Z (Child Last Name) Sheila Dowell - shelia.dowell@ks.gov

Step 1: Case Management Provider sends the following (items A-F) directly to the DCF Regional Office Contact to initiate temporary approval of Permanent Custodianship Subsidy(PCS)

- ☐ A) **PPS 6150: Request for Permanent Custodianship Agreement**
- ☐ B) **Letter/Statement from Custodian** – stating why they wish to pursue custodianship. (Can be one letter signed by both)
- ☐ C) **Letter/Statement from youth** – if 14 or over, confirming they agree with custodianship.
- ☐ D) **PPS 6155: Referral for Payment -Fill this out completely; if not then reduction in subsidy or even ending the subsidy could occur after finalization of the PC.**
 - 1) Payments start 1st day of month of court order(date): _____
 - 2) Custodians Names: _____
 - 3) Add child's anticipated high school graduation month and year: _____
 - 4) Amount of Subsidy approved \$: _____
 - 5) DCF Regional Contact **Name:** _____
 - 6) Case Management Provider Contact **Agency:** _____ **Name:** _____ **Email:** _____
- ☐ E) **W-9 Statement.** Only one custodian will be the payee/listed on the W9 form, that person's SSN, address, and signature are required for this form. (Copy of the SS card for the custodian who completed the W-9 is needed, for the West Region only.) – This form will **NOT be approved** if the following: signature is over a year old, and if the W9 form is not the most recent W9 IRS Form.
- ☐ F) Initiated PPS 6149 Referral for PCS Checklist

Step 2: DCF Regional Contact completes the following checks:

- ☐ a) Child income – Contact Child Support at: DCF.PPS.CSS@ks.gov, to determine if there is an open child support case.
- ☐ b) Child Income - Contact I-VE worker to determine if the child is the recipient of SSA or SSI and if so, what the amount is.
- ☐ c) Notify the Regional Foster Care Liaison (FCL) a temporary PCS approval has been requested

Step 3: All documents from Steps 1 and 2 are to be sent to PCS Program Manager for Temp approval. When Temp Approval completed by the PCS Program Manager the PPS 6150 indicating approval is sent back to the Provider, DCF Regional Office Contact, and FCL

☐ PCS Manager Temp Approval Date _____ Date expires (60 days later) _____
OR Date Denied _____

Step 4. After Temporary approval is received, provider and Custodian proceed toward finalization of custodianship.

Step 5. Final Referral: Following finalization of the Permanent Custodianship, provider sends the following information directly to the DCF Regional Office Contact who will provide to the PCS Program Contact for final approval.

- ☐ **G) PPS 6160: Permanent Custodian Subsidy Agreement** – PCS Program Contact gives final approval
- ☐ **H) Custodianship Journal Entry** – Note: payments cannot be authorized until this is received and correct. Probate guardianship (Chapter 59) is NOT acceptable. This subsidy is for Chapter 38 custodianship.
- ☐ **I) PPS 6185: Guardianship, Permanent Custodianship Permanency AFCARS Data form** to the PPS Permanent Custodianship Specialist and the Regional DCF Office.
- ☐ **J) Updated PCS Checklist from Case Management Provider**

Step 6. Upon PCS Program Contact's final approval, the signed PPS 6155, signed PPS 6160, and updated PPS 6149 Referral for PCS Checklist is sent back to the DCF Regional Office Contact and FCL

Step 7. When the DCF Regional Contact receives Final Approval Packet, payments will begin effective the first of the month of the date of the PCS Court Order . DCF Regional Contact provides the approval to Case Management Provider.

