

# Summary of Prevention and Protection Services (PPS) Policy and Procedure Manual Changes January 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 January 1, 2024. These policy revisions are effective January 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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## 6000 Permanent Custodianship & Adoption

- No Revisions

## 7000 Independent Living and Self Sufficiency

- No Revisions

## 8000 Continuous Performance Improvement

- No Revisions

## 9000 Interstate Compact

- No Revisions

## 10000 Adult Protective Services

- Guidelines for determining an individual's decisional abilities using a semi-structured tool: Interview for Decisional Abilities (IDA)

## II. Clarifications

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

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

## **Section 0000 General Information** (All Program Policy Writers)

### **SCDRB Child History Form**

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

- [PPS 0500 State Child Death Review Board Case Information Summary](#)

#### **What prompted this revision?**

Input was gathered from DCF staff who fill out this form and improvements were needed to make it easier to fill out, save time, and provide relevant information.

#### **Brief description of the revision:**

The information on the form has been reorganized allowing for a smoother flow which will benefit those who are filling out the form and those who are reading the information on the form. The fields on the form have been updated to align with the information needed by the State Child Death Review Board when reviewing cases.

#### **What is the anticipated impact to practice?**

None

### **CI Form**

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

- [PPS 0550 Critical Incident Notification](#)

#### **What prompted this revision?**

There was an ask for a field be included on the form to allow staff to list CARE referral information for the child.

#### **Brief description of the revision:**

None

#### **What is the anticipated impact to practice?**

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None

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## **Section 1000 Intake**

### **Pregnant Woman Using Substances**

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

- [PPM 1415 Assignment of Reports Indicating Pregnant Woman Using Substances](#)

#### **What prompted this revision?**

The Statewide Implementation Team for the KPM identified the need to align similar policies regarding reports assigned as Pregnant Woman Using Substances and Family in Need of Assessment with respect to their response requirements.

#### **Brief description of the revision:**

Change of response times be modified from a current 72-hour response time to a 7-day response time.

#### **What is the anticipated impact to practice?**

Assessment and Prevention teams will use critical thinking to determine the intensity of our involvement based on the needs of the family within 7 days for PWS, instead of only 72hrs. Workers will continue to have flexibility in meeting response times sooner per individual need of the child and family. This does not impact Infant Testing Positive (IPS) and Substance Affected Infant (SAI) same day response requirement.

### **Initial Assessment on FINA Reports**

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

- [PPM 1600 Initial Assessment on FINA Reports](#)
- [Delete PPM 1610 Criteria for Completing an Initial Assessment with no Further PPS action needed on FINA reports](#)

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## What prompted this revision?

The Statewide Implementation Team adapted this policy to help empower PRC staff to think critically about the factors that impact each individual family. It aligns with the work surrounding communities in supporting families first and foremost. PPM 1610 is no longer needed as PPM 1600 provides guidance.

## Brief description of the revision:

PPM 1600 will be eliminating specific criteria and instead adding in factors, tools and resources that can be considered when making the decision if a family may need DCF intervention.

PPM 1610 will be deleted entirely as PPM 1600 provides the needed guidance on decisions for initial assessments.

## What is the anticipated impact to practice?

A family that needs connected to services or connected to supports will receive that via natural support networks or community resources first, instead of DCF making that first connection. Practice will not change surrounding Truancy reports or for when court or law enforcement requests assignment or when a child is in police protective custody.

## Response Times for FINA and Identified Child Under Age 1

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

- [PPM 1670 Response Times for Reports of Family In Need of Assessment Accepted for Assessment](#)

## What prompted this revision?

The Statewide Implementation Team for the KPM identified the need to align similar policies for FINA responses.

## Brief description of the revision:

Only if the child under age 1 is an “identified child” will the response time be 72hr, instead of any child living in the home under the age of 1 prompting the 72hr response time.

## What is the anticipated impact to practice?

A 72hr response time will be used for children under age 1 only if they are considered to be the “identified child.” Workers will continue to have flexibility in meeting response times sooner per individual need of the child and family. This does not impact Infant Testing Positive (IPS) and Substance Affected Infant (SAI) same day response requirement.

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## Section 2000 Investigation and Assessment

### Child Protective Investigators

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

- [PPM 2030 CPS Investigators](#)

#### **What prompted this revision?**

The Statewide Implementation Team for the KPM identified the need to review and align policy surrounding who can assist with FINA responses to better align with the Kansas Practice Model by allowing CPI's to assist with contact on FINA reports.

#### **Brief description of the revision:**

Allow CPIs to assist with making contact on FINA cases.

#### **What is the anticipated impact to practice?**

CPIs will be able to assist in making responses and interviewing families for Family In Need of Assessment reports.

### Timelines for FINA Assessments

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

- [PPM 2703 Reasonable Efforts to Meet Response Time for FINA Assessment](#)

#### **What prompted this revision?**

The Statewide Implementation Team for the KPM identified the need to review policy for the types of ways FINA responses occur and also who can assist with FINA responses to better align with the Kansas Practice Model. This would allow for DCF to engage with families in less invasive ways, especially when there are no reported concerns for abuse/neglect. This would allow for more critical thinking of assessment and prevention teams to work with the family based on the needs or concerns of the family while allowing for CPI's to assist with contact on all FINA intakes regardless of the age of the children.

#### **Brief description of the revision:**

Expansion of the methods used to contact children and families to now include letter, email, text and telephone for FINA reports.

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## What is the anticipated impact to practice?

In addition to in-person contact, CPS and CPIs may also now use letter, email, text, and telephone to engage the parent/caregiver in the interview/assessment process. The parent/caregiver may choose the method of engagement best suited for their children and family, excluding children under the age of 6 where in-person contact is required. Permission to interview/contact children on Family In Need of Assessments is still required.

### Unable to Locate Guidance

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

- [PPM 2315 Unable to Locate](#)
- [PPM 2310 Immediate Safety Determination](#)

## What prompted this revision?

This revision was made at the request of the Executive Team.

## Brief description of the revision:

PPM 2315 Unable to Locate was added to provide guidance for CPS Specialists/CPS Investigators when they are unable to locate the child(ren) and/or Parent/Caregiver(s) do not allow access to the child.

## What is the anticipated impact to practice?

CPS Specialist/CPS Investigators and supervisors will now be required to hold regular supervisor staffings to discuss ongoing efforts to locate the family when unable to locate within the assigned response time.

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## [Section 3000 Case Management](#)

**No Revisions**

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## [Section 4000 Prevention Services](#)

**No Revisions**

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## Section 5000 Child Welfare Case Management Providers

### New Field added to ADOP-Siblings in Adoptive Home

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

- [PPM 5881 Adoption Circumstance Information](#)

#### **What prompted this revision?**

A new field has been added to the ADOP screen to record AFCARS element 186, Siblings in Adoptive or Guardianship home.

#### **Brief description of the revision:**

Instruction has been added to PPM 5881 to complete the new Siblings in Adoptive Home field on the ADOP screen.

#### **What is the anticipated impact to practice?**

None

### New Section Added to PPS 5254-Current Mental Health Services

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

- [PPS 5254 Educational Enrollment Information for School Placement Form \(EEISPF\)](#)

#### **What prompted this revision?**

The permanency unit identified this question needed to be added to ensure that students are not receiving duplicate mental health services and can work in collaboration with the any current mental health services the youth is receiving.

#### **Brief description of the revision:**

Question was added asking “student currently receiving mental health services?”

#### **What is the anticipated impact to practice?**

Improve collaboration with school mental health providers and external mental health providers and ensure youth are not receiving duplicate mental health services.



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

## Best Interest Staffing Participant Roles and Consensus Definition

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

- [PPM 5339 Best Interest Staffing](#)

### What prompted this revision?

The Kansas Division of the Child Advocate published a report related to the Best Interest Staffing. The report included several recommendations based on the division's findings including a need for definition of consensus, clarity on which BIS participants comprise the BIS Team and reach consensus decision, and a reduction in the number of participants who receive extensive documentation on the child(ren) and resource(s).

### Brief description of the revision:

Addition of a definition of consensus, clarity on which BIS participants comprise the BIS Team and reach consensus decision, and a reduction in the number of participants who receive extensive documentation on the child(ren) and resource(s)

### What is the anticipated impact to practice?

Increased consistency in BIS process across the state and increased protection of the confidentiality of children and adoptive resources.

## PSI Now Optional in PPS 5030 – Child Welfare Case Management Provider Screenings and Assessments

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

- [PPM 5030 Child Welfare Case Management Provider Screenings and Assessments](#)

### What prompted this revision?

Child welfare Case Management agencies collectively requested the Parenting Stress Index assessment be made optional so agencies may individually decide which instrument they would like to use to measure parent stress.

### Brief description of the revision:

Parenting Stress Index assessment is now optional. Required evidence-based assessments and screenings shall be performed for all youth placed in DCF custody, regardless of assessment or screening in the last six months.

### What is the anticipated impact to practice?

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Reduction in the number of required assessments at referral. Age appropriate screenings and assessments will be completed for all youth upon referral regardless of availability of results from prior screenings and assessments.

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## **Section 6000 Permanent Custodianship and Adoption**

**No Revisions**

## **Section 7000**

### **Independent Living**

**No Revisions**

## **Section 8000 Continuous Performance Improvement**

**No Revisions**

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

**No Revisions**

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## **Section 10000 Adult Protective Services**

**Guidelines for determining an individual's decisional abilities using a semi-structured tool: Interview for Decisional Abilities (IDA)**

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

- [PPM 10224 Assessment of Involved Adult](#)
- [PPM 10320 Required Documentation for Case Findings](#)
- [PPS 10224A Cornell-Penn Interview for Decisional Abilities \(IDA\) Kansas Edition – 3.0 form](#)
- [PPS 10224B Cornell-Penn Interview for Decisional Abilities \(IDA\) Kansas Edition – 3.0 \(28 pt. font\)](#)
- [PPS 10224C Cornell-Penn Interview for Decisional Abilities \(IDA\) Kansas](#)

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## Shortform

- [PPS 10224D Cornell-Penn Interview for Decisional Abilities \(IDA\) Kansas Shortform \(28 pt. font\)](#)

### What prompted this revision?

APS adopted a new tool that assists APS Protection Specialists in determining an alleged victim's decisional ability around a risk they are facing. This is a new tool being used and new policy has been drafted around the use of this tool.

Brief description of the revision:

### Brief description of the revision:

Adding language into an existing policy that provides guidelines for APS Protection Specialist and Supervisors when using the semi-structured tool – Interview for Decisional Abilities (IDA).

### What is the anticipated impact to practice?

More consistency statewide when determining if/when to refer an individual for a full capacity evaluation.

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## **CLARIFICATIONS**

Clarifications to policy includes revisions to improve clarity or style.

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

### Section 0000 General Information

**Appendix 0E TDM Meeting Scheduling Form** – Previously, TDM partner's (Evident Change) data application only asked for child client ID. Now, the parents' client ID numbers are needed, and scheduling form was updated to include a section for workers to write down parents' client ID numbers

**Appendix 0B Critical Incident Employee Experience** – De-identified form. Deleted repetitive questions.

### Section 1000 Intake

No Revisions

### Section 2000 Investigation and Assessment

**2105 Requests for Courtesy Contact or Interview Between DCF Offices** – PPS 1010 is

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identified as the documentation being used in a CI; updating to reflect interviews and assessments are documented on the following (PPS 2019, PPS 2020, PPS 2021, My Three Houses)

**PPS2012 Notice of Department Findings** – Updated the website link in the Right to Appeal Decision section. Also updated on the PPS2012\_SPA and PPS2012\_LAO.

**2310 Immediate Safety Determination** – Updated to add language to direct staff to PPM 2315 for unable to locate guidance.

## Section 3000 Case Management

**Appendix 3G Foster Parent/Kinship Caregiver Report to the Court** – Language change to align with practice on the English and Spanish Version of the appendix.

## Section 4000 Family Services

**No Revisions**

## Section 5000 Child Welfare Case Management Provider Services

**Appendix 5H Consent for Release of Information** – Removing Kansas Kids @ Gear Up as has ended.

**Appendix 5S Best Interest Staffing Brochure** – Updated Appendix 5S BIS Brochure to match substantial updates to PPM 5339 Best Interest Staffing.

**PPS5410B Initial Eligibility Determination** – Updating PPS 5410B Initial Eligibility Determination form

**5892 Payment Eligibility** – Clarification on EP segments in FACTS

**5902 Eligibility Determinations** – Clarification of situations when a new eligibility is to be determined.

**5911 Title IV-E Determination for Basic Eligibility – Administrative Funding** – Clarification of #5 regarding parents with terminated rights and clarified information on child receiving adoption assistance.

**5912 Title IV-E Determination for Federal Financial Participation Maintenance Funding** – Clarification of eligible placements

**5917 Foster Care General Assistance (GA-FC) Funding Source** – Clarification of when and how eligibility case reviews are completed.

## Section 6000 Permanent Custodianship and Adoption

**No Revisions**

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## Section 7000 Independent Living & Self Sufficiency

No Revisions

## Section 8000 Continuous Performance Improvement

No Revisions

## Section 9000 Interstate Compact

No Revisions

## Section 10000 Adult Protective Services

**10118 Notification to Quality Management Specialist of Reports not Assigned** – Updating brain injury waiver by removing "traumatic" wording. Per clarification from KDADS, removing the involved adults name to the subject line of the email that is sent to the CSSPRC mailbox (KDADS). We have been practicing by not including the name of the IA, but found that this was in policy and wanted to remove it to provide clear guidance to staff.

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# 1415 Assignment of Reports Indicating Pregnant Woman Using Substances

Reports concerning pregnant woman using substances shall receive an initial assessment using the Appendix 1D (B) and Structured Decision Making (SDM).

## A. Reports Involving Nicotine Use

If the only substance reported is nicotine, the report shall not be assigned for further assessment.

## B. Reports Received With Children Residing In The Home

Reports indicating the pregnant woman has other children in the home shall be assessed based on the reporter's allegations or indications of need for services. If the reported allegations do not warrant assignment as abuse/neglect or FINA, the report shall be assigned as a Pregnant Woman Using Substances (PWS) with a ~~72-hour~~ 7-day response time.

## C. Reports Received With No Children Residing In The Home

Reports indicating a pregnant woman with no children residing in the home shall be assigned as a Pregnant Woman Using Substances (PWS) with a ~~72-hour~~ 7-day response time.

## D. Reports Received with Open TANF

Reports indicating a pregnant woman is using substances or has a history of substance use and is at risk of relapse shall have a KEES (upon availability) system search completed at the time of intake to determine if the pregnant woman is receiving TANF cash benefits. If the Pregnant Woman is receiving TANF cash benefits a copy of the report shall be provided to the EES contact for the region to provide additional support.

# 1600 Initial Assessment on FINA Reports

A Family in Need of Assessment (FINA) may involve children with behavior problems, truancy, runaway, less than 10 years of age committing an offense, child substance use, caregiver substance use, and infant positive for substances. Refer to PPM 0160 Glossary for definitions, and to Structured Decision Making (SDM) for guidance on the Initial Assessment Decision for each FINA sub-type. Reports which contain multiple FINA concerns may be assigned with multiple FINA sub-types.

When determining if a child and family may require DCF intervention from an assignment of a FINA, the worker's critical thinking and decision may be supported by considering the following factors, tools, and guides, which are not all inclusive.

Assignment as a FINA requires either:

~~A. The parents/caregivers are not aware of the issue to be able to address on their own; or~~

~~B. The parents/caregivers are aware of the issue and are willing to address, but are at the time of the report not able to address on their own, and need an assessment for possible services.~~

A. Assignment shall occur at the request of law enforcement or court and when a child is in police protective custody.

B. Truancy criteria per PPM 1630 School Attendance, PPM 0160 Glossary and Structured Decision Making indicate an assignment shall be made per statutory requirement

C. Family's engagement with natural supports and/or community resources

D. Natural support and/or community resource ability to mitigate the worry

E. Reporter's willingness and ability to connect or provide the family with resources

F. Immediate and Lasting Safety Scales and Tip Sheets

G. Impact to child

H. Age of child

I. Physical, mental condition, and capability of the parent/caregiver

J. Medical and developmental needs of the child

K. Parent/caregiver's current management of the worry

L. Recency of worry or issue

M. Other factors that are unique to the child and family (i.e. barriers, culture, traditions)

~~Reports may be considered for a FINA assignment when, at the time of the report, it is unknown whether the parents are aware of the issues. When the report indicates the parent/caregivers are aware of the issue and are not willing to address, the report should be assessed for possible abuse/neglect assignment, using SDM for guidance.~~

~~Such reports shall be accepted for assessment unless it meets criteria to complete the Initial Assessment with the decision to not assign for further assessment.~~

FINA reports shall have an Initial Assessment decision within the time frames outlined for reports of abuse and neglect. See PPM 1330.



# 1670 Response Times for Reports of Family In Need of Assessment Accepted for Assessment

If a report is accepted for Family in Need of Assessment FINA, the report shall be assigned a 7 working-day response with the following exceptions:

A. A child currently in protective custody of law enforcement shall be assigned a same day response.

~~B. An infant positive for substances Reports involving~~ An infant positive for substances shall be assigned as a same day response.

~~C. A report the child currently is engaging in self-harming behaviors, the parents are aware and are requesting services to address the behaviors shall be assigned a same day response.~~

D. An identified child under the age of one shall be assigned a 72-hour response, excluding an infant born positive for substances.

~~E. A report assigned as a FINA which contains allegations a pregnant woman is using substances shall be assigned with a 72-hour response time.~~

# 2030 CPS Investigators

Child Protective Service (CPS) Investigators provide evidentiary information to support CPS Specialist decisions regarding **immediate and lasting** safety, **risk** and service action. They may assist ~~in an individual capacity~~ with initial agency response to interview subjects involved in an abuse/neglect **or FINA assessment** report or assist as a member of a joint investigative interview team with the CPS specialist.

A. The following tasks may be conducted in accordance with policy by a CPS Investigator ~~to provide to the assigned CPS Specialist:~~

1. Interview the child alleged to be the victim **or identified child(ren)**.
2. Interview the child's parent(s) or other persons responsible for the care of the child.
3. Interview the alleged ~~or suspected~~ perpetrator.
4. Interview the reporter and any collateral witnesses to the alleged maltreatment.
5. Visit the scene of the alleged maltreatment to document relevant environmental information; take photographs **or videotapes**.
6. Document physical and behavioral observations of the alleged victim, witnesses and **alleged** perpetrators; the child's behavior in the presence of **caregivers** or the alleged perpetrator.; ~~statements or behaviors of any person which might be indicative of truthfulness.~~
7. Provide information regarding immediate safety of the children involved in the abuse/neglect allegation **or FINA concern** to the CPS specialist or supervisor who will make the safety determination.
8. Assist the CPS specialist or supervisor with any course of necessary protective action.
9. Obtain relevant records from law enforcement, medical practitioners, or other relevant entities.
- ~~10. Prepare an investigative report.~~
11. Prepare any narrative reports for affidavits.
12. Coordinate with the CPS specialist, supervisor and other DCF program staff during the investigation/**assessment** to **ensure** ~~seamless~~ agency service delivery for the family.

B. In consultation with **and/or approval of** the CPS Specialist and/or supervisor the CPS Investigator may ~~complete the following forms:~~

1. **Complete the** Agency Response PPS-2030A (for events assigned prior to July 1, 2017) ~~the portion where child's safety is determined shall be documented in consultation with a CPS Specialist and/or supervisor.~~ For

events assigned on or after July 1, 2017 the Agency Response screens in KIDS for the Verified Incident date, the date and time of the 1<sup>st</sup> Attempt with the 1<sup>st</sup> Alleged Victim, and the Living Arrangement at the Time of the Incident.

2. Develop the PPS 2019 Conversation Note

3. Draft the PPS 2021 Immediate Safety Plan ~~with review by the CPS Specialist and/or supervisor.~~

4. Draft the Case Findings (PPS -2011) ~~draft of the basis for finding section f~~ or review and approval by the CPS Specialist and supervisor.

5. Draft the Notice of Finding (PPS - 2012) ~~with approval by the CPS Specialist and supervisor.~~

~~13. PPS 2010 Case Activity Log~~

# 2105 Requests for Courtesy Contact or Interview Between DCF Offices

A DCF office with investigation responsibilities may request a courtesy contact or interview from a different DCF office to assist with the assessment of an assigned report when the interview or contact requires significant travel for the assigned office. A county or regional line does not automatically require a request for a courtesy interview.

The office requesting the contact shall provide documentation in the request to include:

- A. Specific information the courtesy interviewer should gather from the person being interviewed
- B. Information learned from any background checks or DCF history with the family
- C. Information about family relationships, and other information known about the family
- D. A summary regarding information gathered in the investigation to date
- E. The response time for the requested interview
- F. Identify if contact is needed for the safety determination

The office requesting the contact shall send an e-mail to the regional mailbox in the region responsible (as shown below), and provide the KIPS event number, if available. If the KIPS event number is not yet available, provide as much intake information available at the time of the request, such as a police report or JIAS report, etc.

When the contact is for a safety determination, the office completing the contact shall communicate with the requesting office to facilitate a timely safety determination and safety staffing. Within 5 working days of completion of the courtesy interview, the worker completing the courtesy contact shall forward **all applicable assessment documentation to the requesting office/worker.** typed PPS 1010 to the requesting worker.

See PPM section 2800 for entering these cases in FACTS.

The following provides the regional e-mail addresses:

Kansas City Region: [DCF.KCPRC@ks.gov](mailto:DCF.KCPRC@ks.gov)  
East Region: [DCF.EastIntake@ks.gov](mailto:DCF.EastIntake@ks.gov)  
Wichita Region: [DCF.WICIntake@ks.gov](mailto:DCF.WICIntake@ks.gov)  
West Region: [DCF.WPRC@ks.gov](mailto:DCF.WPRC@ks.gov)

# 2310 Immediate Safety Determination

When a report alleging abuse or neglect has been assigned for investigation/assessment, the CPS Specialist shall determine the immediate safety of the child who is the subject of the report within the response time established on the form PPS 1002, **Section VI- Response Time and Due Dates. Response Determination.** Immediate Safety is defined as whether the child(ren) are determined safe **throughout the duration of** while the **investigation/assessment is completed.**

To determine immediate safety, the PPS 2019 DCF Kansas Conversation Note, and/or Appendix 2N My three Houses, Appendix 2P Fairy Wizard Template and 2W Ecomap Template is completed alongside the family and their safety network to engage all members in discussion of worries, what is working well and next steps. This assessment helps the practitioner and family determine whether imminent danger (serious harm from maltreatment) is either present right now, or if there is an imminent threat of danger to the child's safety.

When imminent danger threatens serious harm to a child, action shall be taken to protect the safety of a child. Various interventions and protective actions taken by the safety network, family or DCF may occur to ensure immediate safety of a child. If DCF and the family are agreeing to actions the family and network will take to ensure safety in relation to the immediate threat, an Immediate Safety Plan PPS 2021 shall be completed. The Immediate Safety Plan PPS 2021 is developed alongside the safety network and family. The CPS Specialist's or PPS Supervisor's input and approval is required if the safety plan is being initiated by a CPS Investigator. See PPM 2462 for Safety Planning. An immediate safety staffing with the PPS Supervisor is required.

~~The CPS Specialist and PPS Supervisor shall discuss whether the criteria for a Team Decision Making (TDM) is met, per TDM Protocol Appendix 0D. The TDM shall be held prior to a child being separated from a parent/caregiver or by the next business day following the separation.~~

## A. Factors to Consider for the Immediate Safety Determination

The Appendix 2H Immediate Safety Tips Sheet provides factors to consider for the immediate safety determination. The following appendices may be used to gather information for the safety determination:

1. Appendix 2F Six Areas of Family Life for Assessment
2. Appendix 2J Caregiver Protective Capacity Factors may be used as a guide to gather information and assess the protective capacity of the caregiver(s).
3. Appendix 2I Interview Guide for Runaway and Truant Children may be used as a guide to gather safety and risk information when interviewing children.

## B. Required Contacts

### 1. In-Person Contact with Child

The safety determination requires DCF staff or authorized collateral complete an in-person contact with the child who is the subject of the report, in a location where it is reasonable to expect the child to be found, within the assigned response time established on the ~~form~~ PPS 1002, **Section VI- Response Time and Due Dates**. Telephone or letter contact with the child is not sufficient. If the child's location is known, in-person contact shall be made within the response time set.

In-person contact for the safety determination may be made by a CPS Specialist or authorized collateral, i.e., CPS Investigator, law enforcement officer or child welfare case management provider assigned case responsibility. If authorized collateral makes the in-person contact with the child, the CPS Specialist shall ensure sufficient information has been gathered to consider the required factors and determine the safety of the child within the response time. Per Adrian's Law, K.S.A. 38-2226, the secretary or the secretary's designee shall visually observe the child who is an alleged victim of abuse or neglect. In the case of a joint investigation with DCF and law enforcement, both agencies shall visually observe the alleged victim.