Step 8. Upon receipt of the final approval, the case management provider is to assure the family knows how to complete the following steps to receive the medical card:

- **Case Management Provider shall inform the custodian(s) of the following:**
 - A. How to access a copy of the following:
 - 1. Journal Entry with the court date stamp on it
 - 2. The PPS 6155 and PPS 6160 with PCS Program Contact signature.
 - B. The instructions to apply for KanCare/Medicaid:
 - 1. The custodian must complete a paper Application for Medical Assistance (KC1100)
 - 2. The custodian must attach copies of the signed PPS 6155, PPS 6160, and PC court order
 - 3. The custodian should write across the top of the application: "FC returning home: Permanent Custodianship"
 - C. The name and contact information of the regional DCF point-of-contact for questions about payments, returning annual reviews and reporting changes
 - a. DCF Regional Contact Name: _____ Email: _____
 - D. Instructions for completing and submitting the PPS 6170 (CFS 4026a) Change in Status Form - Changes in living arrangements, school, child's income, and closures, etc. are to be reported by the family to the regional office, using this form.
 - E. Instructions for completing and submitting the PPS 6165 Permanent Custodian Annual Report – DCF regional offices are to do annual reviews. Family's failure to complete and return the forms to the regional offices could result in subsidy being stopped.
 - F. DCF Independent Living services for eligible youth (Brochure)

General Notes:

1) PPS 6165 Permanent Custodian Annual Report – DCF regional offices are to do annual reviews. Family's failure to complete and return the forms to the regional offices could result in subsidy being stopped. DCF Regional Office contacts needs to check the systems listed previously for any income changes.

2) PPS 6170 (CFS 4026a) Change in Status Form - Changes in living arrangements, school, child's income, and closures, etc. are to be reported by the family to the regional office, using this form. DCF Regional Office to send a copy to PCS Program Manager. This form should be sent to the family as soon as payments are set up.

3) Policy: Always refer to the DCF, PPS, Policy and Procedure Manual, Section 6000, which can be found at:
www.dcf.ks.gov/services/pps/pages/ppsformsandappendices.aspx

- **Permanent Custodianship Subsidy Brochure**

4) FYI: PCS is not considered income, so the agency does not send out a 1099 to the I.R.S. reporting the benefit.

SOUL Family Legal Permanency Monthly Subsidy Checklist

The below process shall be followed by the Child Welfare Case Management Provider (CWCMP) to refer a youth and identified SOUL Family Legal Permanency Custodians for the SOUL Family Legal Permanency Monthly Subsidy. The individual Custodian identified for residential care of the youth shall receive the SOUL Family Legal Permanency monthly subsidy. For the SOUL Family Legal Permanency monthly subsidy process, policy, or program related questions, please contact the Regional Foster Care Program Administrator.

I. Identifying Information

Name of SOUL Family Legal Permanency Youth	
County of CINC Case	
Date of Birth (DOB)	
Current Age	
Name of SOUL Family Legal Residential Custodian	
Address / Phone Number / Email of SOUL Family Legal Permanency Residential Custodian	

II. DCF Regional Office Contacts:

East Region	Debbie Pyle deborah.pyle@ks.gov	
Kansas City Region	JO and DG: Zina Abdulaziz zina.abdulaziz@ks.gov	AT, LV, WY: Stephanie Greener stephanie.greener@ks.gov
West Region	Monica Smithwick monica.smithwick@ks.gov	
Wichita Region	A-K (Child Last Name) Tristan Benge tristan.benge@ks.gov	L-Z (Child Last Name) Sheila Dowell sheila.dowell@ks.gov

III. Action Steps

Step 1: The CWCMP sends the following (items A-D) directly to the DCF Regional Office Contact to initiate approval of SOUL Family Legal Permanency Monthly Subsidy prior to finalization of SOUL Family Legal Permanency. All items are attached to an email and sent to corresponding regional email, including "County.SOUL FAMILY SUBSIDY.Youth Initials" in the subject line.

☐ A) Completed PPS 6300 SOUL Family Legal Permanency Monthly Subsidy Checklist

☐ B) PPS 6301: SOUL Family Legal Permanency Referral for Payment -Fill this out completely!

1) Payments start 1st day of month of court order(date): _____

2) SOUL Family Legal Permanency residential custodian Name: _____

3) Add youth's anticipated high school graduation month and year: _____

4) DCF Regional Contact *Name*: _____

5) Case Management Provider Contact: _____

Agency:

Name:

Email:

☐ C) W-9 Statement. The SOUL Family Legal Permanency custodian with whom the youth shall reside will be the payee/listed on the W9 form, that person's SSN, address, and signature are required for this form. (Copy of the SS card for the residential custodian completed the W-9 is needed.) – This form will NOT be approved if the following: signature is over a year old, and if the W9 form is not the most recent W9 IRS Form.

☐ D) Voided Check or Bank Letter should the SOUL Family Legal Permanency Residential Custodian elect to receive direct deposit. Once voided check or bank letter are received, the SOUL Family Legal Permanency Residential Custodian will be added to OAR Docusign.

SOUL Family Legal Permanency Residential Custodian will receive an email from OAR Docusign to complete Direct Deposit for monthly subsidy. DO NOT DELETE. Follow instructions prompted within email. Link will expire after 72 hours.

Step 2: Upon finalization of SOUL Family Legal Permanency, the CWCMP sends the following directly to the DCF Regional Office Contact to initiate payment of SOUL Family Legal Permanency Monthly Subsidy

☐ A) PPS 6302: SOUL Family Legal Permanency Subsidy Agreement

☐ B) Appointment of SOUL Family Legal Permanency Journal Entry – Note: payments cannot be authorized until this is received and correct.

Step 3: The DCF Regional Office Contact reviews the documents for accuracy, completeness, and saves all documents from step 1 and 2 to the SOUL Family Legal Permanency shared drive. Reference the instructions on shared drive for saving. The DCF Regional Office Contact sends notification to CWCMP.

A. SOUL Family Legal Permanency Monthly begins the first day of the month of appointment of SOUL Family Legal Permanency by the court.

Step 4: Upon notification the CWCMP shall proceed in communicating the below information with the SOUL Family Legal Permanency custodian(s).

The CWCMP shall inform the SOUL Family Legal Permanency custodian(s) of the following:

A. How to access and provide a copy of the following:

1. Journal Entry with the court date stamp on it
2. The completed PPS 6302 SOUL Family Legal Permanency Subsidy Agreement with DCF Administration signature.

B. The instructions to apply for Aged Out KanCare/Medicaid when the youth turns 18:

1. The SOUL Family Legal Permanency custodian shall assist the young adult in complete a paper application for Aged Out Medical Assistance.
2. The SOUL Family Legal Permanency residential custodian should write AGED OUT Medicaid at the top of the completed application.

C. The name and contact information of the regional DCF point-of-contact for questions about payments, returning annual reviews and reporting changes.

DCF Regional Contact Name		Email	
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D. Instructions for completing and submitting the PPS 6320 SOUL Family Legal Permanency Change in Status Form. Changes in living arrangements, school, child's income, and closures, etc. are to be reported by the family to the regional office, using this form.

E. Instructions for completing and submitting the PPS 6315 SOUL Family Legal Permanency Annual Review. DCF regional offices are to complete annual reviews with the SOUL Family Legal Permanency residential custodian. Failure to complete and return the forms to the regional offices could result in subsidy being stopped. The Soul Family Legal Permanency Monthly Subsidy is not considered income and therefore the agency does not send out a 1099-MISC, Miscellaneous Information, to the I.R.S. reporting the benefit.

F. Information shall be provided on the DCF Independent Living services for eligible youth.



Date: _____

Youth Name: _____

DOB: _____

SSN: _____

SOUL Family Legal Permanency Name (Residential Custodian): _____

DOB: _____

SSN: _____

Phone: _____

Email: _____

SOUL Family Legal Permanency Relationship to youth: (Check one)

☐ Relative ☐ Non-Relative/Kin

☐ Other (please explain relationship): _____

SOUL Family Legal Permanency Custodian Name: _____

DOB: _____

SSN: _____

Phone: _____

Email: _____

SOUL Family Legal Permanency Relationship to youth: (Check one)

☐ Relative ☐ Non-Relative/Kin

☐ Other (please explain relationship): _____

Identity Verified (specify document and name of the individual completing the verification):

A. Social Security Benefits:	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	If yes, amount	_____
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Anticipated date of youth's high school graduation: _____

PPS Administration Use Only for Approval:

☐ Approved

☐ Denied

PPS Program Signature: _____

Date: _____



SOUL FAMILY LEGAL PERMANENCY SUBSIDY AGREEMENT

Youth Name: _____ DOB: _____ SSN: _____

SOUL Family Legal Permanency Residential Custodian Name: _____
DOB: _____ SSN: _____

Court of Jurisdiction: County _____ District #: _____

I _____, hereby affirm and agree:
(Name of Residential Custodian)

I have been appointed to be the SOUL Family Legal Permanency residential custodian for _____
(Name of Youth)

On _____
(Date)

My relationship to this youth is: _____
(Relationship)

AS THE SOUL FAMILY LEGAL PERMANENCY RESIDENTIAL CUSTODIAN: (initial each statement)

_____ I understand that SOUL FAMILY LEGAL PERMANENCY subsidy is at the discretion of the Department for Children and Families (DCF) and that the award of a subsidy does not constitute entitlement or give rise to a private cause of action (lawsuit) as a result of an award, denial or modification of terms.

_____ I further agree that I (we) will cooperate fully and completely with the department in establishing and maintaining eligibility for a SOUL FAMILY LEGAL PERMANENCY subsidy and that said subsidy may be terminated for failure to cooperate with DCF in establishing and maintaining documentation of eligibility for subsidy.

_____ I understand SOUL FAMILY LEGAL PERMANENCY Subsidy can be less than Adoption Subsidy.

_____ I agree to notify DCF within 30 days of any changes in the youth's situation and to participate in an annual report.

_____ I agree to advise DCF if the SOUL FAMILY LEGAL PERMANENCY CUSTODIAN appointment is set aside or legal/financial responsibility for the youth ceases.

_____ I acknowledge that if changes in circumstances of the youth are not reported to DCF, a fraud investigation may be conducted.

_____ I understand DCF may adjust the eligibility requirements, amount of subsidy payment and duration of support payment to ensure the department expenditures remain within available funds.

_____ I understand I may apply for financial benefits for the youth, including completing an application for child-only Temporary Assistance to Families (TAF) in addition to receiving the SOUL FAMILY LEGAL PERMANENCY subsidy.

_____ I understand the SOUL FAMILY LEGAL PERMANENCY subsidy will terminate at the time the (a) youth is 18 years of age or has completed high school; (b) youth becomes emancipated, dies, leaves the home, (c) accesses Independent Living Subsidy or otherwise ceases to need support (d) attains age 21.

_____ I understand if the youth becomes eligible for Supplemental Security Income (SSI), above \$500, after the SOUL FAMILY LEGAL PERMANENCY Subsidy was approved, the youth becomes ineligible for SOUL FAMILY LEGAL PERMANENCY Subsidy.

_____ I understand if I move to another state, the Kansas medical card may provide limited coverage if my new state of residence will not honor the youth's Medicaid coverage. I would need to apply on our own, and meet eligibility requirements in the new residence state, to receive that state's medical card.

_____ I have received a copy of the PPS 6320, SOUL FAMILY LEGAL PERMANENCY Change Status Form.

_____ I have been informed of the possibility of Independent Living Services for youth who achieve SOUL FAMILY LEGAL PERMANENCY at or after age 16, and access to services is through the State's Independent Living Program Manager.

_____ I have been informed that when the child is 17, if (s)he was in the custody of the Secretary of DCF at age 14 or older and meets the minimum state requirements for high school graduation, (s)he may ask the school where they are enrolled or reside for a diploma.

DCF agrees to pay a SOUL FAMILY LEGAL PERMANENCY subsidy in the amount of: _____

Payment is to begin: _____

SOUL FAMILY LEGAL PERMANENCY RESIDENTIAL CUSTODIAN Signature: _____

Date: _____

Street Address: _____

City: _____ State: _____ Zip: _____

DCF Regional Office Contact Name: _____

DCF Regional Office Contact Signature: _____

PPS Administration: _____ Date: _____



SOUL Family Legal Permanency Youth Name:		DOB:	
Street Address:			
City, State, Zip			
Email:			
SOUL Family Legal Permaency Residential Custodian Name:		DOB:	
Street Address:			
City, State, Zip			
Email:			
SOUL Family Legal Permanency Custodian Name:		DOB:	
Street Address:			
City, State, Zip			
Email:			
SOUL Family Legal Permanency Custodian Name:		DOB:	
Street Address:			
City, State, Zip			
Email:			

The Soul Family Legal Permanency subsidy is to be reviewed on an annual basis. Please answer the following questions and return to the designated office within thirty (30) days. Failure to do so will result in temporary suspension or closure of subsidy provided.