Attempts shall be made to notify the parent/caregiver the same day as the in-person contact with the child to inform the parent/caregiver(s) of the investigation/assessment per PPM 2100, and to assess the safety of the child.

### 2. Additional Contact(s)

Additional contacts and observations with parent/caregivers, siblings, alleged perpetrators and others may be required to gather sufficient information to determine the safety of the child. If the CPS Specialist determines additional information is needed to make a safety determination, the CPS Specialist shall follow-up to gather the additional information to assess the required factors and determine the safety of the child within the response time.

## C. ~~Continuing the Safety Determination Beyond the Response Time Assignment~~ **Reasonable Efforts, Allowable Reasons and Exceptions for the Safety Determination**

The following provides requirements for reasonable efforts, allowable reasons and exceptions for the safety determination. These requirements apply only to whether the safety determination is made within the assigned response time. **If the child(ren)/family are unable to be located**, efforts shall continue to determine the safety of the child beyond the assigned response time. **A supervisor staffing shall occur within the assigned response time per PPM 2310E. See PPM 2315 for further guidance.**

If after attempts are made to engage the parent/caregiver(s) in the assessment and the parent/caregiver decides not to allow access to the alleged victim, the CPS Specialist shall staff the circumstances with a PPS Supervisor. The staffing shall occur immediately when worries for imminent danger to the child may be present. If there is not worries for imminent danger to the child, the staffing shall occur as soon as practical, considering the circumstances of the case. The CPS Specialist and PPS Supervisor are strongly encouraged to discuss worries for imminent danger to the child and determine next steps, i.e. additional attempts, engagement strategies, or whether to contact law enforcement or the County/District Attorney. Appendix 2B, the PPS 2019 Immediate Safety Scale and Appendix 2H Immediate Safety Tips Sheet may be used as a guide to consider whether worries for imminent danger to the child are present suggesting supervisor consultation.

If the child to be interviewed can be located or made available, the investigation and/or protective action shall be carried out. (Example: The parents missed a scheduled appointment causing the in-person contact to be delayed but the safety determination will continue.)

## 1. Reasonable Efforts Requirements

Reasonable efforts are the minimum required attempts to determine the safety of the child within the assigned response time established on the ~~form~~ PPS 1002, **Section VI- Response Time and Due Dates**.

DCF staff or authorized collateral shall make two attempts to complete the in-person contact with the child in a location where it is reasonable to expect the child to be found to satisfy the reasonable effort requirement. To meet reasonable efforts requirements either:

- a. two attempts within the response time set, OR
- b. at least one attempt within the response time set, AND
  - i. a second attempt by the close of business the next working day for a "same day" response time OR
  - ii. within 72 hours, excluding weekends and state holidays, of the initial attempt on a 72-hour response time.

If a child is out of state for a timely safety determination, a report shall be made to the other state's child protection report center/hotline to request a courtesy interview and request a safety determination within the assigned response time. Provide information from PPM 2105 A.-F. to assist the other state with the safety determination.

## 2. Allowable Reasons to Delay the Safety Determination

If it is determined the child is not available within the response time due to allowable reasons; and depending on the circumstances of the situation, two attempts may not be required.

Allowable reasons for delaying the safety determination of a child may include the following:

- a. Family left the state (allowable only after a request to the other state has been made for a courtesy safety determination, and the other state has not been able to locate the child)
- b. DCF has been directed not to proceed by county/district attorney or law enforcement
- c. Family refuses to cooperate. (Requires supervisor staffing per C. above)
- d. Appointments were scheduled but the person(s) failed to keep the appointment
- e. Act of God (weather, road conditions)
- f. Parents refused access to the child. (Requires supervisor staffing per C. above)
- g. Child(ren) out of state - i.e. visiting relatives (allowable only after a request to the other state has been made for a courtesy safety determination, and the other state has not been able to locate the child)
- h. Child is currently hospitalized and hospital personnel verified the child will not be dismissed prior to in-person contact occurring. This shall consider the best interest of the child and is not solely for the convenience of the department or another entity.
- i. child(ren) is on runaway status.
- j. a collaborative decision is made with the PPS Supervisor and Assessment and Prevention Administrator that making the in-person contact within the response time is contrary to the safety and best interest of the child and is not solely for the convenience of the department or another entity.

### 3. Exceptions



DCF should honor a request from a law enforcement agency not to take an action which would interfere with a criminal investigation. Such request, however, does not relieve DCF or the law enforcement agency of the responsibility to determine the safety of a child reported as possibly abused or neglected. If the timing of the investigations cannot be resolved, the county or district attorney shall be contacted.

#### D. Documenting Results for the Immediate Safety Determination

Documentation for the safety determination includes the attempts to contact the child, the results/conclusions of the safety determination and the date and time safety was determined. The date and time of the safety determination is when the CPS Specialist has determined the child safe. If the in-person contact was completed by a collateral contact the date and time of the safety determination is the date and time the CPS Specialist has reviewed the information per B. 1-2, and determines the child is safe.

The PPS 2019 Kansas DCF Conversation Note and PPS 2020 Kansas DCF Assessment shall be used to document the immediate safety determination. If unable to determine the safety of the child within the assigned response time, the documentation includes the reason the contact was not made and the attempts to locate the child (date and results). Reasonable efforts, allowable reasons and exceptions to timelines shall be documented.

1. The dates/times/locations of attempts to contact are documented on the PPS 1010 Case Activity Log or the PPS 2019. The results/conclusions for the determination of safety is documented on the PPS 2019 Kansas DCF Conversation Note.
2. The date/time/location of the first attempt to contact the first alleged victim shall be documented on the Agency Response screen in KIDS for all abuse/neglect assignments.
3. The date/time/location of the safety determination for each alleged victim shall be documented on PPS 2019 and the Agency Response screen in KIDS for all abuse/neglect assignments. If an alleged victim was not able to be located, check the "unable to locate" box.

#### E. Safety Staffing with Supervisor

The purpose of the safety staffing between the CPS Specialist, CPS Investigator, if applicable, and the PPS Supervisor is to support a comprehensive and informed safety determination. The discussion fosters critical thinking by considering the information gathered collectively. A safety staffing may occur anytime determined necessary during the case assessment.

An immediate safety staffing shall occur for the following:

1. when imminent danger to a child is identified which may require protective action and/or
2. to determine if a Team Decision Making (TDM) Meeting is needed, and/or
3. if after reasonable efforts have been met and the child is still unable to be located or the parent/caregiver(s) do not allow access within the response time. The safety staffing shall occur within the assigned response time. See PPM 2315 for additional guidance. ~~within the response time. when the following alleged victim(s) cannot be seen in-person to determine safety within the assigned response time:~~

- a. ~~under the age of six;~~
- b. ~~isolated (not attending school/daycare);~~
- c. ~~has a disability;~~
- d. ~~vulnerable for other reasons;~~
- e. ~~young or vulnerable children with concerns for parental substance use/abuse, or~~
- f. ~~when an alleged victim(s) of any age is not able to be located to determine safety within the response time or reasonable efforts per C.1. For alleged victims who had not been seen in-person within the response time or were unable to be located; a follow-up safety staffing to discuss the safety determination shall occur once the alleged victim has been seen in-person.~~

4. anytime PPS Supervisor advice is needed to assist in determining whether additional in-person safety contacts are needed, the determination, date and time of the ongoing safety assessment, if applicable, shall be documented for each alleged victim on the Agency Response in KIDS.

Documentation of supervisor consultations shall be completed per PPM 0420. The date and time of the safety staffing with the supervisor shall be documented on the Agency Response screen in KIDS as the "Safety Staffing" date and time. When the child(ren) is not located/has not been seen in-person and the safety determination has not occurred, leave the field blank.

The CPS Specialist and PPS Supervisor shall discuss whether the criteria for a Team Decision Making (TDM) is met, per TDM Protocol Appendix 0D. The TDM shall be held prior to a child being separated from a parent/caregiver or by the next business day following the separation.

The PPS 2020 Kansas DCF Assessment Map and Appendix 2B may be used, as guides for this safety staffing.

# 2315 Unable to Locate

## A. Unable to Locate Supervisor Staffing Requirements

### 1. Initial Safety Determination Staffing

a. When a report alleging abuse or neglect has been assigned for investigation/assessment reasonable efforts as outlined in PPM 2310 shall be made to determine the initial safety of a child. If the child(ren) is unable to be located or the parent(s)/caregiver(s) do not allow access to the child(ren), an initial safety staffing shall occur within the assigned response time.

### 2. Ongoing Supervisor Staffings

a. Ongoing supervisor staffings shall occur every 3 business days to discuss ongoing efforts to locate the child(ren) and family until:

- i. Child(ren) is located or;
- ii. Case closure due date and;
- iii. Supervisor agrees sufficient efforts have been made to locate the child(ren) and family.

b. The CPS Specialist/CPS Investigator and PPS Supervisor shall discuss worries for imminent danger to the child and determine next steps for ongoing efforts. Appendix 2B, the PPS 2019 Immediate Safety Scale and Appendix 2H Immediate Safety Tips Sheet may be used as a guide to consider next steps. Also see PPM 2310 E. for more information.

## B. Ongoing Efforts

Ongoing efforts to locate the child shall continue outside the initial response time.

1. Ongoing efforts to locate the child(ren) in-person may include but are not limited to the following:

a. A search for the child(ren) and/or parent/caregiver(s) using internal sources such as CLEAR, KEES, FACTS, etc.

b. A search for the child(ren) and/or parent/caregiver(s) using external sources such as law enforcement, child's school, neighbors, known friends/extended family, service providers, reporter, collateral contacts, etc.

c. CPS Specialist and/or CPS investigator shall make attempts to contact the child(ren) and/or parent/caregiver(s), including the non-residential parent/caregiver(s), at all addresses/phone numbers found in the above searches which may include attempts outside of business hours.

2. If a child has not been located after 3 business days have elapsed from the required response time and law enforcement is not already involved with the assigned report, contact law enforcement to provide what actions have been taken by DCF to locate the child, known potential locations of the child, details of

the case known to DCF, worries for the child reported to DCF, and to continue to jointly search for the child.

#### C. Unable to Locate Case Closing Requirements

Before a case can be closed as unable to locate the following criteria shall be met:

1. The alleged victim child(ren) are unable to be located; AND

2. CPS Specialist/CPS Investigator has exhausted all available resources including contacting law enforcement per PPM 2315 B; AND

3. PPS Supervisor agrees that sufficient efforts have been made to locate the family.

#### D. Documentation

Documentation of all unable to locate supervisor staffings and the ongoing efforts to locate the child(ren) and/or parent/caregiver(s) shall be completed per PPM 0420 and PPM 2760. The date and time of the safety staffing with the supervisor shall be documented on the Agency Response screen in KIDS as the "Safety Staffing" date and time. When the child(ren) is not located or has not been seen in-person and the safety determination has not occurred, leave the field blank.

# 2703 Reasonable Efforts to Meet Response Time for FINA Assessment

When a report has been assigned as Family in Need of Assessment (FINA), an in-person contact by the CPS specialist or CPS Investigator is required with the identified child(ren) 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. If the report does not identify a child(ren), the in-person contact shall be completed with all children residing in the home.

## 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.

Telephone or letter contact with the child is not sufficient. See 2140 for guidance on the interview setting and parental permission.

The CPS specialist shall make a reasonable effort to make an in-person contact with the identified child(ren). Reasonable effort is made when the CPS specialist has attempted in-person contact with the identified child(ren) in a location where it is reasonable to expect the child(ren) to be found. If the identified child(ren) is located, in-person contact shall be made within the response time set.

If after attempts are made to engage the parent/caregiver(s) in the assessment and the parent/caregiver decides not to participate in the assessment or allow access to the identified child the CPS Specialist shall staff the circumstances with the PPS Supervisor. The staffing shall occur immediately when worries for danger to the child are present, or as soon as practical, considering the circumstances of the case. The CPS Specialist and PPS Supervisor are strongly encouraged to discuss the worries for danger to the child and determine next steps, i.e. additional attempts, engagement strategies, or whether to contact law enforcement or the County/District Attorney. Appendix 2B, the Immediate Safety Scale on the PPS 2019 and Appendix 2H Immediate Safety Tips Sheet may be used as a guide to consider the worries for danger to the child.

If a child is out of state for a timely initial in-person contact, consider if worries for danger to the child are present to 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.

#### 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.

E. Allowable reasons for not making in-person contact with the identified child(ren) parent/caregiver within the response time include the following:

1. Family left the state (allowable only after considering whether to request a courtesy interview from the other state, and the other state has not been able to locate the child)
  - a. If a child is out of state for a timely initial in-person contact, consider if worries for danger to the child are present to 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 refuses to cooperate does not give permission for DCF to contact the identified child(ren). (Requires 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.)
6. Parents refused access to the identified child(ren). (Requires supervisor staffing per C above)
7. Child(ren) out of state - i.e. e.g. visiting relatives (allowable only after considering whether to request a courtesy interview from the other state, and the other state has not been able to locate the child)
8. The identified child is currently hospitalized and hospital personnel verified the child will not be dismissed prior to an in-person contact occurring.
9. The child is on runaway status.
10. A collaborative decision is made with the PPS Supervisor and Assessment and Prevention Administrator that making the in-person contact within the response time is contrary to the safety and best interest of the child, and is not solely for the convenience of the department or another entity.
13. When a determination is made by the CPS Specialist and supervisor the circumstances of the case indicate the identified child should be interviewed in a school setting; AND at least one attempt has been made to make in-person contact with the parent/caregiver, in a location where it is reasonable to expect the parent/caregiver to be found, to obtain parental consent to interview the identified child; AND after concerted efforts have been made to engage with the family, the parent/caregiver chooses not to allow an in-person contact with the identified child in any setting.

The date/time the parent/caregiver chooses not to allow the in-person contact with the identified child may be reported to FACTS as the first attempt to contact the identified child for the work start date and time, per C. below and PPM 2821.

In this situation, the CPS specialist shall staff the circumstances with his/her supervisor to discuss worries for danger to the child and determine next steps, i.e. additional attempts, engagement strategies, or whether to contact law enforcement or the County/District Attorney.

~~Allowable reasons apply only to whether a timeline requirement can be met. If the person to be interviewed can be located or made available, the FINA assessment for services should be carried out. (Example: The parents missed a scheduled appointment causing the in-person contact to be delayed but the assessment will continue.)~~

~~DCF should honor a request from a law enforcement agency not to take an action which would interfere with a criminal investigation.~~

#### F. Documentation

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

- ~~1. The date and time of the first attempt to make an in-person contact with the first identified child; or the date/time the parent/caregiver declines to allow the in-person contact with the identified child per B(9)~~ 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 ~~in-person~~ contact with each identified child(ren). If an ~~in-person~~ 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.



# 5030 Child Welfare Case Management Provider Screenings and Assessments

The Child Welfare Case Management Provider (CWCMP) shall assess the child and the family is responsible to assess the needs of a referred child and their family within 20 calendar days of the referral. Screenings and assessments are performed to determine appropriate services for the child and family, are provided to meet the identified needs, and ensure connect the child and family to appropriate services in their community. A part of the assessment shall include searching KIDS for prior history of family and current household members. If the child is in the custody of the Secretary of DCF, the assessment shall include background checks on the child's caregivers, including the non-custodial parent if they are being considered for reintegration. (See section 0160, for a definition of a caregiver.) The background checks shall consist of the Child Abuse/Neglect Central Registry, Adult Protective Services Adult Abuse Registry, KASPER (Kansas Adult Supervised Population Electronic Repository) and the KBI Registered Offender website. The CWCMP may request access to a closed file in the possession of DCF. The history in KIDS shall also be explored in consultation with DCF. If there is a reason to believe there may be criminal charges related to child safety from another state, a fingerprint check shall be completed. Information from background checks shall be used in assessing risk and safety to the child. Clearance is not a requisite for biological parents to be considered as a possibility for reintegration.

The CWCMP is responsible to assess the needs of the referred child and other members of the family, ensure the appropriate services are provided to meet the identified needs, and ensure the family gains access to appropriate services in their community. Whenever possible, needed services shall be provided in the home and focus on the needs of the family rather than just being focused solely on the child. 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 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 monitor emails and voicemails received and respond within 2 days.

Screenings and Assessments performed for children/youth in DCF custody 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.

B. Physical Health Assessments for all children/youth. To assess physical health needs, the CWCMP shall assess physical health needs by

obtaining information on each child's for each child/youth from the last assessment for dental, vision, hearing, and physical health needs, including current prescribed medications. This includes collecting the names and addresses of all medical providers.

C. The following evidence-based screenings and assessments for Parents/Caregivers parents, caregivers and age-appropriate children/youth shall be assessed completed within 20 calendar days of referral prior to the completion of the Child's Case Plan for children in DCF custody. These assessments shall be completed utilizing the following age appropriate, evidence-based assessments, unless the assessments have been completed within the last six months and the results are available to the provider staff. The following screenings and assessments shall also be completed prior to completion of each review of the PPS 3051 Permanency Plan.:

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

The following assessments may also be completed:

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

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

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

E. A Substance Use Disorder screening is part of the family assessment process.

1. For adults in the home and children/youth age 13 and older shall be screened, 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.
    - A. 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. If an For adults in the home has 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. a screening is not necessary. For these individuals, a referral for more extensive dDiagnostic assessment more extensive than the UNCOPE screening tool, such as the

Kansas Client Placement Criteria (KCPC), shall be completed.

3. If the CWCMP determines that further assessment is warranted, a referral shall be made 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.
4. If a child is referred for out-of-home placement, a screening regarding Fetal Alcohol Spectrum Disorder shall be completed.

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

# 5339 Best Interest Staffing

Adoption from foster care is a service for the child, and a Best Interest Staffing (BIS) is held to select an adoptive family that can best meet the needs of the child. ~~BIS team members shall consider and discuss all information presented about the child and prospective adoptive families in accordance with what is in the best interest of the child.~~ A Best Interest Staffing (BIS) shall be convened and facilitated by the Child Welfare Case Management Provider (CWCMP) unless ~~waived by the BIS team members.~~ **an exception has been made.** (See PPM 5340.) Once an adoptive family is identified and deemed a viable option, a BIS shall be held without delay.

A. Prior to a ~~BIS Team Meeting~~ **Best Interest Staffing:**

1. If siblings are not being adopted together and have a permanency goal of adoption, the CWCMP shall document the reasons and complete a Sibling Split request, PPS 5147. (See also Appendix 5I) The request shall be approved by Sibling Split Request Review Team, which shall include the CWCMP Director or designee.
2. For children with no potential identified adoptive resource, the CWCMP shall seek to identify approved prospective adoptive families from the Kansas Adoption Exchange and AdoptUSKids to be considered in a best interest staffing for a specific child. When selecting families to be considered in the BIS, the CWCMP shall exclude families who do not have the capacity to meet the child's emotional and social needs, but they shall not exclude families based solely on race, color or national origin. (See the Multi-Ethnic Placement Act in Section 5231).
3. The CWCMP shall be responsible to schedule and provide notification to all ~~participants~~ **attendees.** **All attendees shall be provided the Appendix 5S, Best Interest Staffing Brochure.**
4. Persons who shall be invited/~~notified~~ to participate ~~in the BIS meeting~~ **as a member of the BIS Team to** ~~and/or to provide input and reach consensus regarding selection of the adoptive family~~ shall include:
  - a. **County or District Attorney or Designee;**
  - b. Child's Guardian ad litem (GAL);
  - c. Child's current ~~and former~~ Case Manager/~~Support Worker;~~
  - d. DCF Foster Care Liaison;
  - e. Court Appointed Special Advocate (CASA) **representative,** if applicable;

~~f. Assigned supervisors;~~

f. Court Services Officer, if applicable;

g. Indian Child Welfare Act (ICWA) tribal representative for the affiliated tribe, if applicable;

Any member of the BIS Team not able to attend in person shall be included by conference call or video conference upon request. Input can also be submitted in writing prior to the staffing. Any member of the BIS Team may designate another individual within their agency to participate in their place.

The BIS Team shall include only one participant from any agency.

5. Persons who may be invited to provide input for the BIS Team to consider include:

a. The Youth age 14 or older;

A. The child may choose to provide their input in an alternative method, such as in writing to the team or through the verbal representation of another identified, trusted, person on their case team

B. If the child does not participate, the reason shall be documented and the Child Welfare Case Management Provider shall be responsible to communicate the youth's perspective and input.

b. Assigned supervisors;

c. Child's former Case Manager

d. Child's current or former Support Worker

e. Child's therapist;

f. Teacher or other adult (coach, scout leader, youth pastor etc.);

g. Current placement resource, unless there is a conflict of interest, e.g. they are one of the families being considered;

~~h. Indian Child Welfare Act (ICWA) tribal representative for the affiliated tribe, if applicable;~~

- i. Any other relevant service providers;
- j. Worker for each family being considered.
- k. Other identified positive supports or connections for the child.

Others may be invited as appropriate. If the youth is age 14 or older, he/she shall be encouraged to attend and/or provide input. If the child does not participate, the reason shall be documented and the Child Welfare Case Management Provider shall be responsible to communicate the youth's perspective and input.

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

- 6. For review Prior to a the BIS, the CWCMP shall submit to all members of the BIS Team a packet including the following documentation to the BIS Team which includes:
  - a. Family Assessment and Preparation Study (PPS 5318), for each family being considered in the BIS;
  - b. Child's current social history (PPS 3114);
  - c. Approved Sibling Split Request (PPS 5147), if applicable.

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

## B. BIS Meeting Process

- 1. The BIS Team shall include members of the child's case team who have working knowledge of the strengths and needs of the child(ren). BIS Team members shall review the PPS 5318 Adoptive Family Assessment for each potential adoptive resource being considered, as well as the PPS 3114 Child's Social History for each child. Members may include, but shall not be limited to the following:
  - a. The child, if deemed appropriate based upon age and development. The child may choose to provide their input in an



~~alternative method, such as in writing to the team or through the verbal representation of another identified, trusted, person on their case team~~

- ~~b. Relatives or positive adult connections to the child(ren)~~
- ~~c. Potential adoptive resources shall be given an opportunity to present the strengths of their family and discuss their desire and intent to provide permanency through adoption. They shall be given an opportunity to answer any clarifying questions as presented by other members of the case team, in a family friendly and solution focused manner. Potential adoptive resources shall not participate in the entire BIS, rather only the portion in which their family is being presented. They are not required to attend, however may provide information about their family through alternative means such as a family photo album, or letter to the team. The professional completing the PPS 5318 may present information on their behalf. Potential adoptive resources shall be given an opportunity to review the child(ren)'s social history; they shall not review the PPS 5318 for other families being considered as a potential adoptive resource.~~
- ~~d. Guardian Ad Litem (GAL)~~
- ~~e. Court Appointed Special Advocate (CASA)~~
- ~~f. County/District Attorney~~
- ~~g. Professionals completing the PPS 5318 for potential adoptive resource. These individuals shall not participate in the entire process, rather the portion related to the presentation of the family in which they are representing.~~
- ~~h. Child's providers: therapist, teacher, educational advocate, pediatrician, probation officer, mentor, or other identified providers.~~
- ~~i. A participant identified to document the scope of the conversation throughout the BIS~~
- ~~j. Reintegration workers, as previously assigned~~
- ~~k. DCF staff~~
- ~~l. Court Service Officers~~

~~Participants who are in attendance for the entirety of the process are able to weigh in and provide recommendations as to the most appropriate adoptive resource. A child's GAL is able to weigh in and provide recommendation regardless of their participation in the BIS meeting.~~

1. ~~The meeting process shall include the following:~~ CWCMP shall present information about the child which includes the reason the child came into care, the completed child social history, the strengths and needs of the child, and the child's/youth's input if the youth is not present in the meeting or wishes for their input to be provided in this way. Participants who know the child well may provide clarifying information and input as needed to ensure the team has adequate knowledge to make an informed decision regarding what is in the best interest of the child(ren).
  - a. ~~The CWCMP shall first present information about the child which includes the reason the child came into care, the completed child social history, the strengths and needs of the child, and the child's/youth's input. Participants who know the child well may provide clarifying information as needed to ensure the team has adequate knowledge to make an informed decision regarding what is in the best interest of the child(ren).~~
2. The worker for each family, in partnership with the writer of the PPS 5318, if not the same person, shall present an overview of the family information including their strengths, limitations, and needs. See PPS 5320, Family Match Form as well as the PPS 5318.
  - a. Potential adoptive resources shall be given an opportunity to present the strengths of their family and discuss their desire and intent to provide permanency through adoption. They shall be given an opportunity to answer any clarifying questions as presented by other members of the case team, in a family friendly and solution focused manner.
  - b. Potential adoptive resources shall not participate in the entire BIS, rather only the portion in which their family is being presented. They are not required to attend, however may provide information about their family through alternative means such as a family photo album, or letter to the team. The professional completing the PPS 5318 may present information on their behalf. Potential adoptive resources shall be given an opportunity to review the child(ren)'s social history; they shall not review the PPS 5318 for other families being considered as a potential adoptive resource.
3. Attendees discuss selection of the adoptive resource which is in the best interest of the child(ren). All factors shall be considered in identifying which family(ies) can best meet the needs of the child(ren). Together, The BIS team attendees shall consider and document the impact of separation, loss, attachment, and subsequent reattachments for the child as well as each family's ability to:

- a. meet the needs and temperament of the child currently and over time;
- b. understand the current and future impact on their family of adopting this child;
- c. recognize and advocate for the needs/interests of the child;
- d. understand and support the child through loss and grieving issues;
- e. recognize adoption is a life-long commitment with many unknown challenges;
- f. provide the child with a safe and secure environment;
- g. provide unconditional love and acceptance of the child;
- h. accept and incorporate the child's emotional, physical, social, educational, and developmental needs into the family;
- i. demonstrate application of knowledge of the effects of deprivation, abuse and neglect on a child and the potential impact on the child's behavior;
- j. encourage the child(ren) to develop at his/her own rate to reach his/her maximum potential;
- k. accept and support the child's background, culture, ethnicity, heritage, race, medical and mental health needs, and genetic and social history;
- l. help the child to learn and accept his/her background;
- m. understand the importance of planning and facilitating child/children's future contact with siblings and/or other family members as deemed appropriate;
- n. manage their financial resources.

~~b. Discussion shall include the impact of separation, loss, attachment, and subsequent reattachments for the child.~~

~~c. Discussion shall include the impact of the child on the prospective adoptive family and their children.~~

- 4. The BIS Team achieves consensus by working together towards an agreement through consideration of all input from attendees and proposed adoptive resources. A child's GAL can provide input regardless of their

participation in the BIS meeting. Consensus, for purposes of the BIS, is defined as the absence of objection from any member of the BIS Team.

5. Upon conclusion of the BIS meeting, the CWCMP shall document the record of the meeting and the BIS team decision that is achieved through consensus regarding selection of adoptive family that can best meet the needs of the child. Refer to PPM 5341.
  - a. If additional information is needed for the Team to make a decision, the BIS shall be reconvened by phone or in person within 3 working days so a decision can be made. The new information gathered shall be documented on the PPS 5341 Best Interest Staffing Report and Approval. Materials shall be reviewed prior to the BIS.
  - b. If consensus is not achieved within 3 working days of the original BIS date, the CWCMP shall make the final decision regarding what is in the best interest of the child within 24 hours.
6. Documentation of the BIS Decision:
  - a. The Child Welfare Case Management Provider shall document the BIS decision of the BIS Team on the PPS 5341 Best Interest Staffing Report and Approval.
  - b. Within 3 working days of the BIS, the CWCMP shall send the child's complete packet as noted in PPM 5339.A.4., the PPS 5341 and the chosen prospective Adoptive Family Assessment to the CWCMP Program Director, or designee.
- C. On occasion, new information may arise after the BIS is concluded and the decision has been approved. If the new information arises that may impact the decision of the BIS Team, that information shall be provided by the CWCMP to all BIS members participants included in reaching the original consensus. A determination After receipt of this information the team shall:
  1. be made as to a) Allowing the BIS decision to stand or,
  2. Reconvening the BIS Team to discuss the new information and possibly change/reconsider the BIS decision. If the BIS Team agrees the new information causes the team to choose a different adoptive family impacts the BIS decision and a different decision needs to be made, that decision shall be documented on the PPS 5341 and routed through to the CWCMP Program Director, or designee, for approval.

# 5881 Adoption Circumstance Information

- A. Enter the date of the placement from the adoption placement agreement on the "adoption agreement date" field on ADOP.

For AFCARS element 41- 42, the "Child Ever Adopted" field and "Prior Adoption Finalized Date" field must be completed on all children who have been in state custody at least 30 days regardless of goal type. On the "Child Ever Adopted" field on ADOP, enter a value of "Y" (Yes), "N" (No) or "U" (Unable to Determine) within 30 days of custody start date. If there have been any previous finalized adoptions for the child, enter "Y" in the "Child Ever Adopted" field and the finalization date of the previous adoption in the "Prior Adoption Finalized Date" field. If there has not been a previous finalized adoption, enter "N" and leave the "Prior Adoption Finalized Date" field blank. Enter "U" in the "Child Ever Adopted" field only if the child has been abandoned or the child's parents are otherwise not available to provide the information. All children in the custody of DCF at the time the adoption is finalized shall be coded as placed by a public agency (PUA). Indicate from where the adoption was received. Most adoptions of children in DCF custody will be received from within the state (WIS); however, if a child in DCF custody was ever previously adopted from another country or another state, use the code for another country (ANC) or for another state (ANS) regardless of most recent custody locale. If a child has been adopted before, enter the prior finalization date on ADOP. Enter the relationship of the adoptive parent to the child as indicated: stepparent "S", relative "R", non-related kin "K", foster parent "F". If the relationship is both a foster parent and relative, indicate both "B". If the relationship is both a stepparent and relative, indicate "C".

## B. Siblings in Adoptive Home

Per AFCARS element 186, indicate the number of siblings who are in the same adoptive home as the child. A sibling to the child is his or her brother or sister by biological, legal, or marital connection. If the child does not have siblings, enter 99. If the child has siblings, but none are in the adoptive home, enter 0. Do not include siblings who have been or will be acquired through the adoption process.

## C. Birth Parent Information

Verify accuracy of the parental rights termination dates that migrate from MACL. Father and mother's year of birth and mother's marital status at the time of the child's birth are AFCARS requirements and must be completed. If one or both parents are unknown, leave the appropriate year of birth field blank.

### C. Financial Information

Indicate "Y" or "N" in the adoption subsidy indicator regarding whether or not the adoptive parent receives a cash subsidy. Indicate "Y" or "N" whether that cash subsidy is funded through Title IV-E. Do not enter adoption reimbursement amounts until information regarding the adoption is finalized.

### D. Special Needs

If a child is identified to have special needs related to the adoption, enter all applicable codes for these special needs onto ADOP with the primary special need listed first. Information regarding these special needs, including the primary special need, can be located on the PPS 6115 Eligibility for Adoption Subsidy form. When special needs related to adoption involve a diagnosed disability, these disabilities shall be entered onto the child's MAC2 screen. Specifically, the special needs from ADOP that require a disability be entered on MAC2 are: Emotional disability (EMD); Medical Condition (MEC); Mental disability (MED); or Physical Disability (PHD). For the special need of Guarded Prognosis, use the special needs code of GRD. For the special need of Developmental Disability use the special needs code of MEC.

### E. Entering Information on Private Adoptions

If a child is released from DCF custody by the judge to facilitate a private adoption, on the RESP screen end the placement with a responsibility status closure code of "CM", reason of "AP" and the date of discharge from DCF custody. The placement responsibility that the discharge reason code is entered on, SHALL be the last responsibility on the RESP screen that has data entry. On the ADOP screen, the finalization date will be the same as the date of discharge. If there has not been an adoptive placement agreement the date will be the same as the date of discharge. For adoption placed by, enter PRA for private agency to assure no public adoption is recorded for AFCARS.

### F. Private Adoption Plans

States are required to report private adoptions in AFCARS for each child not in state custody who receive adoption assistance from the state. This plan type affects AFCARS requirements. Enter a private adoption plan type (PA) for children not in state custody and for whom the agency is providing adoption assistance in the form of either non-recurring expenses or ongoing subsidy. Open the case with adoptive parents and child(ren) with an event and presenting situation code as NCN. Establish relationships on RELS and open an initial (INIT)

PA plan type on each child receiving subsidy. The relationship of adoptive parent (AM) and adopted child (AC) shall be recorded. Do not enter a review date. The Plan Start date is the date on the adoption assistance agreement. Initiate a AO05(N/P) service action code per PPM 6320, depending on type of subsidy. On RESP, link a provider type of ADH to the AO05(N/P) service action code. If a court case number is available, it may be entered. If not, ADOP can be accessed by selecting (S) the court case on the screen, and flowing directly to ADOP. On ADOP, enter adoption information.

#### G. Adoptions from Other States

When Kansas is the receiving state in an adoption from another state and DCF's sole responsibility as an agency is to issue a medical card, no FACTS is established.

# 5892 Payment Eligibility

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

## A. Plan Types and Eligibility Determination

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

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

## B. Adding, Ending, and Changing EP Segments

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

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

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

Enter the EP segment as indicated below:

ServReg = EP

AchDate = 6 month from EffDate

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

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



SpecDesc = Description reason for service source

RespStatus = IN

EffDate = Date new payment eligibility took affect

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

EffDate = Enter day before next action occurred.

RespStatus = CM

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

### C. Types of Eligibility

#### 1. Pending Eligibility

Cases where eligibility is to be determined enter:

Service Action code: GA01N

Service Source code: PEN

#### 2. GA Basic Eligible

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

Service Action code: GA01N

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

1. CTW: No judicial finding of contrary to the welfare in the initial JE
2. CTP: Contrary to the welfare finding on the wrong removal home

3. CTR: Contrary to the welfare finding was made, but the child remained in the home
4. CTH: Child home over 6 months and no contrary to the welfare finding when returned to foster care
5. ~~NRI: The initial custody and removal order lacks reasonable efforts language and the child is not eligible due to excess income or resources~~

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. NRD: The initial custody and removal order lacks reasonable efforts language and the child is not eligible due to no initial deprivation

9. EIR: ~~Not eligible due to excess income or resources in the removal home~~ Reasonable efforts, income less than 185% but greater than 100% or resources over \$10,000

10. NDP: State only due to no initial deprivation, or no removal, or has not lived with a specified relative in the previous 6 months

11. NRB: Non-citizen, no reasonable efforts, meets resource and income

12. GAB: Other reasons why the youth is GA only.

~~a. GA Basic with SSI~~

~~GA basic eligible children who are in the custody of the Secretary and receive SSI benefits require 2 EP segments entered on the RESP Screen. The first EP segment indicates the reason the youth is GA basic eligible (GA01N and one of the above service source codes (1-9). The second EP segment shall be coded GA01N-SSI indicating the youth receives SSI benefits, regardless of the payee.~~

3. AF Basic Eligible

- a. AF Basic and IV-E Payment Eligible:

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

Service Action code: AF01N

Service Source code: AFP

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

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

Service Action code: AG01N

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

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

## 5902 Eligibility Determinations

A determination of foster care eligibility funding source and Medicaid eligibility shall be completed as part of the referral process. A medical card shall be issued. The following is the documentation needed to complete eligibility determinations:

- A. Journal Entry awarding DCF custody and ordering removal from the home,
- B. Form PPS 5410A (IV-E Eligibility Determination),
- C. The Petition or Complaint initiating state custody.

A determination shall be completed for each episode of custody. A custody episode begins:

- A. When the State initiates custody and OOH placement begins. ~~and ends when the State's custody terminates.~~
- B. When a child re-enters foster care following release of custody.
- C. Following six months at home with continuous custody. ~~or following six months on AWOL/run status with continuous custody.~~

See Section 3251(C) for information on trial home placements.

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

A child/youth shall be determined eligible for basic Title IV-E Administrative claims if all criteria in this section are met (PPM 5911). A determination may be left in pending status for up to 30 days to allow time to acquire documents or information needed. An initial determination for basic Title IV-E eligibility is made each time there is a new custody episode. A custody episode is defined as the time frame a child/youth enters State custody to the date the child/youth is released from State custody. (see explanation of Custody Episode in PPM 5910 B.2) If a child/youth is determined basic Title IV-E eligible initially, they remain basic eligible throughout their custody episode. This determination ends once they are released from State custody. The following exceptions apply:

1. If the child/youth re-enters out of home care after being placed home longer than six calendar months while remaining in State custody, a new basic eligibility determination must be completed upon the date of re-entry. If home six months or less with continuous custody, a new determination is not needed. The six calendar months begins the month following the month the child/youth returns home.
2. The youth turns 18 years of age and is not enrolled in a secondary school or training program. Basic Title IV-E eligibility ends at the end of the month the youth turns 18. If the youth remains in State custody they are no longer Title IV-E Eligible and their basic eligibility becomes State funded.
3. The child is 18 years of age and not expected to graduate before the age of 19. The child is no longer Title IV-E eligible and their basic eligibility becomes State funded.

If a child is determined ineligible for basic Title IV-E Administrative funding initially, they will remain ineligible throughout the custody episode. Their cost of care will be funded through the State.

Basic eligibility is effective the first day of the month in which all eligibility criteria are met. A child who is IV-E basic eligible during any part of the month is basic eligible for the entire month until events listed above.

### Dually Adjudicated Youth

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

on the day the youth is released from KDOC-JS custody. Youth that come into DCF custody from KDOC will be determined state funded using aid code GA01N GAB. See 5892(C)(2).

### Reasonable and Prudent Person Standard

Documentation of Title IV-E eligibility determinations shall meet the “Reasonable and Prudent Person Standard”. A “Prudent Person” is someone exercising good judgment or common sense. A child/youth shall be determined basic Title IV-E eligible if the Eligibility Specialist has adequate facts and documentation which clearly support a prudent person would concur the child/youth meets Title IV-E eligibility criteria. If there is reason to believe additional information or documentation can be located making the child basic Title IV-E eligible, the worker shall determine the child as “pending” for up to 30 days.

### Documentation

Documents supporting Title IV-E eligibility can include, but is not limited to PPS eligibility forms, PPS program forms, court documents, system screen prints, and email documents. Eligibility Specialists shall keep working files (electronic) containing the child’s eligibility determination and any supporting documentation. Any paper IV-E file closed prior to KEES Phase 3 (August 2017) should be merged with the foster case file Section 13. PPS Eligibility Specialists shall journal in KEES all case activity including phone calls and emails with persons knowledgeable about the case, system updates, and ongoing determination actions. See PPM 0420.

### Basic (Administrative) Title IV-E Eligibility Criteria

#### Judicial Requirements

1. Court Order-State Custody
  - a. There shall be a court order establishing the State agency has custody of the child/youth.
  - b. State agency refers to the Department for Children and Families (DCF) or Kansas Department of Corrections (KDOC) from here forward. The Court will award custody to the Secretary of either agency dependent upon whether child is a Child in Need of Care or Juvenile Offender.
  - c. When a court order transfers custody of a child/youth from DCF custody to KDOC-JS custody or from KDOC-JS to DCF, this is the same custody episode if the child/youth remained in custody with either DCF or KDOC-JS throughout the changes in agency custody.
2. Contrary to the Welfare (CTW) Judicial Finding

- a. In the first (initial) court hearing authorizing removal, the Judge must find continuing in the home would be contrary to the welfare of the child/youth or removal is in the best interest of the child/youth. The finding must include language which describes the circumstance in the home the child/youth is being removed from.
- b. Affidavits, Nunc Pro Tunc, or orders citing only the law and statute are not acceptable documentation of CTW, and do not meet Title IV-E criteria.
- c. Unless the court order specifically approves a delay of placement into foster care, physical removal of the child from the home shall occur by 5pm of the next business day following the date CTW findings are made. If the child/youth is unable to be located, concerted efforts is a requirement to be IV-E eligible. Documentation is obtained from the CPS specialist and to be reviewed by the regional Program Administrator.
- d. If the court places the child/youth in custody other than DCF at the time of removal, the CTW requirement remains if the child/youth is to be determined Title IV-E eligible if later placed in the State's custody.

When making an eligibility determination, the eligibility specialist shall look back to when the child/youth was first removed. The eligibility specialist shall determine whether CTW findings were made and met criteria in the initial order removing the child/youth from their home. If the findings were made and the child/youth remains in their original placement, they will meet the CTW requirements if/when they are later placed in DCF custody.

- e. A child placed in a foster home without court action due to a parent voluntarily relinquishing their parental rights to the State may be eligible for basic Title IV-E.

The initial court order must be received within six months of the relinquishment. The court order must include CTW findings.

## B. Eligibility Month

- 1. Assessment of AFDC relatedness; age, citizenship, specified relative/removal, deprivation, and financial need/resources, must be based on circumstances in the home during the eligibility month.
  - a. The month DCF initiates court involvement which leads to removing the child/youth, is the eligibility month, except when;
    - i. A private CINC petition is filed, the month in which it was filed is the eligibility month.

- ii. Affidavits, Complaints, Applications and Amended Petitions may be kept with Title IV-E documentation, but are not used to determine the eligibility month.
2. A child/youth entering out of home care does not define the eligibility month. The child's removal date may occur in a different month than the filing of the petition. In these situations, the date of the petition continues to determine the eligibility month. The following exceptions apply:
  - a. If the petition is filed more than six months prior to the child being placed out of home. Under these circumstances the month in which the child is removed determines the eligibility month.
  - b. If DCF do not have custody of the child/youth at the time of removal, the month DCF is awarded custody is the eligibility month.

### C. Determination of AFDC relatedness

1. Age – A child/youth must be under the age of 18 to be Basic Title IV-E eligible.
  - a. A youth can maintain Basic Title IV-E eligibility when they are between the ages of 18 and 19 if they are enrolled in a secondary school or an equivalent training program, continuing in the custody of the State and expected to complete their program of study prior to or in the month of their 19th birthday.
    - i. Once the youth turns 19 years of age eligibility ends. Under no circumstance shall eligibility continue beyond the youth's 19th birthday.
    - ii. If the youth achieves completed status in their program of study prior to the pre-determined graduation date, Basic Title IV-E eligibility will end effective the end of the month in which requirements have been met and notice is received.
    - iii. If at any time during the youth's 18th year, it is determined the youth will not complete their program of study by the month of their 19th birthday, the youth's Basic Title IV-E eligibility ends effective the date notification is received.
  - b. Youth turning 18 years of age who is not attending a secondary school or equivalent training is no longer Basic Title IV-E eligible. If the youth continues in the custody of the State, Basic Title IV-E eligibility shall end at the end of the month in which the youth turns 18 years of age.



2. Citizenship – The child/youth must be a United States citizen by birth, through naturalization or legally admitted for permanent residence to be determined Basic Title IV-E eligible.
  - a. Acceptable forms of verification
    - i. Public Birth Record
    - ii. Birth Certificate
    - iii. Passport
    - iv. Hospital Proof of Birth Letter on Letterhead
    - v. Attending Physician statement showing place of birth
    - vi. Final Adoption Decree showing child/youth's name and place of birth
    - vii. Citizen Identification Card (I-197 or I-179)
    - viii. Naturalization Paperwork
  - b. U.S. citizenship includes individuals who are:
    - i. Born within the United States, regardless of the citizenship of their parents.
    - ii. The Child Citizenship Act (CCA) declares children/youth who are younger than 18 years of age and have at least one parent who is a U.S. citizen whether by birth or naturalization, who immigrate to the U.S. with a U.S citizen parent, automatically acquire U.S. citizenship upon entry for lawful permanent residence; or
    - iii. Born outside the U.S. of alien parents and has since been naturalized as a U.S citizen. A child/youth born outside the U.S. of alien parents automatically becomes a citizen after birth if his parent(s) are naturalized before the child/youth becomes 16 years of age.
    - iv. Qualified Alien – As indicated in the Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) of 1996, the term “qualified alien refers to: An alien who is lawfully admitted for permanent residence under the Immigration and Nationality Act (INA); An alien who is granted asylum under section 208 of the INA; A

refugee who is admitted to the U.S. under section 207 of the INA; an alien who is paroled into the U.S. under 212(d)(5) of the INA for a period of at least one year; an alien whose deportation is being withheld under section 243(h) the INA as in effect immediately before April 1, 1997, or section 41(b)(3) of the INA; an alien who is Cuban or Haitian entrant; an alien (or the child of parent) who has been battered or subjected to extreme cruelty in the U.S.

- c. Children/youth who are in the United States under a visitor's visa, tourist's visa, or student arrangement are not Basic Title IV-E eligible.
  - d. Tribal enrollment card alone is not sufficient to meet the citizenship verification requirement.
  - e. If the child/youth is an unaccompanied refugee and has been in the country under 5 years, they cannot be Basic Title IV-E eligible.
  - f. A child/youth cannot become Basic Title IV-E eligible upon securing Special Immigrant Juvenile Status (SIJS) if they did not hold this status at the time of each custody episode.
3. Specified Relative/Removal- The child/youth must have lived with a specified relative in the month court proceedings were initiated or within any of the six calendar months prior to the eligibility month to be Basic Title IV-E eligible. Identifying the correct specified relative ensures an accurate determination is made on the removal home and AFDC group members. The specified relative with whom the child/youth most recently lived during the eligibility month or within six months prior, is considered the relative from whom the child was removed.

A specified relative is defined as any relation by blood, marriage or adoption who is within the fifth degree of kinship to the dependent child/youth. This includes great-great-grandparents and first cousins once removed (children of first cousins). When determining Title IV-E eligibility, any otherwise eligible child/youth under age 18 who is removed from the home of a relative and is within the fifth degree of kinship to the child/youth, will be eligible for assistance under Title IV-E. A chart reflecting 5th degree of relationship can be found at:

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

- a. Spouses of any persons listed in the above group are within the scope of these provisions, even though the marriage is terminated by death or divorce.
  - b. Specified relative Title IV-E eligibility criteria is met if a newborn child is placed in the State's care and custody directly following birth in a hospital or following birth to an incarcerated prisoner.
  - c. Practice Clarification: Parent is defined as a biological or adoptive parent whose parental rights have not been terminated or relinquished. A biological or adoptive father or mother whose rights have been terminated or relinquished would be considered a non-parent specified relative and not a parent.
  - d. A nonrelated permanent custodian does not meet the specified relative criteria.
4. Removal Home – The child/youth must have been removed from the home to meet Basic Title IV-E eligibility.
- a. The eligibility specialist must first consider the initial court document when determining the removal home. The home referenced in the Judicial finding of contrary to the welfare is the home which must be determined as the removal home.
  - b. If the child/youth is removed from a non-parent specified relative and judicial findings of CTW are not made regarding circumstance in their home, the eligibility specialist must consider the parent with whom the child/youth most recently lived as the removal home. If the child/youth has not lived with a parent in the eligibility month or within six months prior, they cannot be Basic Title IV-E eligible.
  - c. If the parent lived in the home at any time during the eligibility month, they must be considered in the removal home and AFDC group at determination.
  - d. The child/youth can be considered removed from the home if the following occurs:
    - i. Physical Removal: The child/youth has been physically removed by the agency from the home or physical custody of a specified relative. If the specified relative is on the run with the child/youth and the agency is unable to locate the child/youth for removal, there must be concerted efforts documented by the CPS

Specialist to find the child. The child's eligibility will not begin until DCF has physical custody of the child.

- ii. **Constructive Removal:** This removal is considered a "paper removal". An example of this is when the agency receives custody of the child/youth, but the agency does not physically remove the child/youth from their current household. In this situation, the eligibility specialist would look back to see if the child/youth had lived with another specified relative in the eligibility month or within the past six months. The specified relative the child/youth lived with prior to the specified relative they are currently residing then becomes the home in which the child/youth was removed. If judicial findings of CTW do not address the circumstances related to the child's living with the prior specified relative, the child/youth cannot be Basic Title IV-E eligible.
- e. Scenarios for meeting removal criteria:
- i. Child/Youth removed from a specified relative at the time the petition was filed (eligibility month) with the Court and placed in out of home care. The removal home is the home of the specified relative the agency removed the child from.
  - ii. Child/Youth removed from a non-specified relative, but had lived with a specified relative within six months prior to the petition (eligibility month). The removal home is the most recent specified relative where the child/youth resided within six months prior to the eligibility month.
  - iii. The State leaves the child/youth in the home of a non-parent specified relative, but the child/youth had lived with a different specified relative within six months of the petition (eligibility month). The most recent specified relative with whom the child/youth lived in the six months prior to the petition (eligibility month), is the removal home.
  - iv. Child/Youth has been living with the same specified relative for over six months. The state is granted custody of the child/youth, but leaves them in the home of this specified relative. The agency removes the child/youth from this specified relative at some point in the six months following the petition (eligibility month).
    - a. The specified relative with whom the child/youth lived six months prior to the petition (eligibility month), at time of constructive removal, and following.

b. If the agency did not remove the child/youth from this specified relative within six months after the petition (eligibility month), the child would not be Basic Title IV-E eligible. If the child enters out of home care, a new eligibility determination is required.

V. Child/Youth removed from a non-parent specified relative and judicial CTW findings are regarding circumstances with this same non-parent specified relative or about the circumstances with parental specified relative with whom the child most recently lived during or within six months prior to the petition (eligibility month). a. The removal home is the home addressed in the judicial findings. b. If a finalized adoption disrupts and the child/youth is placed in the agency's custody with placement out of home, the adoptive parents are the removal home.