1. Do you continue to need SOUL Family Legal Permanency Subsidy??	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Do you continue to be legally and financially responsible for this youth? If not, date responsibility ended:	<input type="checkbox"/> Yes <input type="checkbox"/> No Date:
3. Does the youth continue to reside with you? If no, where does the youth reside? When did the youth move?	<input type="checkbox"/> Yes <input type="checkbox"/> No Date:
4. Have there been any changes in the income or resources received for the youth? If yes, describe:	<input type="checkbox"/> Yes <input type="checkbox"/> No Date:
5. Subsidy usually ends at age 18. It may continue past 18, up to age of 21, if the youth continues to be in high school.	
a. Has your youth graduated from high school?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Date of Graduation (mmddyy):	
b. If not, when do you expect your youth to graduate?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Date (mmddyy):	
c. If not expected to graduate, is the youth involved in a GED program?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Anticipated date of completion (mmddyy):	
Specify:	
6. Would you like to speak with a representative from DCF? *	<input type="checkbox"/> Yes <input type="checkbox"/> No
*If Question 6 is marked YES, please forward to the corresponding Regional Foster Care Administrator.	

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.

SOUL Family Legal Permanency Residential Custodian Signature: _____ Date: _____

Youth Signature: _____ Date: _____

PLEASE RETURN BY (mmddyy): _____

To: DCF
worker: _____ DCF Office: _____
Street _____
Address: _____
City, State, _____
Zip: _____
Telephone _____
#: _____ Fax #: _____

For DCF Office Use Only:

1. KEES ID # upon

implemenation: _____

2. FACTS ID: _____

3. Region/CO: _____

4. Date Report

Received: _____

5. Changes Reported:

☐ Yes

☐ No

6. Agreement

Amended:

☐ Yes

☐ No

7. Payment Re-authorized for

months

Signature _____

Date: _____



Date: _____

Youth Name: _____	
DOB: _____	SSN: _____
SOUL Family Legal Permanency Residential Custodian Name: _____	
DOB: _____	SSN: _____
Family Phone: _____	Email: _____
Family Relationship to youth: (Check one)	
<input type="checkbox"/> Relative	<input type="checkbox"/> Non-Relative/Kin
<input type="checkbox"/> Other (please explain relationship): _____	

SOUL Family Legal Permanency shall use this form to send updates to the DCF Regional office at the time changes occur. Note the following changes and return to the designated office within thirty (30) days of the change. Failure to do so will result in suspension of subsidy and a fraud investigation.

1. Youth's living situation changed.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date of change: _____
Explain: _____		
2. Legal/financial responsibility of the custodian changed.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Change: _____
Explain: _____		
3. Youth's resources changed.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Change: _____
Explain: _____		
4. Youth turned 18.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Change: _____
5. Youth graduated from high school.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Change: _____
6. Youth became emancipated.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Change: _____
7. Youth died.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Change: _____
8. Youth no longer needs support.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Change: _____
9. Youth has accessed Independent Living Services and wishes to receive the Independent Living Subsidy.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Change: _____
Explanation of any above boxes marked "yes": _____		

This review completed by:

Youth Signature: _____ Date: _____

Soul Family Legal Permanency Residential

Custodian Signature: _____ Date: _____

PLEASE RETURN TO:

DCF worker: _____ DCF Office: _____

Street Address: _____

City, State, Zip: _____

Telephone #: _____ Fax #: _____

Signature of Regional
Foster Care Liaison _____

For DCF Office Use Only:

1. KEES ID # upon implementation of KEES: _____	
2. FACTS ID: _____	
3. Region/CO: _____	
4. Date Report Received: _____	5. Changes Reported: <input type="checkbox"/> Yes <input type="checkbox"/> No

6. Agreement Amended:	<input type="checkbox"/> Yes <input type="checkbox"/> No	7. Payment Re-authorized for		months
Signature of Regional Eligibility worker			Date:	



Independent Living Monthly Budget Plan

Young Adult Name:		Date Completed:	
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Attach to PPS 7000 Self-Sufficiency Plan. Shall be reviewed, updated, and approved every case plan or when circumstances change.