5. AFDC Group – The AFDC group are the individuals in the household when the petition/complaint (eligibility month) was filed. The income and resources of these individuals must be considered in whether this child/youth meets financial need criteria for Basic Title IV-E eligibility. The eligibility specialist should look at the entire eligibility month regardless of the actual date within the month the petition/complaint (eligibility month) was filed or child/youth was removed. Meaning, if a parent lived in the home at any time during the eligibility month, they and their income and resources must be considered as part of the AFDC group.

a. When a child/youth is removed from their parent(s) home, the AFDC group includes birth or adoptive parents, the child/youth in custody and any minor siblings (birth, adoptive, half) of the child in custody.

b. Practice Clarification: Parent is defined as a biological or adoptive parent whose parental rights have **not** been terminated or relinquished. A biological or adoptive father or mother whose rights have been terminated or relinquished would be considered a non-parent specified relative and not be considered as part of the AFDC group.

c. A deployed parent serving in the U.S. Military is considered part of the household and part of the AFDC group.

d. An adoptive sibling receiving adoption assistance is not included in the AFDC group. When the child/youth is removed from the home of a non-parent specified relative, the AFDC group includes the child/youth in custody and any minor siblings (birth, adoptive or half) who were living in the home at any time during the eligibility month.

If the child, whose eligibility is being determined, is receiving adoption assistance, do not count the child's income and resources when determining financial need; however, count the child as a member in the AFDC group size.

- e. Do not Include the stepparent and their children residing in the same household as the child/youth at the time of removal as members in the AFDC group if using Option one for deeming stepparent income. (options explained in section C.8.e.)
  - f. Include the stepparent and their children as members of the AFDC group if using option two unless the biological parent is missing. (options are explained in C.8.e.)
  - g. Individuals in the AFDC group who receive SSI benefits: Household members receiving SSI benefits are not counted as members of the AFDC group. If the child/youth in custody receives SSI, they are still counted in the AFDC group, but their income and resources are not.
  - h. Guardian/Conservators are not part of the AFDC group and their income is not counted.
6. Deprivation – a child/youth must be deprived of support of one or both parents (married or unmarried, if paternity is established) during the eligibility month. Deprivation exists if one of the following circumstances is present in the removal home during the eligibility month:
- a. Parent Deceased
  - b. Parents separated/divorced (Not living together)
  - c. Parent's whereabouts are unknown / Parent is absent (If the absent parent is serving in the U.S. Military, deprivation is not met.)
  - d. Parent is Institutionalized/Incarcerated
  - e. Parent is incapacitated or disabled;

The parent must be determined disabled or incapacitated for at least 30 days by means of competent medical testimony.

If the parent(s) is receiving SSI or SSA payments because of disability or blindness, the incapacitation requirement is met and verification of the SSI or SSA payments shall be included in the record (ex; award letter, copy of check, caseworker documentation).

Mental disabilities shall be documented by psychological evaluation and state the mental disability impacts the person's ability to parent.

- f. Parental rights have been terminated or relinquished prior to the eligibility month.
  - g. Both parents live in the removal home, only one parent is working and their earned income falls below the AFDC needs standard for the group. If both parents are unemployed, the deprivation factor is met.
7. Shared versus Non-Shared - Income of the AFDC group is compared against the prescribed AFDC Need Standard income limits for the group size to determine financial need. The AFDC need standard income limit for the group size can vary by county and by the roles of individuals in the group. To determine the correct needs standard income limit, a shared/non-shared determination is made based on the adults living in the household who are part of the AFDC group.
- a. A stepparent present in the removal home does not determine the household to be shared.
  - b. Households with adult SSI recipients:
    - i. If the SSI payment is less than the full payment the AFDC Need Standard is non-shared
    - ii. If the SSI payment is the full amount the AFDC Need Standard is shared
    - iii. A child receiving SSI has no bearing on whether it is shared or non-shared.
  - c. AFDC groups which do not include a parent are always considered shared and wages are not counted. Including grandparents, aunt, uncle, related adult, a related permanent custodian.
  - d. If the household consists of any other adults, including adult siblings, who are not part of the AFDC group the AFDC Need Standard is shared.
8. Financial Need - The income of the AFDC group is tested against the needs standard income limits. Income is calculated utilizing countable earned and unearned income of the AFDC group.

The following general rules are applicable:

- a. Income must be such that its value can be defined and measured objectively. Only documented income should be counted (IE; custody court orders, 5410A, DCF systems, WorkNumber).
- b. Income shall be considered available when a member of the AFDC group has a legal interest therein and the legal ability to make it available.
- c. Countable Earned Income – is income in cash or in-kind for which a person performs a service. Examples include:
  - i. Wages, salaries, tips (before taxes)
  - ii. Bonuses
  - iii. In-kind income for work (e.g. shelter received for work)
  - iv. Work study
  - v. Self-employment/farm income
  - vi. Severance pay
- d. Countable Unearned Income – is income received by an individual for which no service is performed. Examples include:
  - i. Armed forces allotment and receipts from a deployed parent
  - ii. Child support/alimony (minus \$50.00): (Child support arrearage payments are counted as unearned income in the month the payment is received.)
  - iii. Disability insurance (sick pay)
  - iv. Dividend payment
  - v. Income for continuation payments
  - vi. Income from relatives (Income deemed from stepparents)
  - vii. Inheritance payments
  - viii. Interest, money payments
  - ix. Money from churches, charitable organizations, friends, lodges or unions



- x. Retirement or Pension (union, private or government)
  - xi. Social Security payments (non-SSI)
  
  - xii. Lump Sum Payments – is a non-recurring or advance payment not earmarked for a specific purpose. Lump sum payments are counted as income in the month received. Examples of lump sum payments include retroactive SSA benefits, stock dividends, life insurance settlements, etc.
  
  - xiii. Striker's benefits
  
  - xiv. Veteran's benefits
  
  - xv. Worker's compensation
  
  - xvi. Unemployment compensation
- e. Exempt Earned and Unearned Income – Examples Include:
- i. Supplemental Security Income (SSI)
  - ii. Food programs, such as food stamps, WIC, USDA food surplus
  - iii. TANF
  - iv. Payments for home energy assistance and rental subsidies
  - v. Loans or grants administered by the U.S. Commissioner of Education
  - vi. Foster Care payments
  - vii. Adoption Assistance payments
  - viii. JTPA unearned income
  - ix. Earned income of child who is a student
  - x. Income tax refunds and earned income tax credit (EITS) payments
  - xi. Trust funds not available upon demand

- xii. Case to pay for shared living expenses (from person not in the AFDC group)
  - xiii. Loans, including reverse home equity loans, endorsed for repayment
  - xiv. TANF Tribal allotment
  - xv. Income derived from a state's "job training program" (CFR-233.20)
  - xvi. Covid relief payments, including extra unemployment from Federal Government sources
- f. Converting Income to Monthly Amounts
- i. In determining the earned and unearned income of the child/youth's AFDC group, the eligibility specialist will need to convert income payments to a monthly amount for each applicable person.
    - a. Bi-weekly (paid every other week) income must be multiplied by 2.15
    - b. Semi-monthly (paid twice per month) income must be multiplied by 2
    - c. Weekly must be multiplied by 4.3
    - d. Quarterly (paid once every three months) must be divided by 3
  - ii. Whose income shall be included in the financial need determination
    - a. Parents (biological, adoptive (rights intact), step (See PPM 5911C.3.a)
    - b. Deployed parent
- g. Deeming Stepparent's Income
- i. Option One - Stepparent's AFDC group includes the stepparent, any non-mutual minor children living in or out of the home. Deem the stepparent's income and include in the child's 185% and 100% AFDC group Need Standard Income Test. See the EP Appendix A to determine the amount to be deemed. When you deem the

stepparent's income, the stepparent and members of their AFDC group are not counted in the child's AFDC group. Only the deemed income is included. The living arrangement is always non-shared when determining the AFDC Needs Standard Income limit.

- ii. Option Two - Include the stepparent and their children (not related to the other parent in the home) residing in the home at the time the child was removed, in the AFDC group. Include their full countable earned and unearned income. Use option 2 when the stepparent has little or no income.
- iii. Please see PPS-5410B.1
- h. 185% Gross Income Test – If income is less than the Gross Income Limit of 185% of the Federal Poverty Level for the group size, the group meets this income requirement and will move on to the 100% AFDC Need Standard Income test. See PPS-5410B.
  - a. 100% AFDC Need Standard Income Test – Total Adjusted Income must be less than the AFDC Need Income limit for this AFDC group size, living arrangement and county to be Basic Title IV-E eligible. See PPS-5410B
  - j. Resources – Defined as “a resource a person possesses or owns”.
    - i. A resource value is determined by its equity. Equity value is determined by the current market value minus any debts still owed on the resource.
    - ii. To be eligible for Basic Title IV-E eligibility the child's AFDC group must not exceed the maximum limit of \$10,000.00 in resources.
- iii. Countable resources:
  - a. Bonds
  - b. Credit union savings
  - c. Income property
  - d. Real estate (the home the family resides in is exempt)
  - e. Savings accounts
  - f. Stocks

- g. Vacation homes
    - h. Vehicles (Deduct \$1500.00 from total Equity value) (Vehicles seven years and older are valued at \$100.00)
  - iv. Exempt Resources:
    - a. Inaccessible trusts (includes per capita tribal payments to foster child)
    - b. Burial plot (one per AFDC group member)
    - c. Home of residence and surrounding acreage
    - d. Funds for relocation (Uniform Relocation Act)
    - e. Household furnishings and clothing
    - f. Personal jewelry
    - g. Farm/Business inventories/tools used to produce income

## 9. Infants of Teen Mothers

- a. An infant of a teen mother in the custody of the agency can be automatically Basic Title IV-E eligible if the following criteria are true:
    - i. The infant is not in DCF custody
    - ii. The infant is placed together in the same family foster home or facility as their mother
  - iii. The child welfare contract management provider is paying for the cost of the infant's care in the placement.
    - b. If an infant comes into custody of the agency and is directly placed with their teen mother who is also placed out of home, they are not Basic Title IV-E eligible. The child has not been removed from the home and remains with the parent specified relative.
    - c. When the infant enters custody of the agency and is placed separately from their teen mother initially, the infant and the mother may be Basic Title IV-E eligible as determined individually. The infant's Title IV-E eligibility would be determined based on their teen mother's income and resources.

10. Abandoned Children- An abandoned child whose parents are unknown shall be determined state funded using aid code GA01N GAB. This does not include a parent who leaves a child with a friend or relative and is unreachable, but the identity of the parent is known. In either scenario, all the IV-E eligibility requirements must be met for a child on whose behalf title IV-E foster care or adoption assistance is claimed. Determining a child's financial need requires DCF to examine the parents' income and resources. In the case in which the identity of the parents is unknown, including when a child has been abandoned, DCF will not have any financial information on which to make an AFDC eligibility determination. The worker cannot presume that a child would meet the eligibility requirements simply because the child has been abandoned.

# **5912 Title IV-E Determination for Federal Financial Participation – Maintenance Funding**

A child who is eligible for Federal Financial Participation (FFP) is often referred to as being payment or maintenance eligible. A child is eligible for Federal Financial Participation (FFP) in the Federal Title IV-E maintenance program if they are determined Basic Title IV-E eligible, meet specific judicial and placement criteria and are not receiving Supplemental Security Income.

## **A. Judicial Determination**

1. In the first (initial) court hearing authorizing removal, the Judge must find reasonable efforts have been made to prevent the child's removal or an emergency existed making it not possible for reasonable efforts to be made. (45 CFR 1355.20)
2. Judicial language related to the reasonable efforts finding is separate from findings related to contrary to the welfare.
3. The finding of reasonable efforts to prevent removal and the language documenting this finding must be in the initial court order removing the child Effective March 27, 2000, Affidavits and Nunc Pro Tunc are not considered the initial court order and the findings and language documented in them do not meet the FFP criteria.
4. The language in reasonable efforts to prevent removal must be documented in the initial court order. If the court order only references the applicable state law absent the language it does not meet FFP criteria. (45 CFR 1356.21)
5. If the initial court order removing the child from home does not include the finding of reasonable efforts to prevent removal language, the child cannot be FFP (maintenance) eligible during this custody episode except when;

A child placed out of home, then reunified in their parental home six calendar months or longer with continuous DCF custody, and returned out of home will require a new determination. The six calendar months begins the month following the month the child/youth returns home. In making this determination, there must be a removal order and a new finding of reasonable efforts to prevent removal. If this finding is made and documented in the custody order removing the child from the home, the child will meet requirements for FFP as it relates to reasonable efforts to prevent removal.

## B. Placement

A child or youth must be placed in an eligible placement to meet criteria for FFP. An eligible placement is contingent upon the type of placement and the licensure status. If a child or youth is continuously placed in a licensed home, they remain FFP eligible for the entire month(s) the home has met full licensing standards. This includes when the home has full licensure only part of the month. FFP eligible placements shall meet DCF standards and be licensed by the agency.

### 1. Placements eligible for FFP

#### a. DCF Licensed family foster home.

- i. If the child's placement is outside of Kansas, their placement must meet licensing standards in the state the home is located.
- ii. This includes adoptive homes post signing of APA and up to adoption finalization if the home continues to remain licensed.

#### b. Licensed Relative

#### c. Licensed Kinship Home

#### d. Private Group Home

#### e. Child Care Facility

#### f. Shelter Care Facility

#### g. Secure Care Facility

#### h. Qualified Resident Treatment Program (QRTP) Facility

#### i. Publicly operated (by a branch of government) childcare facility, licensed for no more than twenty-five children.

#### k. Transitional Living Program (TLP)

#### l. Community Integration Program (CIP)

## C. Ineligible Placements

### a. Medical Facilities

- b. Psychiatric Residential Treatment Facility (PRTF)
- c. Unlicensed family foster homes
- d. Detention facilities
- e. Forestry camps
- f. Publicly operated childcare group homes with more than twenty-five children.
- g. Training schools
- h. Locked and secured facilities used primarily for detention purposes.
- i. Court ordered placements – where the court directly orders the agency to place the child in a specific placement.
- j. Adoptive placements at finalization - Adoptive placements no longer licensed, post signing of APA.
- k. Independent Living Setting not a TLP or CIP in which youth is living on their own supported by a Child Welfare Case Management Provider and remain in DCF custody.

NOTE: Children coming into out of home care who are placed with a parent whose rights had been previously terminated or relinquished: Title IV-E foster care maintenance payments are available for AFDC-eligible children who have been removed from their own homes and placed in a foster family home or child care institution. By definition, foster care is provided by someone other than a biological parent. While a termination of parental rights severs the legal ties between the parent and the child, it does not change the biological relationship with the child. A child living with his parents would not be considered to be living in a foster home and, thus, would not be eligible for title IV-E foster care maintenance payments. (Source/Date ACYF-CB-PIQ-89-04 (8/8/89) Legal and Related References Social Security Act - sections 472 (a)(2)(A) and (C), 472 (b))

### 3. AWOL

If a child/youth in the custody of DCF runs or is absent from their placement, the Eligibility Specialist shall continue to monitor the child's case for Journal Entries including ongoing agency custody and regular permanency hearings. The state may claim Administrative eligibility and the child remains Basic



Title IV-E eligible while on the run if both six-month periodic review hearings (ongoing agency custody) and permanency hearings occur as required. The child/youth is not Title IV-E FFP (maintenance/payment) eligible while on the run.

#### 4. Respite Care

A child or youth remains eligible for Title IV-E FFP when they stay temporarily or short-term in a respite home if the home is an eligible licensed foster home or facility.

#### 5. Relative placements

The CWCMP case managers may choose a relative placement for the child/youth. Relatives may choose to be approved by DCF, receive TANF or become payee of the child/youth's SSI, if receiving benefits. If the relative placement chooses to be approved by the CWCMP, this does not equate to being a licensed eligible placement. If choosing to become payee for SSI benefits, the case manager will refer the relative to the Social Security office.

### C. Supplemental Security Income

A child's basic eligibility does not change if or when they become eligible for SSI. If receiving SSI, the child is no longer FFP eligible. The child is not FFP eligible regardless of who the representative payee is. The monies received on behalf of an SSI eligible child are used to offset their cost of care.

DCF contracts with Kansas Legal Services (KLS) to apply for SSI on behalf of disabled children entering foster care and not already receiving SSI. When entering out of home care, the child is referred to a Child Welfare Contract Management Provider. This Provider refers the child to KLS along with needed background information.

While the child is waiting for the outcome of their SSI eligibility determination, DCF is responsible for their cost of care. The child is not FFP eligible during this time. If the child is determined SSI eligible, the agency may receive a lump sum benefit on their behalf. A request from DCF to Social Security can be made to request back benefits be applied to the child's cost of care incurred during the application months.

When a court transfers custody between DCF and KDOC-JS, the Eligibility Specialist shall notify any agency from which the child/youth receives benefits (SSA, VA, etc.) to inform them which agency is now responsible for the child/youth's placement and care. If the child/youth is transferring from DCF to KDOC, the Eligibility Specialist shall provide a copy of this notification to the local KDOC-JS agency.

#### 1. Psychiatric Residential Treatment Facility (PRTF)

- a. Eligibility Specialist shall notify the Social Security Administration (SSA) when a child is placed in a PRTF, acute psychiatric facility or state hospital.
- b. SSA will calculate potential benefit reductions while child is in this placement, See PPM 5929.

## 2. Payee

- a. In most cases, DCF is the representative payee for SSI benefits on behalf of a child in Foster Care and placed out of the home.
- b. If a third party is acting as payee on behalf of the child, the third party is responsible for completing and submitting the Representative Payee Report to SSA.

## 3. Suspension of SSI Benefits

- a. DCF may request a suspension of the child's SSI benefits for up to one year.
- b. SSA must approved the suspension.
- c. 3rd Party Representative Payees in receipt of SSI on behalf of the child are not considered a suspension of benefits.
- d. During the time benefits are suspended, a child determined basic Title IV- E eligible may resume FFP.

# 5917 Foster Care General Assistance (GA-FC) Funding Source

When a child is determined ineligible for Federal Title IV-E funding, their cost of care and expenses while in foster care are paid through State general funds. Eligibility Specialists shall complete desk annual reviews ~~are completed from the date of initial eligibility~~ when the Eligibility Determination and Benefit Calculation (EDBC) is run in the Kansas Economic Eligibility System (KEES) and at case closure.

## A. Child not eligible for Federal Title IV-E funding.

1. Child's cost of care and foster care expenses are paid through State general funds.
2. Eligibility is documented in the Kansas Economic Eligibility System (KEES).
3. The reason the child is not eligible for Title IV-E funding is to be recorded in the KEES journal.

## B. Desk Review

~~Reviews are to be completed annually based on the child's date of initial eligibility.~~

1. Eligibility worker is to document the child is still in state custody and continues to be placed out of the home through court documents and placement information. Documents should be imaged to the KEES case and journal entries entered on KEES custody authority page.
2. Case reviews are completed each time Eligibility Determination and Benefit Calculation (EDBC) is run for the Foster Care program in KEES.
3. If EDBC is not run for 12 months a review task is generated to run EDBC and update the review date.
4. ~~The PPS Eligibility worker is to run EDBC for the review and document the review in the KEES journal.~~

# 10118 Notification to Quality Management Specialist of Reports not Assigned

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

1. Reports indicating the involved adult is residing in or receiving services from: Residential Facilities (RF), Community Development Disability Organizations or an affiliate (CDDO), or an Independent Living Resource Center (ILRC).
2. Reports indicating the involved adult is receiving services on waivers: Intellectual and Development Disabilities (I/DD), Physical Disability (PD), Frail Elderly (FE), Technology Assisted (TA), Money Follows the Person (MFP), and Traumatic Brain Injury (TBI).
3. Reports indicating the involved adult is receiving mental health services from a Community Mental Health Center.

Notification of reports not assigned shall be sent by the Kansas Protection Report Center (KPRC) specialist by sending the PPS 10100 and 10110 to the appropriate mailbox below.

- A. If the report alleges the adult is on an I/DD waiver, TBI Waiver, PD Waiver, FE Waiver, TA Waiver, or MFP Waiver the report shall be sent to the KDADS [CSSPRC@ks.gov](mailto:CSSPRC@ks.gov) mailbox.

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

1. Type of communication: Intake
2. Type of Facility or Service: Residential Facility (RF), a Community Development Disability Organization or an affiliate (CDDO), or an Independent Living Resource Center (ILRC)
3. County where the facility is located: Two letter code

4. Name of facility or involved adult if name of facility is unknown: RF, CDDO/affiliate, or ILRC. or involved adult if name of facility is unknown: The name of RF, CDDO, ILRC, or involved adult name.

For example, the subject line of the e-mail shall read:

Intake-CDDO-SN-Sheltered Living

- B. If the report indicates the involved adult is receiving mental health services from a Community Mental Health Center the report shall be sent to the [KDADS.MHPRCReports@ks.gov](mailto:KDADS.MHPRCReports@ks.gov) mailbox.

1. Type of communication: Intake
2. Type of Service: Community Mental Health Center (CMHC),
3. County where the Community Mental Health Center is located: Two letter code
4. Name of Community Mental Health Center

For example: The subject line of the e-mail shall read:

Intake-CMHC-DG-Bert Nash

# 10224 Assessment of Involved Adult

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

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

Assessment is an ongoing process. The assessment is based on the APS Protection Specialist's observations, interviews with the Involved Adult and the Alleged Perpetrator, and information obtained from collateral contacts.

## A. Components of the assessment

The following areas may be considered in the assessment for each Involved Adult as part of the APS investigation. ~~Examples include:~~

### 1. Environment

- a. ~~Assess the daily living environment to make a judgment whether this contributes to the Involved Adult's endangerment. This should include consideration as to whether:~~ **Assess whether the daily living environment contributes to the Involved Adult's risk, including:**
  - i. ~~The Involved Adult is mobile to the extent that he or she can exit the building.~~ **The Involved Adult is sufficiently mobile to exit the home in case of an emergency or has an assistance plan for exiting in case of an emergency.**
  - ii. The living quarters are adequately heated or cooled.
  - iii. Toilet facilities are available and in working condition.
  - iv. There is refrigeration and **or** other adequate storage for food.
  - v. There is ready availability of a telephone **or other communication device** to contact help.
  - vi. There is no animal, rodent, or insect infestation.
  - vii. Utilities are working.
  - viii. There are no other endangering housing deficiencies.

***a. Assess the daily living environment to make a judgment whether this contributes to the Involved Adult's endangerment. This should include consideration as to whether:***

- a i. *The Involved Adult is mobile to the extent that he or she can exit the building. The IA is sufficiently mobile to exit the home in case of emergency or has an assistance plan for exit in case of an emergency.*
- bii. *The living quarters are adequately heated or cooled*
- ciii. *Toilet facilities are available and in working condition.*
- div. *There is refrigeration and or other adequate storage for food.*
- ev. *There is ready availability of a telephone or other communication device to contact help.*
- fvi. *There is no animal, rodent, or insect infestation.*
- gvii. *Utilities are working.*
- hvi. *There are no other endangering housing deficiencies.*

The assessment of the physical environment should include identification of type and feasibility of needed improvements or changes to the Involved Adult's environment, and whether the adult is isolated in his or her environment.

## 2. Functional Ability

There is a direct relationship between an Involved Adult's risk of being abused, neglected, or exploited and his or her dependence on others for performance of activities of daily living (ADL's). An assessment of the Involved Adult's ability to manage these ~~daily living~~ activities **of daily living** is one consideration in assessing his or her need for protective services. Examples **of ADL's** include:

- a. Bathing
- b. Dressing
- c. Toileting
- d. Transferring
- e. Eating
- f. Using the telephone
- g. Shopping for essential supplies
- h. Preparing food
- i. Performing housekeeping and laundry tasks
- j. Travelling independently
- k. Assuming responsibility for medication
- l. Managing his/her own finances.

## 3. Physical/Health

The assessment of the Involved Adult's physical health may be based on reports of illness, disabilities, and symptoms by the individual or by friends, relatives, or other contacts, or by the APS **Protection** Specialist's observation of apparent

medical problems. Additional areas to consider when assessing physical health include:

- a. Current medical condition, including any diagnosis or prognosis available, and any services being used.
- b. Symptoms observed by the APS **Protection** Specialist or reported by the Involved Adult or other observers that may not have been diagnosed or treated.
- c. The number and types of medication(s) the Involved Adult is currently taking (prescription and non-prescription) and whether medication is being prescribed by multiple physicians.
- d. Eating habits (nutrition and hydration).
- e. Need for assistive devices (eyeglasses, hearing aids, dentures, and mobility aids to compensate for physical impairments, etc.)

#### 4. Mental/psychosocial health

While an APS **Protection** Specialist's assessment of an Involved Adult's psychological functioning cannot take the place of a formal clinical evaluation, it can suggest a psychiatric condition is present and is contributing to the **Involved Adult's** endangerment. This assessment can provide the APS **Protection** Specialist with reason for recommending a more complete assessment by mental health professionals. Areas to consider when assessing psychosocial status include:

- a. General appearance is appropriate and consistent with age, social, and economic status. This includes, but is not limited to, an evaluation of appropriateness of dress and personal hygiene
- b. Perceived emotional or behavioral problem(s)
- c. Orientation to person, place and time as well as memory and judgment capacity
- d. Manifestations of emotional or behavioral problems (i.e.g., insomnia, nightmares, crying spells, depression, agitation, unusual fears, thoughts, perceptions, delusions, hallucinations, etc.)
- e. Major life changes/~~crises~~ in the past year (i.e.g., death of a significant person, loss of income, a move, an illness, divorce, institutional placement, etc.)
- f. Ability to follow simple **one-step** instructions
- g. Ability to manage financial affairs
- h. Appropriate responses to questions
- i. Self-endangering behavior of the adult (i.e.g., suicidal behavior, refusal of medical treatment, gross self-neglect, wandering, aggressive acts that are likely to precipitate retaliation, etc.)