A. Income & Resources			B. Expenses		
Employment: <i>(Name, Wage, Hours per week)</i>			*Only include portion that young adult is responsible for paying		
	Gross pay / month		Housing:		
			Rent/Mortgage:	\$	
			Renter's / Homeowner's Insurance:	\$	
			Total Housing:		\$
		\$	Utilities:		
			Electricity:	\$	
			Gas / Propane:	\$	
			Water / Sewer:	\$	
			Internet:	\$	
			Trash:	\$	
			Cell Phone:	\$	
			Total Utilities:		\$
	Federal & State tax and other withholdings/garnishments		Personal/Household Expenses:		
		\$	Groceries:	\$	
			Clothing:	\$	
			Hygiene:	\$	
			Household Goods:	\$	
			Other (specify):	\$	
			Total Personal/Household Expenses:		\$
	Net pay / month		Transportation:		
		\$	Car Payment:	\$	
			Tags, Taxes*:	\$	
			Repairs/Maintenance*:	\$	
			Gas:	\$	
			Car Insurance:	\$	
			Bus Pass, Rides/Other:	\$	
			Ride Share: <i>(Uber/Lyft/Taxi)</i>	\$	
			Total Transportation:		
			<i>*Annual / Planned expenses divided by 12 to get monthly budget amount.</i>		\$
			Healthcare: <i>(include premiums, co-pays, prescriptions, etc.)</i>		\$
Additional Income or Financial Support?	If yes, the amount received monthly: (Ex. Parents/grandparents, friends)				
		\$			

Independent Living Monthly Budget Plan

<input type="checkbox"/> Yes <input type="checkbox"/> No					
Child Support:				Child Expenses:	
<input type="checkbox"/> N/A			\$	Daycare:	\$
Childcare Assistance:				Diapers:	\$
<input type="checkbox"/> N/A			\$	Formula:	\$
Cash Assistance:				Clothing:	\$
<input type="checkbox"/> N/A			\$	Child Support:	\$
Food Assistance:				Total Child Expenses: \$	
<input type="checkbox"/> N/A			\$	Debts: (monthly payments)	
Housing Assistance / Housing Voucher:				Pay-Day/Title:	\$
<i>(HUD Voucher, Rapid Rehousing, etc.)</i>				School (loans/pell grant repayment):	\$
Applied:	<input type="checkbox"/> Yes <input type="checkbox"/> No			Credit Card(s):	\$
Date:				Other (specify):	\$
City:					\$
Agency:					\$
Number:				Total Debts: \$	
Contact/Email:				Recreation:	
Type:				Subscriptions: (Netflix, Spotify, YouTube, Monthly Boxes)	\$
				Eating Out:	\$
				Other (specify):	\$
			\$	Total Recreation: \$	
SSI:				Savings:	\$
<input type="checkbox"/> N/A			\$		\$
Total Monthly Income and Resources prior to IL financial assistance:				Other (specify):	\$
			\$	Total Monthly Expenses:	\$

By signing below, I agree to:

- Provide copies of receipts, estimates, leases, and other documentation as requested by my Independent Living Coordinator to assist in the provision of my monthly support.
- Follow my education/ employment plan. If I do not follow my plan, my monthly support provided by the DCF Independent Living Program will end and I will not be able to receive funding from this program.

Signature of Young Adult:		Date:
Signature of DCF IL Coordinator:		Date:
A copy of this completed monthly budget was provided to the young adult	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date:

Independent Living Monthly Budget Plan

C. Start Up Funds and Vehicle Repair			
<i>This section is to help young adults and DCF IL Coordinators understand and plan for start-up and/or vehicle repair expenses. This section is not mandatory to complete and is to be only used for young adults who qualify for start-up and/or vehicle repair funds.</i>			
Expense:	Prior Amount Utilized:	Current Amount:	Requested:
Vehicle Repair (8126)	\$	\$	\$
Household Items (8122)	\$	\$	\$
Rent/Utility Deposit (8100)	\$	\$	\$

Signature of Young Adult:		Date:
Signature of DCF IL Coordinator:		Date:
Approval by DCF IL Supervisor:		Date:



Independent Living Transportation
Authorization and Release Form

Part I: For Agency		
Driver:		Passenger(s):
Vehicle being used to transport is a State vehicle:		<input type="checkbox"/> Yes <input type="checkbox"/> No, private vehicle is being used
If private vehicle is being used, please complete the following:		
Vehicle Make and Model:	License Plate Number:	State:

Part II: For Passengers Under 18 years of age		
I am the parent/legal custodian/guardian of the above-named child/ren (passenger/s), who is/are under the age of 18 on this date. I authorize said child/ren to ride with employee/s or agents of DCF to and/or from the following appointment/event/activity:		
Activity/ Appointment transportation being provided for:		Date(s) (if transportation is for the same purpose and event but covers more than one date, indicate the date range):
By signing below, for myself and on behalf of my heirs, assigns, personal representatives, next of kin, and martial community (if any), I hereby release and hold harmless DCF, DCF employees and agents (hereinafter "Releasees") from any and all liability claims, causes of action, or demands of any kind or nature whatsoever, as well as any and all injury, disability, death or loss or damage to person or property, whether from the negligence of the releasees, or otherwise, related to the above-named minor child/ren's transportation by any individual identified in the paragraphs above to any appointments/events/activities as stated above.		
I have read and voluntarily sign this release and waiver of liability.		
Parent / Legal Custodian/ Guardian Printed Name:	Signature of Parent/Legal Custodian/ Guardian (If in DCF Custody, should be signed by Supervisor or Administrator):	Date:

**Independent Living Transportation
Authorization and Release Form**

Part III: For Passengers 18 years of age or older		
I am 18 years of age or older on the date of the execution of this document.		
If I choose to ride to and/or from the following appointment/event/activity with DCF, DCF employees or agents:		
Activity/ Appointment transportation being provided for:	Date(s) (if transportation is for the same purpose and event but covers more than one date, indicate the date range):	
By signing below, for myself and on behalf of my heirs, assigns, next of kin, executors, and personal representatives, I hereby release and hold harmless the State of Kansas, DCF, DCF officers, attorneys, employees, and agents (hereinafter "Releasees") from any and all claims, causes of action, or demands of any kind or nature whatsoever, including all injury, disability, death or loss or damage to person or property, whether from the negligence of the releasees, or otherwise, related to my transport by the driver identified in Part I to the appointments/events/activities as stated above.		
I agree that I have read this release and waiver of liability, fully understand its terms, and sign this release and waiver of liability voluntarily.		
Passenger's Printed Name:	Signature Passenger:	Date:



Mr./Mrs.
Address
City, State, Zip

RE:

Dear Mr./Mrs.

Adult Protective Services with the Department for Children and Families (DCF) has received a report of possible abuse, neglect and/or **financial** exploitation regarding the above-named individual(s) and I am conducting an investigation. You have been identified as an alleged perpetrator. DCF has the responsibility (K.S.A. 39-1430 through K.S.A. 39-1442) to investigate and make a decision or finding, regarding these allegations. Enclosed please find the brochure "*What happens if you are accused of abuse, neglect, or **financial** exploitation of an adult*" (PPS 10240) which will answer some questions you may have.

You will have an opportunity to discuss these allegations with me. I have scheduled an appointment for **(Insert date/time)** at the **(Insert local office)** DCF office, located at **(Insert address)**. Should you have any conflicts with this appointment, please call me at **(Insert phone number)** to reschedule by **(insert date)**. If I am unavailable, please leave a message with a daytime phone number where you may be reached. After two unsuccessful attempts to conduct a scheduled interview with you, I must conclude this investigation without your input.

Sincerely,

APS Specialist