- j. The APS Protection Specialist's evaluation regarding the Involved Adult's ability to make responsible, rational, and informed decisions as well as the ability to understand the probable consequences of his or her decisions.

## B. Guidelines for determining ~~capacity~~ ability to consent

Mental illness, intellectual disability, physical illness, memory impairment, dementia, developmental disability, alcoholism, substance abuse, and other conditions may be reasons why an Involved Adult is unable to make, communicate, or carry out responsible decisions concerning his or her well-being.

A review of the following abilities will help the APS Protection Specialist differentiate between those who are and those who are not able to make, communicate, or carry out responsible decisions concerning his or her well-being.

### 1. Ability to communicate a choice:

Assess the Involved Adult's ability to make and communicate a choice from the realistic choices available. Assess the Involved Adult's ability to maintain the choice made until it can be implemented.

### 2. Ability to understand relevant information:

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

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

Assess the Involved Adult's ability to compare risks and benefits of available options. This requires weighing risks and benefits of a single option and weighing more than one option at the same time. Can the Involved Adult give a logical explanation for the decision he or she reached in terms of risks and benefits?

### 4. Ability to comprehend and appreciate the situation:

Assess the Involved Adult's ability to comprehend and appreciate the situation. An Involved Adult may be able to understand relevant information (i.e.g., without treatment gangrene will likely cause death) and yet be unable to appreciate his or her own situation (i.e.g., believes his or her own gangrenous foot will not cause his or her death or disregards

medical opinion and denies the foot is gangrenous). An Involved Adult who comprehends and appreciates the situation will acknowledge illness when it is shown to be present and acknowledge the risks and benefits of available treatment options for him or herself.

### C. Guidelines for determining decisional ability

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

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

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

#### 1. IDA Steps:

- a. APS Protection Specialist will complete the pre-IDA. APS Protection Specialist may consult with a supervisor or designee if guidance is needed.
- b. APS Protection Specialist will choose and reword the risk that poses the highest level of endangerment to the Involved Adult.
- c. APS Protection Specialist will use the same identified reworded risk for each step of IDA to ensure consistency.
- d. APS Protection Specialist will document the Involved Adult's responses using direct quotes on IDA.
- e. APS Protection Specialist will complete IDA in its entirety.
- f. If APS Protection Specialist marks a "maybe" or "no" on the judgment section of IDA, then APS Protection Specialist shall consult with the APS supervisor or designee within 24 hours to determine next steps. Otherwise, the post-IDA can be completed during the staffing for case finding with the APS supervisor or designee.
- g. APS Protection Specialist will upload a copy of the completed IDA into KIPS.
- h. APS Supervisor/Designee will document IDA results in the case finding note in KIPS.

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

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

- a. The Involved Adult has a guardian or an active DPOA.
- b. The Involved Adult is unable to actively participate in the interview due to mental, physical, or severe cognitive concerns.
- c. The Involved Adult appears to be under the influence of illicit drugs/intoxicated and is unable to actively participate in the interview.
- d. The Involved Adult refuses to participate during initial face to face assessment or refuses to participate in IDA.
- e. If there are safety concerns for the APS Protection Specialist or Involved Adult while attempting IDA.
- f. If the APS Protection Specialist believes completing IDA would cause harm to the Involved Adult, then staff with a supervisor or designee and document in the case notes in KIPS.
- g. If law enforcement requests APS to not proceed, staff with a supervisor or designee for next steps and document in the case notes in KIPS.

#### D. Support System

To assess the Involved Adult's support system, the APS Protection Specialist's shall first identify those family, friends, neighbors, religious and other voluntary groups, and any formal supports that comprise the adult's social network. To assess the support of these persons or groups, it may be helpful to answer the following questions:

1. Does the Involved Adult have family, friends, neighbors, and organizations available to assist him or her?
2. Are these persons and organizations able to provide effective and reliable assistance?
3. What is the frequency and quality of assistance available to the Involved Adult from informal and formal support systems?

#### E. Income and resources

Assess the Involved Adult's knowledge of his or her income and resources and his or her ability to manage his or her financial affairs. Dementia, disorientation, and short-term memory loss leaves an individual vulnerable to financial exploitation by others or can lead to self-neglecting circumstances such as utility cut-offs or the inability to purchase needed medication. If the Involved Adult is unable to discuss his or her income and financial management ability, the APS Protection Specialist should contact family members, supportive friends,

substitute decision makers or financial institutions who have knowledge of an Involved Adult's income and resources.

Obtaining this information will not only address the issue of exploitation but also be useful for service planning and assistance with benefit program eligibility determinations.

# 10320 Required Documentation for Case Findings

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

## A. Notes Section Documentation

The necessary documentation shall include the following information:

1. The APS Protection Specialist, in consultation with the supervisor and/or designee shall make the finding decision. The finding decision and its rationale along with rationale shall be documented by the APS supervisor and/or designee in KIPS as Meeting/Case Conference note type.
  - a. The minimum five-six elements are required in finding note, but not limited to:
    - i. Summary of allegations including, but not limited to, vulnerability, cognitive status, and legal representative.
    - ii. Summary of interview with the Involved Adult (IA).
    - iii. Documentation of Interview for Decisional Abilities (IDA) and a brief summary of the outcome of the IDA.
    - iv. Collateral information which helps support the finding
    - v. Summary of interview or explanation of attempts to interview with the Alleged Perpetrator (ALP)./Unable to interview ALP
    - vi. Finding is based on evidence that meets or does not meet the clear and convincing standard of proof.
2. Notice of Agency Decision note type including documentation of recipients of the notices.

## B. Notice of Agency Decision

The Notice of Agency Decision shall be sent to the alleged perpetrator on all findings, excluding self-neglect, within five (5) working days of making the finding. The Notice shall include a brief explanation of the allegation, basis for the finding, and the Prevention and Protection Services Policy and Procedure Manual (PPM) reference for the definition of substantiated or unsubstantiated. The PPS 10300 shall not be sent to the involved adult.

The involved adult or, if applicable, his/her guardian shall also be notified, including closure of a self-neglect investigation. The APS **Protection** Specialist shall use professional judgment based on interaction with the involved adult and his/her understanding as to whether notification is made by personal visit, telephone, or letter. If notification is in written form, the PPS 10320A form letter shall be used for self-neglect assessments, and the PPS 10320B form letter shall be used for investigations of all other allegations. The APS **Protection** Specialist may ~~hold off~~ **delay** sending the PPS 10320A or PPS 10320B until after all allegations in a case have a finding. The PPS 10320A or PPS 10320B shall be sent within 5 days following all allegations in a case have a finding.

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

When there are allegations of self-neglect and one of the other allegation types, the involved adult shall be sent only the PPS 10320B.

The APS **Protection** Specialist shall consult with the supervisor, and if necessary the Regional attorney, if there are concerns notification to the involved adult and/or alleged perpetrator might jeopardize the safety of the adult. If the involved adult lives with the alleged perpetrator and notifying the alleged perpetrator of the unsubstantiated finding may result in safety concerns an exception to sending the Notice of Agency Decision may be made. The decision not to send a Notice of Agency Decision shall be documented in KIPS. In all substantiated cases, the alleged perpetrator shall be notified.

C. Notification to Law Enforcement, County/District Attorney

If the finding is substantiated, a copy of the PPS 10350 shall be forwarded to law enforcement within five (5) working days of the finding date and if appropriate, the county/district attorney's office.

D. Notification to Economic and Employment Services (EES) Regarding APS Finding

If the finding is the result of an EES referral for misappropriation of funds, provide the PPS 10300 to the EES worker who made the referral.

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

The Memo Notification to the community-based facility regarding the APS finding shall be sent to the Chief Administrative Officer of the KDADS licensed community-based facility in the following situations:

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

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

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

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

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

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

The QMS shall also be sent the Memo Notification to Community Based Facility Regarding APS Finding (PPS 10340) for all cases in which the PPS 10340 is sent to the Chief Administrative Officer of the KDADS licensed community-based facility, per PPM 10320(E).

The subject line of the email shall contain specific information necessary to identify the type of report for KDADS:

1. Finding: Substantiated or Unsubstantiated
2. Waiver Type: FE, PD, IDD, FBI, etc. or name of Community Mental Health Facility
3. County where the facility is located: Two letter code
4. An example for the subject line of the e-mail shall read:
  - a. Unsubstantiated PD JO
  - b. Substantiated Pawnee Mental Health Center RL

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

#### G. Notification to the Abuse, Neglect, and Exploitation (ANE) Unit.

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

1. A copy of the PPS 10300, Notice of Agency Decision, except self-neglect;
2. Notification to Law Enforcement: PPS 10120 and PPS 10350;
3. A summary of finding printed from KIPS Notes Section;
4. PPS 10100 and PPS 10110;
5. PPS 10370 Coversheet located in the forms section of the Manual. If there is a delay in making a finding, the reason for the delay shall be included on the cover sheet.
6. The ANE Unit prefers the documents be faxed, but if e-mailing, include in the subject line the wording "New Finding" and "encrypt". E-mail documents to the following address: [ane@ag.ks.gov](mailto:ane@ag.ks.gov)

H. Notification to the Medicaid Fraud Unit (MFCU)

The following shall be faxed or e-mailed to the Medicaid Fraud Unit within (10) working days of the date of finding if the finding is substantiated:

1. A copy to of all reports submitted to Law Enforcement regarding alleged criminal activity to MFCU. The following forms will be sent to [MFCU@ag.ks.gov](mailto:MFCU@ag.ks.gov); PPS 10100, 10110, 10120a, 10300, 10350, Closure Summary.

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

At the conclusion of the appeal period, the APS **Protection** Specialist or designated staff shall, within five (5) working days forward the substantiated finding involving providers of services licensed, registered, or otherwise authorized to provide services in this state to the appropriate state authority, using the PPS 10360. K.S.A. 1433(4)(b).

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

When a substantiated finding is made on an alleged perpetrator who works, resides, or volunteers in a childcare facility regulated by DCF Licensing or KDHE, PPS Administration shall be notified of the substantiated finding.

The steps are as follows:

1. The APS **worker** **Protection Specialist** notifies the supervisor
2. The Supervisor informs the Assistant Program Administrator (APA).



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

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

Review of the substantiated finding and providing additional information shall follow PPS10212C-E.

# Critical Incident Employee Experience

<b>Incident Date:</b>			
<b>Employee Experience Team Member Name:</b>		<b>Job Title:</b>	

1. Describe how you felt supported by DCF in your work with this family or in responding to this critical incident?

~~2. What could DCF have done which would have helped you feel more supported?~~

~~3.~~ On a scale from 0-10, where 10 is I felt supported and cared for by DCF after this incident and 0 is I did not feel supported and cared for by DCF after this incident, where would you rate your experience? What could have increased this number for you?

~~3.4.~~ What is something which might have helped you be better prepared to work with this family? ~~What is something which might have helped you while you worked with this family?~~

~~4.5.~~ What changes to policy and practice, or learning and training opportunities, would you recommend DCF make to help workers who may face a similar situation?

~~5.6.~~ What else would you like us to know as a result of your experience?



### TDM Meeting Scheduling Form

Date: \_\_\_\_\_

Case Number: \_\_\_\_\_

Location for TDM:  Service Center  Off Site  Virtual  Hybrid

County: \_\_\_\_\_

Zip code of family home: \_\_\_\_\_

Has this family had a previous TDM?  Yes  No

If yes, who was the previous Facilitator: \_\_\_\_\_

CPS Worker requesting TDM: \_\_\_\_\_

Worker's Supervisor: \_\_\_\_\_

Worker Phone: \_\_\_\_\_

Supervisor

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Email: \_\_\_\_\_

Total number expected to attend (not including facilitator): \_\_\_\_\_

Family/Worker Availability for meeting date/time. Please submit two:		
1 <sup>st</sup> choice date/time:	Click or tap to enter a date.	Choose an item.
2 <sup>nd</sup> choice date/time:	Click or tap to enter a date.	Choose an item.

#### FAMILY INFORMATION:

Parents and/or caregivers:

Name (First & Last)	Relationship to child	Client ID	DOB	In Household (Y/N)

Was the non-custodial parent invited?  Yes  No

If "no" why not? \_\_\_\_\_

Children in the home and out of the home:

Name (First & Last)	DOB	Client ID	M/F	Race/Eth	Identified Child (Y/N)

\* Youth ages 10-17 should be invited to the meeting.

### TDM Meeting Scheduling Form

Does the family have any Tribal affiliation?  Yes  No Tribe: \_\_\_\_\_

Does the family have history with PPS?  Yes  No

Are the child(ren) in Police Protective Custody?  Yes  No

Are the child(ren) in DCF custody?  Yes  No

Is the family currently involved with?  Foster Care  Aftercare  Family Preservation  Family Service  Family First  
 If Family First, which service? \_\_\_\_\_

Date of Caregiver/Child Separation (if applicable): \_\_\_\_\_

#### MEETING PLANNING INFORMATION:

Conference Line needed? YES  NO

Do you have any security concerns? YES  NO

Do you need any special accommodation (accessibility, etc.)? YES  NO

Will an interpreter need to be invited? YES  NO

Are there concerns for **sexual abuse** of the identified child? YES  NO

Is **domestic violence** a known or suspected issue? YES  NO

Is there a court order (no contact, restraining) in place? YES  NO

Is either parent incarcerated? YES  NO

Do you have reason to believe two meetings would be needed? YES  NO

**Please provide the necessary information for all "yes" answers. (i.e. type of interpreter, special accommodations etc.)**

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**Invitees** (counselor/therapist/doctor, teacher, recreation coach, pastor, family, friends, neighbor, co-worker, etc.)

**The TDM Scheduler will invite professionals if email address is available. The worker needs to invite all others.**

Name (First & Last)	Relationship to Family	Phone number/email address	Scheduler needs to invite (Y/N)?

*For scheduling, email the completed form to:*

*You, your supervisor, and the facilitator will receive an Outlook invite to confirm the meeting date/time*



**Re: Child Name:** \_\_\_\_\_  
**Court Case Number:** \_\_\_\_\_

**To: Foster Parents/Kinship Caregiver**

Thank you for your service as a foster parent/kinship caregiver. The court recognizes that foster parents/kinship caregivers are an essential part of the Kansas child welfare system. Kansas law allows foster parents/kinship caregivers to provide information to the court concerning the child(ren) in their care:

“The secretary shall notify the foster parent or kinship caregivers that the foster parent or kinship caregivers have a right to submit a report. Copies of the report shall be available to the parties and interested parties. The report made by foster parents or kinship caregivers shall be on a form created and provided by the Kansas Department for Children and Families (DCF).” K.S.A. 38-2261.

When children have been placed by the court in the custody of the Department for Children and Families (DCF) for out of home placement. DCF contracts with child placing agencies to provide services to children and their families. As a part of the DCF/provider contracts child placing agencies are responsible to notify the foster parents and parents of upcoming hearings.

Kansas law also requires that foster parents or kinship caregivers have a right to be heard at each permanency hearing which includes permanency hearings conducted by a Citizen Review Board. The right to be heard may be done by attending the permanency hearing and/or submitting the foster parent or kinship caregiver court report. If you choose to submit a report to the court, please use the attached report form.

The following is the name of the Judge and the address of the court to which the report may be sent (unless otherwise directed by the court). If the name or address changes, the updated information will be provided to you. Notice of the hearing dates will be provided at the previous hearing or by first class mail.

Name of Judge/Recipient: \_\_\_\_\_

Address of Court: \_\_\_\_\_

We hope you will take advantage of this opportunity to communicate your thoughts with the court.

Sincerely yours,

Child's Name:	
Foster Parent or Kinship Caregiver Name (s):	
Date of Report:	
Child's Case Manager:	

**Child's Progress:**

The child's progress described below occurred during the following timeframe:

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Please circle the word which best describes the child's progress:

1. Child's adjustment in the home:

excellent    good    satisfactory    needs improvement

2. Child's interaction with foster parents and family members:

excellent    good    satisfactory    needs improvement

3. Child's interaction with others:

excellent    good    satisfactory    needs improvement

4. Child's respect for property:

excellent    good    satisfactory    needs improvement

5. Physical condition of the child:

excellent    good    satisfactory    needs improvement

6. Emotional condition of the child:

excellent    good    satisfactory    needs improvement

7. School status of child – attach a copy of the school report and/or grade cards to this report:

School District:		Grade:	
------------------	--	--------	--

Grades:	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
Attendance:	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
Behavior:	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor

8. Describe the frequency of interactions, and any significant events which have occurred with the child’s Case Management Team. Members should include but are not limited to parents of the child, DCF, Guardian *ad litem*, and CASA:

Person	Relationship to the child	Type of Interaction	Frequency of Interactions	Outcome of Interactions

9. Does the child have opportunities to engage in on-going age or developmentally appropriate activities such as sports, music programs, and community organizations?  Yes  No

Provide a list of the opportunities:

1	
2	
3	
4	
5	

10. Please comment on your assessment/observation regarding the overall adjustment, progress, and condition of the child:

11. Please share any feedback you have comment on your assessment/observations regarding any concerns and progress regarding the parents/caregivers of the child, in your home and your efforts to include them in the care of their child. This may include strengths or concerns. Please summarize your efforts to involve the parents in the child's day to day life (i.e. sharing information regarding medical appointments, school/daycare meetings, extracurricular activities, daily routines, photos, facetime calls, etc.).

12. Do you have any special concerns or comments with regard to the child not addressed by this form? Please specify.





**Consent for Release of Information**

This form authorizes the State Department of Education and any school district in which your child is enrolled to share information about your child with each other and with the other agencies listed below that are concerned with, or are involved in, meeting the needs of your child. You are advised that:

- Information will not be shared unless it is necessary to meet the needs of your child.
- Information from the Department of Education or the school may include any or all educational records and information supplied to the Department or to the school by others, such as medical reports from doctors and reports from other agencies including DCF, KDOC-JS, KDHE, and KanCare, that are included in your child's educational records.
- The purpose for sharing information is to provide appropriate services for your child, avoid duplicative or unnecessary assessments or immunizations, avoid unnecessary delay in providing services while waiting for records to be transferred, enable your child to be successfully involved in school, and to assist the school district to receive funds from Medicaid to assist in paying for some special education services.
- This consent will remain in effect until it is revoked in writing by you.
- You have the right to revoke this consent at any time.

The State Department of Education and the school district in which your child is enrolled will release information, upon request, to the following agencies and their agents or contract service providers:

Department for Children and Families; Kansas Department of Health and Environment; Kansas Department of Corrections Juvenile Services; KanCare; ~~Kansas Kids @ GEAR UP.~~

By signing and dating this Consent for Release of Information form, you give consent to the State Department of Education and the school district to share any or all educational records regarding your child with each other and with the agencies listed above. Your signature also indicates that you understand that any release of information is for the purpose of meeting your child's needs through the cooperative efforts of the agencies.

\_\_\_\_\_  
Printed Name of Child

\_\_\_\_\_  
DOB

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Printed Name of Parent or Guardian

\_\_\_\_\_  
Date



*Strong Families Make a Strong Kansas*

## HOW CAN PARTICIPANTS SUPPORT THE PROCESS?

Participants in the BIS process provide information and feedback about the child and families being considered. It is important to remember that different participants may have different opinions about what is in the best interest of the child.

It is helpful for participants to be aware of their own personal prejudices and biases and to make attempts to put those aside to make professional decisions based on the child's needs. Participants shall not share confidential information outside of the BIS.

## WHO ELSE MAY PARTICIPATE?

Other participants in the BIS may include the child's CASA, therapist, teacher, other service providers, the placement resource (if there is not a conflict of interest), adoptive family workers and appropriate supervisors.

If appropriate, the child may also be invited to attend. These ~~members of the team~~ attendees share information and provide input to support the BIS Team in making a decision about the adoptive placement for the Child Welfare Case Management (CWCMP) Program Director or designee to authorize.

## CONSIDERATIONS IN THE BIS

There are many factors to consider in selecting an adoptive family for the child:

- The child's relationship to the prospective adoptive parents
- The age of the child
- The cognitive ability of the child to understand changes

- The degree to which the child has accepted the fact that they will not be returning to their birth parents
- The child's willingness to be adopted and the child's preferences all need to be taken into account.
- Children are often adopted as a part of a sibling group, so the adoptive family needs to commit to adopting all of the siblings for those who are to be adopted together.
- The child's contact with relatives or others who are important connections in their lives is also a consideration.

## WHAT HAPPENS AFTER THE BIS?

The family selected reviews the child's file and makes a decision to adopt the child. Visitation and planning for the adoptive placement begins. Once the family selected has committed to adopting the child, the other families considered (if any) are notified that they were not selected.

## WHO CAN I CONTACT FOR MORE INFORMATION?

### DCF CONTACT INFORMATION

1-888-369-4777  
www.dcf.ks.gov

Appendix 5S  
Best Interest Staffing  
REV ~~July 19~~ Jan 24

# BEST INTEREST STAFFING

## *FOR CHILDREN IN FOSTER CARE*

Adoption from Foster Care is a service to the child

Prevention and Protection Services

Strong Families Make a Strong Kansas

## **WHAT IS A BEST INTEREST STAFFING?**

When children in the custody of the Secretary of the Kansas Department for Children and Families (DCF) are available for adoption, a meeting is held to make decisions about the family who will adopt them. This meeting is called a Best Interest Staffing (BIS), as the goal is to meet the best interest of the child by selecting the family who can best meet the child's needs.

Required participants are the child welfare case management provider, and another individual who knows the child well. ~~All participants are the members of the BIS team.~~

## **CRITERIA FOR SELECTION**

The criteria for selection is the adoptive family's understanding of and commitment to meeting the present and future safety, well-being and permanency needs of the child and the child's acceptance of this family as his/her family. Relatives are given preference per state and federal law.

## **MEPA/ ICWA**

The Multi-Ethnic Placement Act (MEPA) as amended, and the Indian Child Welfare Act (ICWA) are federal laws that direct children to be placed as soon as possible with families who can meet their needs.

MEPA, as amended, indicate placements are not to be delayed or denied due to race, color or national origin, or because there is not suitable family in the geographic area.

The ICWA requires that Indian tribal membership be addressed when looking for adoptive placements.

## **STEPS IN THE ADOPTIVE HOME SELECTION PROCESS**

If a family who has a connection to the child has expressed an interest in adopting the child, an adoptive family assessment and preparation study is completed (often a relative or foster family).

Families who already have an adoptive family assessment and are listed on the Adoption Exchange are considered for those children who do not have an adoptive resource.

Participants review the child's social history and the adoptive family assessments prior to the BIS. Any gaps in information are addressed.

The BIS is facilitated by the Child Welfare Case Management Provider and the child's best interests and the strengths and needs of the prospective families are discussed.

The BIS team selection, along with supporting documentation, is sent to the CWCMP Program Director or designee for authorization.



## **1610 Criteria for Completing an Initial Assessment with no further PPS action needed on FINA Reports**

Criteria for completing an Initial Assessment with the decision to not assign for further assessment listed for abuse/neglect reports in PPM 1310 are also applicable to FINA reports. In addition, the following reasons apply to FINA reports:

A. Report indicates family is receiving services on their own.

B. Report indicates the concern has been referred to or is the responsibility of another agency.

If a referral is made to another agency, the basis for not assigned for further assessment shall indicate the agency where the information was sent.

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_

KEES Client ID: \_\_\_\_\_ FACTS Client ID: \_\_\_\_\_ FACTS Case # \_\_\_\_\_  
KEES Case #: \_\_\_\_\_

**Initial Basic Eligibility Determination**

**Section 1: Legal Information**

A. ~~Date the Petition, Complaint or Affidavit was filed requesting custody:~~

Date court proceedings were initiated: \_\_\_\_\_ Eligibility Month/Year: \_\_\_\_\_

Source of Documentation: \_\_\_\_\_

B. ~~Did the State agency receive legal custody of the child?:~~

Agency with Custody: \_\_\_\_\_

Was the child placed in the custody of DCF? \_\_\_\_\_ Date of Custody Order: \_\_\_\_\_

Yes

No ~~The child is not IV-E basic eligible nor eligible for KanCare-~~

If NO, child is not IV-E basic eligible.

Source of Documentation: \_\_\_\_\_ Date: \_\_\_\_\_

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 ~~The child is not IV-E basic eligible go to Section 4~~

If NO, the child is not IV-E basic eligible.

Source of Documentation: \_\_\_\_\_ Date of CTW Finding: \_\_\_\_\_

D. ~~Eligibility Month:~~ \_\_\_\_\_ as the CTW finding on the specified relative the child lived with at the time of removal

Yes  No

E. Was there an initial 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. ~~Was the child physically or constructively removed from the home of a specified relative within six months of the eligibility month?~~ Name of individual(s) child was removed from: \_\_\_\_\_

Yes

No ~~The child is not IV-E basic eligible go to Section 4~~

Source of Documentation: \_\_\_\_\_

B. Who was the child living with during the eligibility month? Is this a specified relative?  Yes  No

If NO, the child is not IV-E Basic eligible.

Name: \_\_\_\_\_ Source of Documentation: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

C. ~~Date the child began living with above named person (s)~~ Was the child living with the specified relative during or 6 months prior to the eligibility month?  Yes  No Source of documentation: \_\_\_\_\_

If NO, the child is not IV-E basic eligible.

Source of Documentation: \_\_\_\_\_  
Prevention and Protection Services

D. Was the child removed from the specified relative by 5 pm the next business day following the custody order?

- Yes  No

Source of Documentation: \_\_\_\_\_

D.1 If NO, are the efforts to locate the child documented per PPM 5911?  Yes  No

D.1 If NO, the child is not IV-E Basic eligible.

Date Removed from Specified Relative: \_\_\_\_\_ Source of Documentation: \_\_\_\_\_

E. Was the removal from the specified relative physical or constructive?

**Section 3: AFDC Relatedness Information**

Persons in the AFDC Group	Relationship to the Child	Gross Monthly Earned Income	Unearned Income	Resources
	Self	\$0.00	\$0.00	0

A. Was the child living with a specified relative during the eligibility month or the 6 months prior to the child entering State's custody?

- Yes
- No The child is not IV-E basic eligible go to Section 4

Source of Documentation: \_\_\_\_\_

B. Age: Is the child under the age of 18 years of age?

- Yes
- No The child is not IV-E basic eligible go to Section 4

Source of Documentation: \_\_\_\_\_

**Section 4: Income and Resources**

**A. Resources:** Are the total countable resources of the AFDC Group member less than \$10,000?

- Yes**  
 **No** If NO, The child is not IV-E basic eligible go to **Section 4**

Source of Documentation:

(Attach screen prints to support income and resources.)

**B. Income:** Only include Income from the AFDC Group

AFDC Group Size: 1  **Shared** 185% AFDC Need Income Limit: \_\_\_\_\_  
 County: \_\_\_\_\_  **Non Shared** 100% AFDC Need Income Limit: \_\_\_\_\_

185% Need Standard Income Test

Gross Earnings:	\$	<u>0.00</u>
Current Child Support Income:	\$+	<u>0.00</u>
Other Unearned Income :	\$+	<u>0.00</u>
Deemed Stepparent Income:	\$+	<u>0.00</u>
<b>Total Income:</b>	\$	<u>0.00</u>

100% Need Standard Income Test

Gross Earned Income:	\$	<u>0.00</u>
Subtract \$90 per worker (disregard)	\$-	<u>0.00</u>
Subtotal (remaining income):	\$	<u>0.00</u>
Subtract \$30 per worker (disregard)	\$-	<u>0.00</u>
Subtotal (amended income):	\$	<u>0.00</u>
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>
<b>Total Adjusted Income:</b>	\$	<u>0.00</u>

**C.** Is the total gross income less than 185% of the need standard for the AFDC group size?

- Yes** Continue to the 100% Need Standard Income Test.  
 **No** The child is not IV-E basic eligible go to **Section 4.**

**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 go to **Section 4**

Source of Documentation:

- Wages  BARI  BASI  **VEHH**  **UNI**  
 **Equifax/Work Number**  **OTAP**  **LIRA**  **VIQM**  **CHILI Care**  **COMN**  
 **TPQY**  **COLL**  **LCDA**  Other: \_\_\_\_\_

(Attach screen prints and source documents.)

**Section 5: Deprivation, Age and Citizenship**

**A. Deprivation:** 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

- Yes** Deprivation Factor: \_\_\_\_\_
- No** **If NO**, the child is not IV-E basic eligible go to **Section 4**

Source of Documentation: \_\_\_\_\_

**B. Was the child under age 18 on the date of custody order?**

- Yes**  **No** **If NO**, the child is not IV-E basic eligible.

Source of Documentation: \_\_\_\_\_

**C. Citizenship:** 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 go to **Section 4**

Source of Documentation: \_\_\_\_\_

**Section 4: Basic Eligibility for KanCare and Foster Care Funding Source**

**A. Is the child in State's custody and placed in an out of home placement?**

- Yes** The child is eligible for a KanCare
- No** The child is not eligible for a KanCare

*Continuation of the child's day to day eligibility for KanCare is contingent that the youth is in an eligible Medicaid Placement. Refer to PPM section 5900 for a list of non eligible placements.*

**Section 6: Basic Eligibility and Funding Source**

**B. How were all of the questions in Section 1 to Section 3 answered?**

**Is the child IV-E Basic eligible?**

- Yes** The child is ***IV-E Basic Eligible*** go to **Section 5**
- No** The child is not eligible IV-E funding. They are eligible for ***State Funding*** only.

**If NO**, the child is eligible for State funds only.

**Section 5: Initial IV-E Payment Eligibility**

**A. Did the original court order removing the child from the home state that reasonable efforts (RE) were made to prevent the child's removal or the situation precluded reasonable efforts?**

- Yes**
- No** The child is not IV-E payment eligible for the current foster episode.

**B. Does the child receive SSI benefits?**

- Yes**  **No**

Source of Documentation:

\_\_\_\_\_  
(Attach Source Documentation)

*Consideration on a case by case basis regarding SSI benefits versus IV-E reimbursement.*

\_\_\_\_\_  
Eligibility Specialist Name

\_\_\_\_\_  
Office



Date of initial determination



**Initial Eligibility Determination**

—

—

**Initial Eligibility Determination**



**Initial Eligibility Determination**





## State Child Death Review Board Case Information Summary

<b>To:</b>	<b>State Child Death Review Board (SCDRB)</b>	SCDRB Case Number:	
Decedent's Full Name:		DOB:	DOD:

Fill out decedent's family information below. Include biological and adoptive family members. Add lines as needed.

Mother's Name	Date of Birth	Race	
Father's Name	Date of Birth	Race	
Other Caretaker's Name	Date of Birth	Race	Relationship
Sibling's Name	Date of Birth	Race	Relationship( <i>half/step/adoptive</i> )

1. Was either parent a victim of child maltreatment?  
 Mother       Father       Neither       Unknown
  
2. Was decedent receiving mental health services?       Yes       No  
 If known, please explain:
  
3. Did decedent have a history of substance use?       Yes       No  
 If known, please explain:
  
4. Did decedent engage in delinquent behavior or have any criminal history?  
 If known, please explain:       Yes       No
  
5. Were any DCF services provided to decedent or immediate family?       Yes       No  
 If yes, please list type of services (PPS, EES, VR Services):

16. Was there PPS involvement with the decedent and/or family siblings? (Check all that apply)  
 On decedent       On another child in the home  
 No PPS involvement  
 Case open at time of death       Case closed prior to death       Open at after time of death

2. Were any other DCF services provided to this family?       Yes       No      If yes, type of services:

37. If prior DCF history, total number of reports (screened in & screened out) received on eh \_\_\_\_\_

## State Child Death Review Board Case Information Summary

decedent family or siblings as a victim, perpetrator or identified child. Multiple FA cases may apply:

4. Of total number of the above noted reports noted above, indicate number of each below reports which were:
- assessed by KPRC but did not proceed to investigation or FBA-FINA (screened \_\_\_\_\_)
  - were non-abuse/neglect (CINC/NAN's)/FBA accepted as FINA and assessed for \_\_\_\_\_
  - were investigated as abuse or neglect (PPS investigation) \_\_\_\_\_

5. Note below List in chart below the reports that were assessed or investigated (screened in) on the decedent or siblings in the home. Provide a summary of DCF involvement including a brief summary of the case and the outcome. Include the case finding, services/referrals provided, if decedent or siblings were placed in DCF custody, KDOC, or juvenile detention. Add lines as needed. or assessed (if additional space is needed attached a separate sheet)

Date of Report Assigned	Mandated reporter? Y or N	Alleged Victim's Name	Type of A/N Case Investigated	FBA Concern (NAN cases) Type of FINA Concern (NAN Cases)	Case Finding if of A/N Investigation (sub or unsub) (affirmed, substantiated, unsubstantiated)	Alleged Perpetrator (name & relationship)
Summary of DCF involvement including services/referrals provided:					<input type="checkbox"/> Aff. <input type="checkbox"/> Sub. <input type="checkbox"/> Unsub..	
Summary of DCF involvement including services/referrals provided:					<input type="checkbox"/> Aff. <input type="checkbox"/> Sub. <input type="checkbox"/> Unsub..	
Summary of DCF involvement including services/referrals provided:					<input type="checkbox"/> Aff. <input type="checkbox"/> Sub. <input type="checkbox"/> Unsub..	
Summary of DCF involvement including services/referrals provided:					<input type="checkbox"/> Aff. <input type="checkbox"/> Sub. <input type="checkbox"/> Unsub..	
Summary of DCF involvement including services/referrals provided:					<input type="checkbox"/> Aff. <input type="checkbox"/> Sub. <input type="checkbox"/> Unsub..	

8. Was the family involved in any community services?  Yes  No  
 If so, please provide details:

6. 9. Was a CINC petition requested or filed on in any of the reports involving decedent or siblings? above. If so, explain:  Yes  No  
 If yes, please provide details:

## State Child Death Review Board Case Information Summary

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7. Was        decedent        and/or siblings        ever in        the custody        care of        the Secretary of DCF        or the Secretary of K  Yes  No

JS? If yes, please provide details: \_\_\_\_\_

8. Was decedent in out of home placement at the time of death (in custody of DCF Secretary or KDOC JS  Yes  No Secretary)? \_\_\_\_\_

If so, where was placement? \_\_\_\_\_

---

9. Decedent's Mother's Information:

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Race: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Address: \_\_\_\_\_

---

10. Decedent's Father's Information:

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Race: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Address: \_\_\_\_\_

---

11. Sibling information:

_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

---

12. Others in home:

_____	DOB: _____	Race: _____	Relationship: _____	_____
_____	DOB: _____	Race: _____	Relationship: _____	_____
_____	DOB: _____	Race: _____	Relationship: _____	_____
_____	DOB: _____	Race: _____	Relationship: _____	_____

---

13. Summary of DCF agency involvement on the decedent, or any family members or residents in the home. If so, state name(s) of who was known to agency, and why.  
(This question is where you tell the story of what you know of the child/family, including specific information on each report. Indicate if involvement was prior or subsequent to child's death. If were ever in custody, note why they were in custody. If offered services, note what services they covered, i.e. covered age appropriate discipline techniques, caring for a baby, etc.)

\_\_\_\_\_

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14. Was DCF involved in investigation of child's death? If so, was it done jointly with law enforcement and what was the case finding?

\_\_\_\_\_

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## State Child Death Review Board Case Information Summary

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15. Any additional information that would be important to know about this family?

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16. Is there a concern for any child(ren) remaining in the home? Why or why not?

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Form completed by:		Date:	
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Copies to:  Executive Director of the SCDRB, 120 SW Tenth Ave., 2<sup>nd</sup> floor, Topeka, KS 66612-1597  
 PPS Administration  Case File



### Critical Incident Notification

Select One:  Initial  Update  
 Notification

SECTION I CRITICAL INCIDENT INFORMATION AND TYPE COMPLETE SECTIONS I AND II FOR INITIAL NOTIFICATION			
<b>Select any which apply to this critical incident as defined in PPM 0510:</b>			
<input type="checkbox"/> Child death			
<b>Provide to FACTS Data staff the following:</b>			
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 ( <b>Complete Sections I &amp; II Only</b> )			
<input type="checkbox"/> <b>Media-</b> incident which has drawn public media attention or become legislative concern			
<b>FACTS CASE HEAD: (last, first)</b>		<b>FACTS CASE #:</b>	
<b>Child(ren) Name(s): (last, first)</b>		<b>DOB(s):</b>	
Is the child(ren) in the custody of the Secretary? <input type="checkbox"/> No <input type="checkbox"/> Yes			
<del>No</del>			
<del>Yes</del>	<b>Date of Custody:</b>	<b>Date of out of home placement:</b>	
<del>Date of last PPS/Provider contact with child:</del>			
<del>Agency name who completed last contact:</del>			
<del>FACTS CASE HEAD: (last, first)</del>		<del>FACTS CASE #:</del>	
<del>Completed by:</del>		<del>Date Submitted:</del>	
<b>DCF Region:</b>		<b>County:</b>	
<b>Local DCF Office:</b>		<b>Assigned DCF Staff:</b>	
<b>Provider:</b>		<b>Assigned Provider Staff:</b>	
<b>Date of last PPS/Provider in person contact with child:</b>			
<b>Agency name who completed last contact:</b>			
<b>Completed by:</b>			
		<b>Date:</b>	

### Critical Incident Notification

<b>SECTION I.A At the time of the incident did PPS have an open case? (Completed by DCF only)</b>		
<input type="checkbox"/> No	(If no, skip to Section II.)	
<input type="checkbox"/> Yes	<b>If yes, select the type of open case</b> (Select all that apply) and provide the date of the 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:

<b>Briefly describe the family’s situation which led to the current open case:</b>
<b>CARE Referral(s) ever completed for this family (Completed by DCF only):</b> <span style="float: right;"><input type="checkbox"/> No      <input type="checkbox"/> Yes</span>
If yes, please provide details including date(s) and recommendation(s):

### Critical Incident Notification

SECTION II. CRITICAL INCIDENT DESCRIPTION:			
<b>Date of Incident:</b>		<b>Date of knowledge of the incident:</b>	
<b>Date of last PPS/Provider contact with child:</b>			
<b>Agency name who completed last contact:</b>			
<b>Was a report made to the Kansas Protection Report Center reference this critical incident?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes			
<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes	If yes, provide Intake Event #:	
<b>Describe the critical incident (Include the condition of the child):</b>			
<b>Describe immediate action(s) taken following the critical incident:</b>			
<b>How was safety ensured following the critical incident?</b>			
<b>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):</b>			
<b>Other:</b>			

### Critical Incident Notification

<b>SECTION III. CASE INFORMATION:</b>			
<b>(List all applicable children whose safety is a concern or select N/A. Check box for the identified child(ren) involved in this critical incident.)</b>			
<b>INSTRUCTIONS for adding additional children:</b> Unlock the form, if locked. Click in the table selected to copy. Hover cursor over the top left corner above the identified child check box until the 4-arrow symbol  appears. Click on the symbol to highlight the Child Name table. Copy the table. Click down below the table and allow 2 spaces. Paste the new table.			
<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)			
<b>Child Name:</b>		<b>DOB:</b>	
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):		
<b>Child Name:</b>		<b>DOB:</b>	
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):		
<b>Child Name:</b>		<b>DOB:</b>	
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):		
<b>Child Name:</b>		<b>DOB:</b>	
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):		
<b>Child Name:</b>		<b>DOB:</b>	
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):		
<b>Child Name:</b>		<b>DOB:</b>	
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

<b>Name(s) of all others involved:</b> (Caregivers, others involved in the critical incident, other individuals living in the home, non-residential parent, etc.)	<b>Other individual's relationship to identified child:</b>

<b>Completed by:</b>		<b>Date Submitted:</b>
----------------------	--	------------------------

**PPS Administrator Review:**  
The information described in this incident meets the definition of a critical incident.     Yes     No

PPS Administrator Signature:	Date:
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<b>Section SECTION IV. UPDATES:</b>
Date:
Update:



NOTICE OF DEPARTMENT FINDINGS

Date of Mailing:		Event #:		DCF Office:	
TO:		FROM:			
ADDRESS:		TELEPHONE #:			
Street/P.O. Box _____		ADDRESS:			
City _____ State _____		Street/P.O. Box _____			
ZIP _____		City _____ State _____			
ZIP _____		ZIP _____			
					("Report Date" on PPS 1001)
The Kansas Department for Children and Families has completed an investigation of a report dated:					
The following decisions have been made:					
Child's Name/ Alleged Victim	Allegation	Finding	Unsubstantiated Alleged Perpetrator OR Affirmed or Substantiated Perpetrator *		
<p><b>*NOTE TO THE UNSUBSTANTIATED ALLEGED PERPETRATOR:</b> An unsubstantiated finding is a determination the incident reported was not affirmed or substantiated.</p> <p><b>*NOTE TO THE AFFIRMED PERPETRATOR:</b> An Affirmed case finding does not result in the perpetrator's name being placed on the Kansas Child Abuse/Neglect Central Registry. Affirmed Perpetrators have the opportunity to appeal the Kansas Department for Children and Families (DCF) findings. See reverse side for additional information.</p> <p><b>*NOTE TO SUBSTANTIATED PERPETRATORS:</b> Substantiated Perpetrators have the opportunity to appeal agency findings. If a substantiated perpetrator does not appeal or the appeal is unsuccessful, the substantiated perpetrator's name will be placed on the Kansas Child Abuse/Neglect Central Registry. Persons whose names appear on the Central Registry are not permitted by law to work, reside, or regularly volunteer in child care homes or facilities licensed or regulated by the Kansas Department for Health and Environment (KDHE) or the Kansas Department for Children and Families (DCF) Foster Care and Residential Facility Licensing. A substantiated finding may affect a substantiated perpetrator's current employment status in a childcare or residential facility licensed or regulated by the KDHE or DCF Foster Care and Residential Facility Licensing and such person's ability to obtain employment in the future. See reverse side for additional important information regarding appeal and expungement processes.</p>					
Recommendations:	<input type="checkbox"/> NO	<input type="checkbox"/> YES	Document Recommendations:		
Is case finding substantiated or affirmed with a child under the age of three?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	YES If yes, a referral to Infant-Toddler Services shall be completed.		
Basis of Decision:					
Distribution/copies:	An * in the box indicates persons receiving a copy of this notice.			<input type="checkbox"/>	File
<input type="checkbox"/> Parents/Care giver of child	<input type="checkbox"/>	Alleged Perpetrator	<input type="checkbox"/>	<input type="checkbox"/>	Child
<input type="checkbox"/> Contractor providing services	<input type="checkbox"/>	Director of Facility	<input type="checkbox"/>	<input type="checkbox"/>	Child Placing Agency of foster home
<input type="checkbox"/> KDHE	<input type="checkbox"/>	Regional Mental Health Field Staff	<input type="checkbox"/>	<input type="checkbox"/>	KDADS
<input type="checkbox"/> KDOC-JS	<input type="checkbox"/>	DCF Foster Care and Residential Facility Licensing	<input type="checkbox"/>	<input type="checkbox"/>	DCF Child Care Provider Manager
<input type="checkbox"/> County/District Attorney (SB/AF)				<input type="checkbox"/>	

**Important Information**

**What do the terms “unsubstantiated,” “affirmed” and “substantiated” mean?**

A report of alleged or suspected child abuse or neglect is determined to be “unsubstantiated” if a reasonable person would conclude it is more likely than not (preponderance of the evidence) the facts or circumstances do not result in a finding of abuse and/or neglect per applicable Kansas Statutes Annotated (K.S.A.) and Kansas Administrative Regulations (K.A.R.) definition.

A report of alleged or suspected child abuse or neglect is determined to be “affirmed” if a reasonable person weighing the facts and circumstances would conclude it is more likely than not (preponderance of the evidence) the alleged perpetrator’s actions or inactions meet the abuse and/or neglect definition per applicable K.S.A. and K.A.R.

A report of alleged or suspected child abuse or neglect is determined to be “substantiated” if a reasonable person weighing the facts and circumstances would conclude it is more likely than not (preponderance of the evidence) the alleged perpetrator’s actions or inactions meet the abuse and/or neglect definition per applicable K.S.A. and K.A.R. and criterion for a substantiated case finding is met. A substantiated case finding results in the perpetrator’s name being placed on the Kansas Child Abuse/Neglect Central Registry. The perpetrator is then prohibited from residing, working, or regularly volunteering in a childcare facility licensed or regulated by KDHE or Kansas Department for Children and Families Foster Care and Residential and Facility Licensing.

Information regarding unsubstantiated, affirmed, or substantiated findings is restricted by law and is not available to the general public (K.S.A. 38-2209 et seq). The information retained by DCF for the purpose of assisting the department if additional reports are received involving the same children or adults. The information is available to other agencies with a legal responsibility to protect children, or as otherwise provided by law.

**Substantiated Perpetrator**

Substantiated perpetrators are those persons who have been substantiated as having committed an act of child abuse or neglect, as defined by Kansas Statutes Annotated 38-2202 and Kansas Administrative Regulations (30-46-10), and are then prohibited from residing, working, or regularly volunteering in a child care facility pursuant to K.S.A. 65-516, and amendment thereto. DCF has established criteria for determining when a perpetrator has been substantiated. A person who meets the criteria is substantiated and their name entered in the Kansas child abuse and neglect central registry. The Kansas Child Abuse Central Registry is a listing of persons who have been confirmed, validated or substantiated for child abuse or neglect.

Kansas law (K.S.A. 65-516) states no person shall knowingly maintain a licensed childcare or residential facility if there resides, works or regularly volunteers any person who is listed in the child abuse registry as confirmed, validated or substantiated for child abuse or neglect.

Notice of a substantiation will be provided to the Kansas Department of Health and Environment, the Kansas Department for Children and Families Foster Care and Residential Facility Licensing, and to the childcare or residential facility.

**Release of Information**

Information about reports or findings regarding child abuse and neglect is not available to the general public. The information is retained by DCF for the purpose of assisting the department if additional reports are received involving the same children or adults. The information is available to other agencies with a legal responsibility to protect children, or as otherwise provided by law (K.S.A. 38-2209 et seq). Information regarding a substantiated perpetrator will be released as required by law or upon a written release of information by the person whose name is listed on the registry.

**Right to Appeal Decision**

An affirmed or substantiated perpetrator may appeal a decision of substantiation for child abuse and/or neglect by filing a written request for fair hearing pursuant to K.A.R. 30-7-68 *et seq.* with the Office of Administrative Hearings, 1020 S. Kansas, Topeka, Kansas 66612-1327 within 30 days from the date of the mailing of this Notice of Department Finding. An additional 3 days shall be allowed if this Notice of Department Finding is mailed. Additional information or fair hearing request forms may be obtained from any DCF office or on-line at <https://oah.ks.gov/Home/FilingMethods> <https://www.oah.ks.gov/Home/Forms>. The person against whom an affirmed or substantiated finding decision has been made may have legal counsel or others to represent said person at the hearing. If the affirmed or substantiated person is dissatisfied with the hearing decision, said person with the affirmed or substantiated finding may request in writing a review of the decision by the State Appeals Committee. The decision of the State Appeals Committee may be appealed to the district court.

**Expungement from the Central Registry**

If a substantiated perpetrator’s name is placed on the Kansas child abuse and neglect central registry, said person may apply to the Secretary of DCF to have his or her name expunged from the central registry when three years have passed since the most recent entry of the substantiated person’s name on the registry and when there has been a change in his or her circumstances or there is new information for the panel to consider. The application for expungement shall be in writing and shall be directed to the Secretary of the Department for Children and Families, Attention: Prevention and Protection Services, 555 S. Kansas Ave., 4<sup>th</sup> floor, Topeka, KS 66603.



ວັນທີສົ່ງໄປສະນີ:		ເຫດການ ເລກທີ:		ຫ້ອງການ DCF:	
ເຖິງ:		ຈາກ:			
ທີ່ຢູ່:		ເບີໂທລະສັບ:			
ຖະໜົນ/ຕູ້.ປ. ນ		ທີ່ຢູ່:			
ເມືອງ	ລັດ	ຖະໜົນ/ຕູ້.ປ. ນ	ເມືອງ	ລັດ	
ລະຫັດໄປສະນີ		ລະຫັດໄປສະນີ			
ພະແນກເດັກນ້ອຍ ແລະ ຄອບຄົວລັດ Kansas ໄດ້ເຮັດສໍາເລັດການສືບສວນລາຍງານວົງວັນທີ:					("ວັນທີລາຍງານ" ໃນ PPS 1001)
ໄດ້ມີການເຮັດຄໍາຕັດສິນຕໍ່ໄປນີ້:					
ຊື່ເດັກນ້ອຍ/ ຜູ້ເຄາະຮ້າຍທີ່ຖືກກ່າວຫາ	ຂໍ້ກ່າວຫາ	ສິ່ງຄົນພົບ	ຜູ້ກະທໍາຜິດທີ່ຖືກກ່າວຫາ ຫຼື ຜູ້ກະທໍາຜິດທີ່ຍືນຍັນ ຫຼື ພິສູດຄວາມຜິດແລ້ວ*		
*ໝາຍເຫດຕໍ່ກັບຜູ້ກະທໍາຜິດທີ່ຍືນຍັນຄວາມຜິດແລ້ວ: ຜົນການສືບສວນກໍລະນີທີ່ຍືນຍັນແລ້ວບໍ່ສົ່ງຜົນເຮັດໃຫ້ຊື່ຂອງຜູ້ກະທໍາຜິດຖືກບັນຈຸເຂົ້າໃນທະບຽນກາງເລື່ອງການທາລຸນ/ການລະເລີຍເດັກຂອງລັດ Kansas. ຜູ້ກະທໍາຜິດທີ່ຍືນຍັນຄວາມຜິດແລ້ວມີໂອກາດອຸທອນຜົນການສອບສວນຂອງພະແນກເດັກນ້ອຍ ແລະ ຄອບຄົວ (DCF) ລັດ Kansas ໄດ້. ເບິ່ງຂໍ້ມູນເພີ່ມເຕີມຢູ່ດ້ານຫຼັງ.					
*ໝາຍເຫດຕໍ່ກັບຜູ້ກະທໍາຜິດທີ່ພິສູດຄວາມຜິດແລ້ວ: ຜູ້ກະທໍາຜິດທີ່ພິສູດຄວາມຜິດແລ້ວມີໂອກາດອຸທອນຜົນການສືບສວນຂອງອົງການໄດ້. ຖ້າຜູ້ກະທໍາຜິດທີ່ພິສູດຄວາມຜິດແລ້ວບໍ່ອຸທອນ ຫຼື ການອຸທອນບໍ່ສໍາເລັດ, ຊື່ຂອງຜູ້ກະທໍາຜິດທີ່ພິສູດຄວາມຜິດແລ້ວຈະຖືກບັນຈຸໃສ່ທະບຽນກາງເລື່ອງການທາລຸນ/ການລະເລີຍຂອງລັດ Kansas. ບຸກຄົນຜູ້ທີ່ມີຊື່ຢູ່ໃນທະບຽນກາງບໍ່ໄດ້ຮັບອະນຸຍາດຈາກກົດໝາຍໃຫ້ເຮັດວຽກ, ອາໄສຢູ່ ຫຼື ເປັນອາສາສະໝັກປະຈໍາຢູ່ໃນເຮືອນ ຫຼື ສະຖານດູແລເດັກທີ່ໄດ້ຮັບອະນຸຍາດ ຫຼື ຖືກຄວບຄຸມໂດຍພະແນກສຸຂະພາບ ແລະ ສິ່ງແວດລ້ອມລັດ Kansas (KDHE) ຫຼື Foster Care ແລະ Residential Facility Licensing ຂອງພະແນກເດັກນ້ອຍ ແລະ ຄອບຄົວ (DCF) ລັດ Kansas. ຜົນການສືບສວນທີ່ພິສູດແລ້ວອາດຈະມີຜົນກະທົບຕໍ່ກັບສະຖານະການຈ້າງງານໃນປັດຈຸບັນຂອງຜູ້ກະທໍາຜິດທີ່ພິສູດຄວາມຜິດແລ້ວຢູ່ໃນສະຖານດູແລ ຫຼື ບ່ອນຢູ່ອາໄສເດັກທີ່ໄດ້ຮັບອະນຸຍາດ ຫຼື ຖືກຄວບຄຸມໂດຍ KDHE ຫຼື DCF Foster Care ແລະ Residential Facility Licensing ແລະ ຄວາມສາມາດຂອງບຸກຄົນດັ່ງກ່າວໃນການໄດ້ຮັບການຈ້າງງານໃນອະນາຄົດ. ໃຫ້ເບິ່ງໜ້າເຈ້ຍເບື້ອງຫຼັງກ່ຽວກັບຂໍ້ມູນສໍາຄັນເພີ່ມເຕີມໃນການດໍາເນີນການຂອງການຂໍອຸທອນແລະການລົບລ້າງ(ຄະດີ)					
ຄໍາແນະນໍາ:	<input type="checkbox"/> ບໍ່	<input type="checkbox"/> ແມ່ນ	ຄໍາແນະນໍາເອກະສານ:		
ຜົນການສືບສວນກໍລະນີໄດ້ພິສູດ ຫຼື ຍືນຍັນຄວາມຜິດກັບເດັກທີ່ມີອາຍຸຕໍ່າກວ່າສາມປີ?	<input type="checkbox"/> ແມ່ນ	<input type="checkbox"/> ບໍ່	ແມ່ນ ຖ້າແມ່ນ, ຈະຕ້ອງເຮັດສໍາເລັດການນໍາສົ່ງຫາການບໍລິການເດັກເກີດໃໝ່-ເດັກຮຽນ.		
ພື້ນຖານຂອງຄໍາຕັດສິນ:					
ການແຈກຢາຍ/ສໍາເນົາ:	* ໃນກ່ອງຊົບອກບຸກຄົນທີ່ໄດ້ຮັບສໍາເນົາຂອງແຈ້ງການນີ້.			<input type="checkbox"/>	ແມ່ນ
<input type="checkbox"/> ພໍ່ແມ່/ຜູ້ໃຫ້ການດູແລເດັກ	<input type="checkbox"/>	ຜູ້ກະທໍາຜິດທີ່ຖືກກ່າວຫາ	<input type="checkbox"/>	ເດັກ	
<input type="checkbox"/> ຜູ້ຮັບໜ້າທີ່ໃຫ້ການບໍລິການ	<input type="checkbox"/>	ຫົວໜ້າສະຖານທີ່	<input type="checkbox"/>	ອົງການບັນຈຸເດັກເຂົ້າໃນສະຖານສົ່ງເຄາະ	
<input type="checkbox"/> KDHE	<input type="checkbox"/>	ພະນັກງານພາກສະໜາມຝ່າຍສຸຂະພາບຈິດປະຈໍາເຂດ	<input type="checkbox"/>	KDADS	
<input type="checkbox"/> KDOC-JS	<input type="checkbox"/>	DCF Foster Care ແລະ Residential Facility Licensing	<input type="checkbox"/>	ຜູ້ຈັດການຝ່າຍຜູ້ໃຫ້ການດູແລເດັກຂອງ DCF	
<input type="checkbox"/> ທະນາຍຄວາມເຂດບົກຄອງ/					

ເມືອງ (SB/AF)			
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### ຂໍ້ມູນສໍາຄັນ

#### ຄໍາສັບ “ບໍ່ພິສູດໄດ້”, “ຍືນຍັນແລ້ວ” ແລະ “ພິສູດແລ້ວ” ໝາຍຄວາມວ່າແນວໃດ?

ລາຍງານການທາລຸນ ຫຼື ການລະເລີຍເດັກທີ່ກ່າວຫາ ຫຼື ສົງໄສວ່າເກີດຂຶ້ນຖືກກຳນົດວ່າ “ບໍ່ພິສູດໄດ້” ຖ້າບຸກຄົນທີ່ມີເຫດຜົນທີ່ໄວ້ໄປຈະສະຫຼຸບໄດ້ວ່າມັນເປັນໄປໄດ້ຫຼາຍກວ່າ (ນໍາໜັກຂອງຫຼັກຖານ) ຂໍ້ເທັດຈິງ ຫຼື ສະພາບການບໍ່ສົ່ງຜົນໃຫ້ເກີດການຄົ້ນພົບການທາລຸນ ແລະ/ຫຼື ການລະເລີຍ ອີງຕາມຄຳນິຍາມຂອງ Kansas Statutes Annotated (K.S.A.) ແລະ Kansas Administrative Regulations (K.A.R.).

ລາຍງານການທາລຸນ ຫຼື ການລະເລີຍເດັກທີ່ກ່າວຫາ ຫຼື ສົງໄສວ່າເກີດຂຶ້ນຖືກກຳນົດວ່າ “ຍືນຍັນແລ້ວ” ຖ້າບຸກຄົນທີ່ມີເຫດຜົນທີ່ຊັງຊາຂໍ້ເທັດຈິງ ແລະ ສະພາບການແລ້ວຈະສະຫຼຸບວ່າມັນເປັນໄປໄດ້ຫຼາຍກວ່າ (ນໍາໜັກຂອງຫຼັກຖານ) ວ່າການກະທຳ ຫຼື ການບໍ່ກະທຳຂອງຜູ້ກະທຳຜິດແມ່ນຕອບສະໜອງໄດ້ຄຳນິຍາມການທາລຸນ ແລະ/ຫຼື ການລະເລີຍເດັກອີງຕາມ K.S.A. ແລະ K.A.R. ທີ່ນຳໃຊ້.

ລາຍງານການທາລຸນ ຫຼື ການລະເລີຍເດັກທີ່ກ່າວຫາ ຫຼື ສົງໄສວ່າເກີດຂຶ້ນຖືກກຳນົດວ່າ “ພິສູດແລ້ວ” ຖ້າບຸກຄົນທີ່ມີເຫດຜົນທີ່ຊັງຊາຂໍ້ເທັດຈິງ ແລະ ສະພາບການແລ້ວຈະສະຫຼຸບວ່າມັນເປັນໄປໄດ້ຫຼາຍກວ່າ (ນໍາໜັກຂອງຫຼັກຖານ) ວ່າການກະທຳ ຫຼື ການບໍ່ກະທຳຂອງຜູ້ກະທຳຜິດແມ່ນຕອບສະໜອງໄດ້ຄຳນິຍາມການທາລຸນ ແລະ/ຫຼື ການລະເລີຍເດັກອີງຕາມ K.S.A. ແລະ K.A.R. ທີ່ນຳໃຊ້ ແລະ ຕອບສະໜອງໄດ້ເກນຕົ້ອນໃນຂໍ້ສໍາລັບຜົນການສືບສວນກໍລະນີທີ່ພິສູດແລ້ວ. ຜົນການສືບສວນກໍລະນີທີ່ພິສູດແລ້ວສົ່ງຜົນເຮັດໃຫ້ຊື່ຂອງຜູ້ກະທຳຜິດຖືກບັນຈຸເຂົ້າໃນທະບຽນກາງເລື່ອງການທາລຸນ/ການລະເລີຍເດັກຂອງລັດ Kansas. ຈາກນັ້ນ ຜູ້ກະທຳຜິດຖືກຫ້າມບໍ່ໃຫ້ອາໄສຢູ່, ເຮັດວຽກ ຫຼື ເປັນອາສາສະໝັກຢ່າງເປັນປົກກະຕິຢູ່ໃນສະຖານດູແລເດັກທີ່ໄດ້ຮັບອະນຸຍາດ ຫຼື ຖືກຄວບຄຸມໂດຍ KDHE ຫຼື Foster Care ແລະ Residential and Facility Licensing ຂອງພະແນກເດັກນ້ອຍ ແລະ ຄອບຄົວລັດ Kansas.

ຂໍ້ມູນກ່ຽວກັບຜົນການສືບສວນທີ່ບໍ່ພິສູດໄດ້, ຍືນຍັນແລ້ວ ຫຼື ພິສູດແລ້ວຖືກຈຳກັດໂດຍກົດໝາຍ ແລະ ບໍ່ມີໃຫ້ແກ່ສາທາລະນະຊົນທົ່ວໄປ (K.S.A. 38-2209 et seq). ຂໍ້ມູນນີ້ຖືກຮັກສາໄວ້ໂດຍ DCF ເພື່ອຈຸດປະສົງຊ່ວຍເຫຼືອພະແນກ ຖ້າໄດ້ຮັບລາຍງານເພີ່ມເຕີມກ່ຽວກັບເດັກນ້ອຍ ຫຼື ຜູ້ໃຫຍ່ດຽວກັນ. ຂໍ້ມູນນີ້ມີໃຫ້ແກ່ໜ່ວຍງານອື່ນທີ່ມີຄວາມຮັບຜິດຊອບຕາມກົດໝາຍໃນການບົກບ້ອງເດັກນ້ອຍ ຫຼື ຕາມທີ່ກົດໝາຍກຳນົດໄວ້.

#### ຜູ້ກະທຳຜິດທີ່ພິສູດຄວາມຜິດແລ້ວ

ຜູ້ກະທຳຜິດທີ່ພິສູດຄວາມຜິດແລ້ວແມ່ນບຸກຄົນຜູ້ທີ່ຖືກພິສູດແລ້ວວ່າໄດ້ກະທຳການທາລຸນ ຫຼື ລະເລີຍເດັກແທ້ ຕາມທີ່ກຳນົດໄວ້ໂດຍ Kansas Statutes Annotated 38-2202 ແລະ Kansas Administrative Regulations ແລະ ຈາກນັ້ນຖືກຫ້າມບໍ່ໃຫ້ອາໄສຢູ່, ເຮັດວຽກ ຫຼື ເປັນອາສາສະໝັກປະຈຳຢູ່ໃນສະຖານດູແລເດັກອີງຕາມ K.S.A. 65-516, ແລະ ການແກ້ໄຂບັບປຸງໃນນັ້ນ. DCF ໄດ້ກຳນົດເກນຕົ້ອນໃນຂໍ້ສໍາລັບການຕັດສິນກຳນົດວ່າເວລາໃດຜູ້ກະທຳຜິດໃດໜຶ່ງໄດ້ຖືກພິສູດຄວາມຜິດແລ້ວ. ບຸກຄົນທີ່ຕອບສະໜອງໄດ້ເກນຕົ້ອນໃນຂໍ້ສໍາລັບການຕັດສິນກຳນົດວ່າເວລາໃດຜູ້ກະທຳຜິດໃດໜຶ່ງໄດ້ຖືກພິສູດຄວາມຜິດແລ້ວ ແລະ ຊື່ຂອງເຂົາຖືກເອົາເຂົ້າໃນທະບຽນກາງເລື່ອງການທາລຸນ ແລະ ການລະເລີຍເດັກຂອງລັດ Kansas. ທະບຽນກາງເລື່ອງການທາລຸນເດັກຂອງລັດ Kansas ແມ່ນລາຍຊື່ບຸກຄົນຜູ້ທີ່ໄດ້ຖືກຍືນຍັນ, ຮັບຮອງ ຫຼື ພິສູດຄວາມຜິດແລ້ວສໍາລັບການທາລຸນ ຫຼື ການລະເລີຍເດັກ.

ກົດໝາຍລັດ Kansas (K.S.A. 65-516) ກຳນົດໄວ້ວ່າຫ້າມບຸກຄົນໃດໜຶ່ງກໍາຕາມດຳເນີນສະຖານດູແລ ຫຼື ພິສູດແລ້ວທີ່ມີໃບອະນຸຍາດ ຖ້າມີການໃຫ້ການຢູ່ອາໄສ, ການເຮັດວຽກ ຫຼື ການເປັນອາສາສະໝັກປະຈຳແກ່ບຸກຄົນທີ່ມີຊື່ໃນທະບຽນການທາລຸນວ່າເປັນຜູ້ຖືກຍືນຍັນ, ຮັບຮອງ ຫຼື ພິສູດຄວາມຜິດແລ້ວສໍາລັບການທາລຸນ ຫຼື ການລະເລີຍເດັກ.

ແຈ້ງການກ່ຽວກັບການພິສູດຄວາມຜິດຈະຖືກສະໜອງໃຫ້ແກ່ພະແນກສຸຂະພາບ ແລະ ສິ່ງແວດລ້ອມລັດ Kansas, Foster Care ແລະ Residential Facility Licensing ຂອງພະແນກເດັກນ້ອຍ ແລະ ຄອບຄົວລັດ Kansas, ແລະ ແກ່ສະຖານດູແລ ຫຼື ຢູ່ອາໄສຂອງເດັກນ້ອຍ.

#### ການເປີດເຜີຍຂໍ້ມູນ

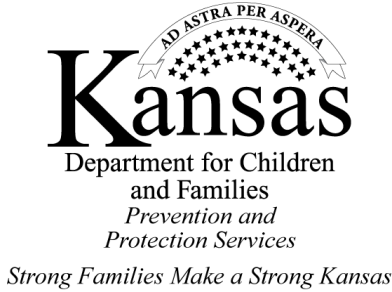
ຂໍ້ມູນກ່ຽວກັບລາຍງານ ຫຼື ຜົນການສືບສວນເລື່ອງການທາລຸນ ແລະ ການລະເລີຍເດັກບໍ່ມີໃຫ້ແກ່ສາທາລະນະຊົນທົ່ວໄປ. ຂໍ້ມູນນີ້ຖືກຮັກສາໄວ້ໂດຍ DCF ເພື່ອຈຸດປະສົງຊ່ວຍເຫຼືອພະແນກ ຖ້າໄດ້ຮັບລາຍງານເພີ່ມເຕີມກ່ຽວກັບເດັກນ້ອຍ ຫຼື ຜູ້ໃຫຍ່ດຽວກັນ. ຂໍ້ມູນນີ້ມີໃຫ້ແກ່ໜ່ວຍງານອື່ນທີ່ມີຄວາມຮັບຜິດຊອບຕາມກົດໝາຍໃນການບົກບ້ອງເດັກນ້ອຍ ຫຼື ຕາມທີ່ກົດໝາຍກຳນົດໄວ້ (K.S.A. 38-2209 et seq). ຂໍ້ມູນກ່ຽວກັບຜູ້ກະທຳຜິດທີ່ພິສູດຄວາມຜິດແລ້ວຈະຖືກເປີດເຜີຍຕາມທີ່ກົດໝາຍກຳນົດໄວ້ ຫຼື ຫຼັງຈາກການເປີດເຜີຍຂໍ້ມູນເປັນລາຍລັກອັກສອນໂດຍບຸກຄົນຜູ້ທີ່ມີຊື່ໃນທະບຽນນັ້ນ.

#### ສິດທິໃນການອຸທອນຄຳຕັດສິນ

ຜູ້ກະທຳຜິດທີ່ຍືນຍັນ ຫຼື ພິສູດຄວາມຜິດແລ້ວອາດຈະຂໍອຸທອນຄຳຕັດສິນການພິສູດຄວາມຜິດສໍາລັບການທາລຸນ ແລະ/ຫຼື ການລະເລີຍໂດຍການຍືນຍັນຄຳຮ້ອງຂໍການໄຕ່ສວນຍຸຕິທຳເປັນລາຍລັກອັກສອນ ໂດຍປະຕິບັດຕາມ K.A.R. 30-7-68 et seq. ນຳສຳນັກງານໄຕ່ສວນດ້ານການບົກຄອງ (Office of Administrative Hearings), ພະແນກການບົກຄອງລັດ (Kansas Department of Administration), 1020 S. Kansas, Topeka, Kansas 66612-1327 ພາຍໃນ 30 ວັນນັບຈາກວັນທີ່ສົ່ງແຈ້ງການຜົນການສືບສວນຂອງພະແນກນີ້ທາງໄປສະນີ. ອະນຸຍາດໃຫ້ເວລາຕື່ມອີກ 3 ວັນ ຖ້າແຈ້ງການຜົນການສືບສວນຂອງພະແນກຖືກສົ່ງທາງໄປສະນີ. ສາມາດຂໍເອົາຂໍ້ມູນເພີ່ມເຕີມ ຫຼື ຄຳ

ຮ້ອງຂໍການໄຕ່ສວນຍຸຕິທໍາໄດ້ຈາກຫ້ອງການ DCF ທຸກແຫ່ງ ທີ່ ທາງອອນລາຍທີ່ <https://oah.ks.gov/Home/FilingMethods> <https://www.oah.ks.gov/Home/Forms>. ບຸກຄົນທີ່ຖືກຍືນຍັນ ຫຼື ຜິດສຸດຄວາມຜິດແລ້ວສາມາດມີທະນາຍຄວາມທາງກົດໝາຍ ຫຼື ບຸກຄົນອື່ນເປັນຕົວແທນໃຫ້ບຸກຄົນນັ້ນຢູ່ໃນການໄຕ່ສວນໄດ້. ຖ້າບຸກຄົນທີ່ຖືກຍືນຍັນ ຫຼື ຜິດສຸດຄວາມຜິດແລ້ວບໍ່ພໍໃຈກັບຄໍາຕັດສິນຈາກການໄຕ່ສວນ, ບຸກຄົນທີ່ມີຜົນການສືບສວນເປັນຍືນຍັນ ຫຼື ຜິດສຸດຄວາມຜິດແລ້ວສາມາດຮ້ອງຂໍເປັນລາຍລັກອັກສອນເອົາການທົບທວນຄໍາຕັດສິນໂດຍຄະນະກຳມະການອຸທອນຂັ້ນລັດໄດ້. ສາມາດຂໍອຸທອນຄໍາຕັດສິນຂອງຄະນະກຳມະການອຸທອນຂັ້ນລັດຫາສານເຂດໄດ້.

**ການລຶບຊື່ອອກຈາກທະບຽນກາງ**  
ຖ້າຊື່ຂອງຜູ້ກະທຳຜິດທີ່ຜິດສຸດຄວາມຜິດແລ້ວຖືກບັນຈຸເຂົ້າໃນທະບຽນກາງເລືອງການທາລຸນ ແລະ ການລະເລີຍເດັກ, ບຸກຄົນດັ່ງກ່າວສາມາດຮ້ອງຂໍຫາເລຂາທິການຂອງ DCF ເພື່ອຂໍໃຫ້ລຶບຊື່ຂອງຕົນອອກຈາກທະບຽນກາງ ເມື່ອເວລາຜ່ານໄປສາມປີແລ້ວນັບຈາກການບັນຈຸຊື່ຂອງບຸກຄົນທີ່ຜິດສຸດຄວາມຜິດແລ້ວເຂົ້າໃສ່ທະບຽນນັ້ນຄັ້ງທ້າຍ ແລະ ເມື່ອມີການປ່ຽນແປງສະພາບການຂອງຜູ້ກ່ຽວ ຫຼື ມີຂໍ້ມູນໃໝ່ໃຫ້ຄະນະກຳມະການພິຈາລະນາ. ຄໍາຮ້ອງຂໍໃຫ້ລຶບຊື່ອອກຈາກທະບຽນຈະຕ້ອງເປັນລາຍລັກອັກສອນ ແລະ ຈະຖືກນຳສົ່ງຫາເລຂາທິການຂອງພະແນກເດັກນ້ອຍ ແລະ ຄອບຄົວ, ໂດຍສົ່ງຫາ: Prevention and Protection Services, 555 S. Kansas Ave., 4<sup>th</sup> floor, Topeka, KS 66603.



**AVISO DE LOS HALLAZGOS DEL  
DEPARTAMENTO**

Fecha del envío:		Número del evento:		Oficina del DCF:	
PARA:		DE:			
DIRECCIÓN:		NÚMERO DE			
Calle o Apartado Postal.	_____	TELÉFONO:			
Ciudad	_____	DIRECCIÓN:			
	Estado _____	Calle o Apartado Postal.	_____		
CÓDIGO		Ciudad	_____		
POSTAL		Estado	_____		
		CÓDIGO			
		POSTAL			

	("Fecha del informe" en PPS 1001)
El Departamento de Kansas para niños y familias ha completado una investigación de un informe con fecha de:	

Se han tomado las siguientes decisiones:

Nombre de niño(a)/ presunta víctima	Alegación	Hallazgos	Presunto agresor O Agresor afirmado o probado*

**\*NOTA PARA EL AGRESOR AFIRMADO:** Un hallazgo de caso afirmado no da como resultado que se ponga el nombre del agresor en el Registro Central de abuso o negligencia infantil de Kansas. Los agresores afirmados tienen la oportunidad de apelar los hallazgos del Departamento de Kansas para niños y familias (DCF, por sus siglas en inglés). Vea la parte de atrás para obtener más información.

**\*NOTA A LOS AGRESORES PROBADOS:** Los agresores probados tienen la oportunidad de realizar una apelación a los hallazgos de la agencia. Si un agresor probado no apela o si tal apelación resulta infructuosa, el nombre del agresor probado se colocará en el Registro Central de abuso o negligencia infantil de Kansas. Las personas cuyos nombres aparezcan en el Registro Central no tendrán permitido, según la ley, ni trabajar ni residir ni ofrecerse como voluntarios de manera regular en hogares de cuidado infantil o instalaciones con licencia o reguladas por el Departamento de salud y medio ambiente de Kansas (KDHE, por sus siglas en inglés) o el Departamento de Kansas para niños y familias (DCF), licencias de cuidado tutelar y de instalación residencial. Un hallazgo probado tal vez pueda afectar el estado de empleo actual de un agresor probado en un centro de cuidado infantil o en un centro residencial con licencia o regulado por el KDHE o por las licencias de cuidado tutelar y de instalación residencial de DCF y la capacidad de dicha persona para obtener un empleo en el futuro. Vea la parte de atrás para obtener más información importante con referencia a los procesos de apelación y sellado de expediente.

Recomendaciones:	<input type="checkbox"/>	NO	<input type="checkbox"/>	SÍ	Recomendaciones del documento:
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¿Es el hallazgo del caso probado o afirmado con un niño o niña menor de tres años de edad?	<input type="checkbox"/> Sí	<input type="checkbox"/> No	SÍ En caso afirmativo, se completará una remisión a los servicios infantiles.
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Base para la decisión:

Distribución/copias:	Una * en la casilla indica las personas que reciben una copia de este aviso.	<input type="checkbox"/>	Archivo
<input type="checkbox"/> Los padres/ el cuidador del niño(a)	<input type="checkbox"/>	<input type="checkbox"/>	Niño(a)
<input type="checkbox"/> Contratista que ofrece los servicios	<input type="checkbox"/>	<input type="checkbox"/>	Agencia de colocación del niño(a) en el cuidado tutelar
<input type="checkbox"/> KDHE	<input type="checkbox"/>	<input type="checkbox"/>	KDADS
<input type="checkbox"/> KDOC-JS	<input type="checkbox"/>	<input type="checkbox"/>	Gerente de proveedor del cuidado infantil del DCF
<input type="checkbox"/> Fiscal del condado o del distrito (SB/AF)	<input type="checkbox"/>	<input type="checkbox"/>	

### **Información importante**

#### **¿Qué significado tienen los términos "insustancial", "afirmado" y "probado"?**

Un informe de un presunto o sospechado abuso o negligencia se ve como "insustancial o sin fundamento" si una persona razonable concluiría que lo más probable es que no (preponderancia de la evidencia), que los hechos o circunstancias no resultan en una determinación de abuso y/o negligencia según las definiciones de los estatutos anotados de Kansas (K.S.A., por sus siglas en inglés) y de las regulaciones administrativas de Kansas (K.A.R., por sus siglas en inglés).

Un informe de un presunto o sospechado abuso o negligencia se ve como "afirmado" si una persona razonable que evalúa los hechos y las circunstancias llegase a la conclusión de que lo más probable es que sí (preponderancia de la evidencia), que las acciones o la falta de ellas del presunto agresor cumple con la definición de abuso y/o negligencia, según la aplicación de K.S.A y de K.A.R.

Un informe de un presunto o sospechado abuso o negligencia se ve como "probado" si una persona razonable que evalúa los hechos y las circunstancias llegase a la conclusión de que lo más probable es que sí (preponderancia de la evidencia), que las acciones o la falta de ellas del presunto agresor cumple con la definición de abuso y/o negligencia, según la aplicación de K.S.A y de K.A.R., y se cumple el criterio de hallazgo de un caso probado. Un hallazgo de caso afirmado da como resultado que se ponga el nombre del agresor en el Registro Central de abuso o negligencia infantil de Kansas. En tal caso, se le prohíbe al agresor residir, trabajar u ofrecerse como voluntario de manera regular en un centro de cuidado infantil con licencia o regulado por el KDHE o por el Departamento de Kansas para niños y familias, licencias de cuidado tutelar y de instalación residencial.

La información relativa a los hallazgos sin fundamento, afirmados o probados está restringida por la ley y no está disponible al público en general (K.S.A. 38-2209 y subsiguientes). La información está retenida por el DCF con el fin de ayudar al Departamento en caso de que se reciban adicionales relativos a los mismos niños o adultos. La información está disponible a otras agencias que tienen la responsabilidad legal de proteger a los niños, o según lo establezca la ley.

#### **Agresor probado**

Los agresores probados son aquellas personas sobre las cuales ha sido probado que ellas han cometido un acto de abuso o negligencia, según la definición de los estatutos anotados de Kansas 38-2202 y en las regulaciones administrativas de Kansas (30-46-10), y en tal caso se les prohíbe residir, trabajar u ofrecerse como voluntarios de manera regular en un centro de cuidado infantil, en virtud de K.S.A 65-516 y la enmienda a la misma. El DCF tiene establecidos ciertos criterios para determinar cuándo hay un agresor probado. A una persona que cumpla con los criterios se le ve como agresor probado y se introduce su nombre en el registro central de abuso y negligencia infantil de Kansas. El Registro Central de abuso infantil de Kansas es un listado de personas que han sido confirmadas, validadas o se ha probado que cometieron abuso o negligencia.

La ley de Kansas (K.S.A. 65-516) declara que ninguna persona con conocimiento de causa deberá mantener un centro de cuidado infantil con licencia o un centro residencial si allí reside, trabaja u ofrece servicios voluntarios de manera regular cualquier persona que aparezca en el registro de abuso infantil como un agresor confirmado, validado o probado debido a un abuso o negligencia.

El aviso de una evidencia se proporcionará al Departamento de salud y medio ambiente de Kansas, al Departamento de Kansas de niños y familias, licencias de cuidado tutelar y de instalación residencial, y al centro de cuidado infantil o centro residencial.

#### **Divulgación de la información**

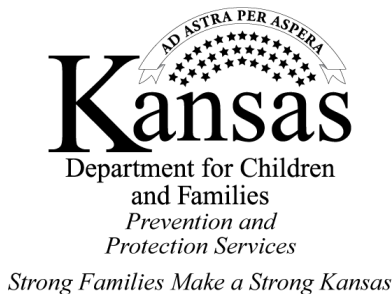
La información sobre los informes o los hallazgos acerca de la negligencia y el abuso infantil no está disponible al público en general. La información está retenida por el DCF con el fin de ayudar al Departamento en caso de que se reciban adicionales relativos a los mismos niños o adultos. La información está disponible a otras agencias que tienen la responsabilidad legal de proteger a los niños, o según lo establezca la ley (K.S.A. 38-2209 y subsiguientes). La información en relación a un agresor probado se divulgará, según lo exija la ley o en un comunicado escrito de la información por parte de la persona cuyo nombre aparece en el registro.

#### **Derecho a apelar la decisión**

Un agresor afirmado o probado tal vez pueda apelar una decisión de prueba o evidencia de abuso o negligencia infantil por medo de presentar una solicitud por escrito para una audiencia imparcial, en virtud de K.A.R. 30-7-68 y *subsiguientes*, ante la Oficina de Audiencias Administrativas, Departamento de Administración de Kansas, 1020 S. Kansas, Topeka, Kansas 66612-1327 dentro de un plazo de 30 días desde la fecha del envío de este aviso del hallazgo del departamento. Se permitirán otros 3 días más si este aviso de hallazgo del Departamento se envía por correo. Podrá obtener más información o los formularios de solicitud para una audiencia imparcial, en cualquier oficina del DCF o en línea en <https://oah.ks.gov/Home/FilingMethods> <https://www.oah.ks.gov/Home/Forms>. La persona contra quien se haya tomado una decisión de hallazgo de agresión afirmada o probada, podrá contar con asesoría legal u otros para que representen a dicha persona en la audiencia. Si la persona considerada como agresor afirmado o probado no está satisfecha con la decisión de la audiencia, dicha persona con tal hallazgo de agresor afirmado o probado podrá solicitar por escrito una revisión de la decisión adoptada por el Comité de Apelaciones del estado. La decisión del Comité de Apelaciones del estado puede ser apelada hasta el tribunal del distrito.

**Eliminación del Registro Central**

Si el nombre de un agresor probado se coloca en el registro central de abuso y negligencia infantil de Kansas, tal persona puede realizar una solicitud a la Secretaria del DCF para que su nombre sea borrado o suprimido del registro central, cuando hayan pasado tres años desde que se introdujo en el registro el nombre de la persona considerada como agresor probado y cuando haya habido un cambio en las circunstancias de él o de ella o haya nueva información que deba abalizar el panel. La solicitud de eliminación del nombre deberá ser por escrito y deberá ir dirigida al Secretario(a) del Departamento de niños y familias, a la atención de: Prevention and Protection Services (Servicios de prevención y de protección), 555 S. Kansas Ave., 4<sup>th</sup> floor, Topeka, KS 66603.



<b>Part A: Education Best Interest Determination Staffing</b>			
<input type="checkbox"/> <b>No BID required - student remains in school of origin's catchment area.</b> Comments:			
<b>Date Staffed:</b>	<b>Participants in Staffing:</b>  <input type="checkbox"/> Child Welfare Case Management Provider (CWCMP) <input type="checkbox"/> Department for Children and Families (DCF) <input type="checkbox"/> Local Education Authority (LEA)		
<b>IMPORTANT NOTE FOR Local Education Authority (LEA):</b> If the school is participating in the Mental Health in Schools program, please ensure this document is provided to the appropriate staff at the school to coordinate any assessments or referrals needed for involvement in this program.			
Names of Attendees:			
<b>Decision Considerations:</b> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Length of Time Enrolled in School of Origin  <input type="checkbox"/> Learning Behaviors/Disabilities  <input type="checkbox"/> Safety Factors  <input type="checkbox"/> Participation in Extra-Curricular Activities  <input type="checkbox"/> Distance from School of Origin  <input type="checkbox"/> IEP and 504 Plan Services  <input type="checkbox"/> Written Input from Case Participant                             </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Child Preference  <input type="checkbox"/> Parent Preference, if parental rights are intact  <input type="checkbox"/> Child's Attachment to the School of Origin  <input type="checkbox"/> Placement of Siblings  <input type="checkbox"/> Influence of School Climate  <input type="checkbox"/> Availability and Quality of Services  <input type="checkbox"/> Caregiver Requires School Move to Maintain Placement                             </td> </tr> </table>		<input type="checkbox"/> Length of Time Enrolled in School of Origin <input type="checkbox"/> Learning Behaviors/Disabilities <input type="checkbox"/> Safety Factors <input type="checkbox"/> Participation in Extra-Curricular Activities <input type="checkbox"/> Distance from School of Origin <input type="checkbox"/> IEP and 504 Plan Services <input type="checkbox"/> Written Input from Case Participant	<input type="checkbox"/> Child Preference <input type="checkbox"/> Parent Preference, if parental rights are intact <input type="checkbox"/> Child's Attachment to the School of Origin <input type="checkbox"/> Placement of Siblings <input type="checkbox"/> Influence of School Climate <input type="checkbox"/> Availability and Quality of Services <input type="checkbox"/> Caregiver Requires School Move to Maintain Placement
<input type="checkbox"/> Length of Time Enrolled in School of Origin <input type="checkbox"/> Learning Behaviors/Disabilities <input type="checkbox"/> Safety Factors <input type="checkbox"/> Participation in Extra-Curricular Activities <input type="checkbox"/> Distance from School of Origin <input type="checkbox"/> IEP and 504 Plan Services <input type="checkbox"/> Written Input from Case Participant	<input type="checkbox"/> Child Preference <input type="checkbox"/> Parent Preference, if parental rights are intact <input type="checkbox"/> Child's Attachment to the School of Origin <input type="checkbox"/> Placement of Siblings <input type="checkbox"/> Influence of School Climate <input type="checkbox"/> Availability and Quality of Services <input type="checkbox"/> Caregiver Requires School Move to Maintain Placement		
Decision Summary:			

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

• **Education related documents can be transferred electronically using the Kansas Department of Education (KSDE) Student Record Exchange (SRE) securely.**

Section I: Student and Current Placement Information							
Student Name: (First, Middle, Last)							
DOB:		SSN: (last four digits ONLY)		Phone: <input type="checkbox"/> NA		Email: <input type="checkbox"/> NA	
Student currently receiving Mental Health Services:			<input type="checkbox"/> No	<input type="checkbox"/> Yes	If yes, name of provider if known:		
Placement Name(s):							
Placement Address: (Street, City, State, Zip Code)							
Placement Telephone Number(s):				Placement Email:			

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

Section III: Last school attended			
<b>Instructions:</b> The school of origin is the school that the child was enrolled at the time of the initial placement. If the child's foster care placement changes, the school of origin would then be the school in which the child is enrolled at the time of the placement change.			
1. Unified School District (USD) Name:		USD Number:	
School of <b>Origin</b> Name (most recent school of attendance): <input type="checkbox"/> NA			



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

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

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

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

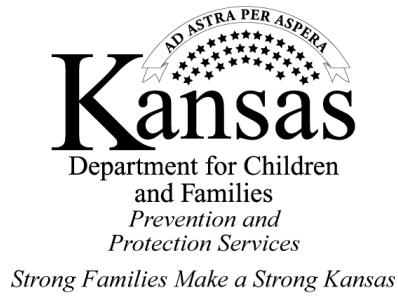
Education Advocates are appointed through Families Together.				
<b>Education Advocate Name:</b>				<input type="checkbox"/> NA <input type="checkbox"/> In Process
Address: (Street, City, State, Zip)				
Phone Number:		Email:		
Child residing with person acting as parent (kinship relative) who meets criteria for education decision maker: <input type="checkbox"/> Yes <input type="checkbox"/> No				

<b>Section VI: Agency Chain of Communication</b>				
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<b>First Contact- Case Manager Name:</b>				
Address: (Street, City, State, Zip)				
Cell Phone Number:		Office Phone Number:		Office Extension:
Email:		Fax Number:		

<b>Second Contact- Case Manager Partner Name:</b>				
Address: (Street, City, State, Zip)				
Cell Phone Number:		Office Phone Number:		Office Extension:
Email:		Fax Number:		
<b>Third Contact- Case Team Supervisor Name:</b>				
Address: (Street, City, State, Zip)				
Cell Phone Number:		Office Phone Number:		Office Extension:
Email:		Fax Number:		
<b>Fourth Contact- Education Contact Name:</b>				
Address: (Street, City, State, Zip)				
Cell Phone Number:		Office Phone Number:		Office Extension:
Email:		Fax Number:		
<b>Fifth Contact- DCF Foster Care Liaison:</b>				
Address: (Street, City, State, Zip)				
Cell Phone Number:		Office Phone Number:		Office Extension:
Email:		Fax Number:		
<b>Sixth Contact- DCF Foster Care Administrator:</b>				
Address: (Street, City, State, Zip)				
Cell Phone Number:		Office Phone Number:		Office Extension:
Email:		Fax Number:		

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### Pre-IDA: Preparing for interview

APS Worker Name

Date

Client Name

Primary Language Spoken

### A. Possible Risks: Check all that the client seems to be facing at this time

#### Abuse

- Physical Injury
- Mental Injury
- Sexual Abuse
- Unreasonable use of a physical restraint, isolation or medication
- A threat or menacing conduct

#### Neglect

- By caretaker
- By another person

#### Self-Neglect

- Medical (medical care, leaving AMA, not taking medications, etc.)
- Refusal of community supports
- Failure to thrive
- Inadequate food
- Suicidal
- Eviction
- Unsafe housing (filth, vermin, squalid living conditions, inadequate utilities)

#### Financial Exploitation

- Misappropriation of property
- Intentionally taking unfair advantage of physical or financial resources when the known adult lacks capacity to consent
- Person in position of trust takes money or property not in due and lawful execution of trust or benefit
- Breach of fiduciary duty, the misuse of power of attorney, trust or guardian/conservatorship as it relates to property, income, resources or trust funds
- Use of deception, intimidation, coercion, extortion, or undue influence by a person or entity to obtain or use adult's property, income, resources, or trust funds for profit of such person

### B. Identified Risk: Circle the risk above that you believe poses the highest level of endangerment

What wording will you use to describe this risk to the client?

### C. Introduction: Consider how you will introduce IDA to the client

For example: "So let's talk now about some of the decisions that you might be making".

Or possibly "Now I'm going to be asking you some important questions having to do with decisions that you might be making. Will that be OK?"

### D. Interview Instructions: Use the risk identified in the Pre-IDA for IDA Steps 1, 2, & 3

## IDA Step 1 - Assessing the Risk in General (Understanding)

**A. APS worker asks the client if he/she understands that other people confront the identified risk.**

One way to ask: "I'd like to discuss your thoughts about whether you think that [insert risk] can happen to others?"

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**B. If the client understands that others can have the risk, APS worker asks the client to explain what could happen if the risk is not addressed.**

One way to ask: "Suppose someone faces [insert risk], and doesn't do anything about it, what might happen to him/her?"

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### Worker Judgment

**Do you think the client understands the risk in general? (check one)**

- Yes
- Maybe
- No (If No, stop the interview and speak with your supervisor)

**What did the client say that brought you to this judgment? Record the client's own words as closely as possible:**

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**Describe the client's emotions, reactions, non-verbal gestures:**

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## IDA Step 2 - Insight into the Risk on a Personal Level (Appreciation)

### A. APS Worker asks the client if he/she is experiencing this risk.

One way to ask: "I'd like to learn more about **you**. Even though we may have already touched on this in our conversation, do you think **you** are facing [insert risk]?"

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Possible probes: "Can you tell me why?" or "I'd like to know more about your thoughts on this."

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### Worker Judgment

Do you think the client has insight that he/she could personally be experiencing this risk? (check one)

- Yes
- Maybe
- No (If No in IDA Step 3, skip question A and complete only B and C)

What did the client say that brought you to this judgment? Record the client's own words as closely as possible:

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Describe the client's emotions, reactions, non-verbal gestures:

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## IDA Step 3 - Ability to Weigh Advantages/Disadvantages of a Plan for Addressing Risk (Reasoning)

A. APS worker asks if the client has a plan to address the risk.

"What are your plans to address the possibility of [insert risk]?"

"How would that help address the possibility of [insert risk]?"

B. If the client lacks insight (IDA Step 2) or a workable plan (IDA Step 3A), APS worker suggests an alternative plan to address the risk. "Would you consider (insert plan) to address the possibility of [insert risk]? Tell me your thoughts."

C. APS worker asks the client about advantages and disadvantages of a workable plan (from IDA Step 3A or 3B) to address the risk.

"What would be the **advantages** for you having (insert plan) to address the possibility of [insert risk]?"

What would be the **disadvantages** for you having [insert plan] to address the possibility of [insert risk]?"

### Worker Judgment

Does the client have the ability to weigh the advantages/disadvantages of a plan to address the risk? (check one)

- Yes
- Maybe
- No

What did the client say that brought you to this judgment? Record the client's own words as closely as possible:

Describe the client's emotions, reactions, non-verbal gestures:



# Post-IDA - Next Steps

Risk used for IDA

Estimated time spent conducting this interview

## Summary of Worker Judgments

### Step 1 - Assessing the Risk in General (Understanding)

- Yes
- Maybe
- No

### Step 2 - Insight into the Risk on a Personal Level (Appreciation)

- Yes
- Maybe
- No

### Step 3 - Ability to Weigh Advantages/Disadvantages of a Plan for Addressing Risk (Reasoning)

- Yes
- Maybe
- No

Were there any barriers to completing the IDA (hearing or speech problems, language comprehension, other)?

- Yes
- Maybe
- No

Describe the barriers:

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## Next Steps (check all that apply)

- Use the IDA to help clarify the client's thinking about the risk
- Discuss client's decisional ability with supervisor
- Incorporate IDA into your overall APS Assessment

- Consider referral for professional capacity assessment
- Other (describe on the lines immediately below)

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## Additional Notes

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# Cornell-Penn Interview for Decisional Abilities (IDA)



**Weill Cornell  
Medicine**



**Perelman**  
School of Medicine  
UNIVERSITY of PENNSYLVANIA

Kansas Edition - 3.0

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## Pre-IDA: Preparing for interview

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APS Worker Name

Date

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Client Name

Primary Language  
Spoken

## **A. Possible Risks: Check all that the client seems to be facing at this time**

### **Abuse**

- Physical Injury
- Mental Injury
- Sexual Abuse
- Unreasonable use of a physical restraint, isolation or medication
- A threat or menacing conduct

### **Self-Neglect**

- Medical (medical care, leaving AMA, not taking medications, etc.)
- Refusal of community supports
- Failure to thrive
- Inadequate food
- Suicidal
- Eviction
- Unsafe housing (filth, vermin, squalid living conditions, inadequate utilities)

# Financial Exploitation

- Misappropriation of property
- Intentionally taking unfair advantage of physical or financial resources when the known adult lacks capacity to consent
- Person in position of trust takes money or property not in due and lawful execution of trust or benefit
- Breach of fiduciary duty, the misuse of power of attorney, trust or guardian/conservatorship as it relates to property, income, resources or trust funds
- Use of deception, intimidation, coercion, extortion, or undue influence by a person or entity to obtain or use adult's property, income, resources, or trust funds for profit of such person

# Neglect

- By caretaker
- By another person

**B. Identified Risk: Circle the risk above that you believe poses the highest level of endangerment**

What wording will you use to describe this risk to the client?

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## **C. Introduction: Consider how you will introduce IDA to the client**

For example: *“So let’s talk now about some of the decisions that you might be making”.*

Or possibly *“Now I’m going to be asking you some important questions having to do with decisions that you might be making. Will that be OK?”*

---

## **D. Interview Instructions: Use the risk identified in the Pre-IDA for IDA Steps 1, 2, & 3**

# IDA Step 1 - Assessing the Risk in General (Understanding)

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**A. APS worker asks the client if he/she understands that other people confront the identified risk.**

One way to ask: *"I'd like to discuss your thoughts about whether you think that [insert risk] can happen to others?"*

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**B. If the client understands that others can have the risk, APS worker asks the client to explain what could happen if the risk is not addressed. One way to ask: *“Suppose someone faces [insert risk], and doesn’t do anything about it, what might happen to him/her?”***

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# Worker Judgment

**Do you think the client understands the risk in general? (check one)**

- Yes
- Maybe
- No (If No, stop the interview and speak with your supervisor)

What did the client say that brought you to this judgment? Record the client's own words as closely as possible:

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Describe the client's emotions, reactions, non-verbal gestures:

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# IDA Step 2 - Insight into the Risk on a Personal Level (Appreciation)

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**A. APS Worker asks the client if he/she is experiencing this risk.**

One way to ask: *"I'd like to learn more about **you**. Even though we may have already touched on this in our conversation, do you think **you** are facing [insert risk]?"*

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Possible probes: *"Can you tell me why?"*  
or *"I'd like to know more about your thoughts on this."*

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# Worker Judgment

**Do you think the client has insight that he/she could personally be experiencing this risk? (check one)**

Yes

Maybe

No (If No in IDA Step 3, skip question A and complete only B and C)

What did the client say that brought you to this judgment? Record the client's own words as closely as possible:

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Describe the client's emotions, reactions, non-verbal gestures:

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# IDA Step 3 - Ability to Weigh Advantages/Disadvantages of a Plan for Addressing Risk (Reasoning)

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**A. APS worker asks if the client has a plan to address the risk.**

*“What are your plans to address the possibility of [insert risk]?”*

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*“How would that help address the possibility of [insert risk]?”*

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**B. If the client lacks insight (IDA Step 2) or a workable plan (IDA Step 3A), APS worker suggests an alternative plan to address the risk. *“Would you consider (insert plan) to address the possibility of [insert risk]? Tell me your thoughts.”***

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**C. APS worker asks the client about advantages and disadvantages of a workable plan (from IDA Step 3A or 3B) to address the risk.**

*“What would be the **advantages** for you having (insert plan) to address the possibility of [insert risk]?”*

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*What would be the **disadvantages** for you having [insert plan] to address the possibility of [insert risk]?”*

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# Worker Judgment

**Does the client have the ability to weigh the advantages/disadvantages of a plan to address the risk? (check one)**

- Yes
- Maybe
- No

**What did the client say that brought you to this judgment? Record the client's own words as closely as possible:**

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**Describe the client's emotions, reactions, non-verbal gestures:**

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# Post-IDA - Next Steps

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Risk used for IDA

Estimated time spent conducting this interview

## Summary of Worker Judgments

**Step 1 -  
Assessing the  
Risk in General  
(Understanding)**

- Yes
- Maybe
- No

**Step 2 - Insight  
into the Risk on a  
Personal Level  
(Appreciation)**

- Yes
- Maybe
- No



# Post-IDA - Next Steps

## Summary of Worker Judgments

**Step 3 - Ability to Weigh Advantages/ Disadvantages of a Plan for Addressing Risk (Reasoning)**

Were there any barriers to completing the IDA (hearing or speech problems, language comprehension, other)?

- Yes
- Maybe
- No

- Yes
- Maybe
- No

Describe the barriers:

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## Next Steps (check all that apply)

- Use the IDA to help clarify the client's thinking about the risk
- Discuss client's decisional ability with supervisor
- Incorporate IDA into your overall APS Assessment
- Consider referral for professional capacity assessment
- Other (describe on the lines immediately below)  
\_\_\_\_\_  
\_\_\_\_\_

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## Additional Notes

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### Pre-IDA: Preparing for interview

APS Worker Name \_\_\_\_\_

Date \_\_\_\_\_

Client Name \_\_\_\_\_

Primary Language Spoken \_\_\_\_\_

### Possible Risks: Check all that the client seems to be facing at this time

#### Abuse

- Physical Injury
- Mental Injury
- Sexual Abuse
- Unreasonable use of a physical restraint, isolation or medication
- A threat or menacing conduct

#### Neglect

- By caretaker
- By another person

#### Self-Neglect

- Medical (medical care, leaving AMA, not taking medications, etc.)
- Refusal of community supports
- Failure to thrive
- Inadequate food
- Suicidal
- Eviction
- Unsafe housing (filth, vermin, squalid living conditions, inadequate utilities)

#### Financial Exploitation

- Misappropriation of property
- Intentionally taking unfair advantage of physical or financial resources when the known adult lacks capacity to consent
- Person in position of trust takes money or property not in due and lawful execution of trust or benefit
- Breach of fiduciary duty, the misuse of power of attorney, trust or guardian/conservatorship as it relates to property, income, resources or trust funds
- Use of deception, intimidation, coercion, extortion, or undue influence by a person or entity to obtain or use adult's property, income, resources, or trust funds for profit of such person

Identified Risk: \_\_\_\_\_

What wording will you use to describe this risk to the client? \_\_\_\_\_

### Interview Instructions: Use the risk identified in the Pre-IDA for IDA Steps 1, 2, & 3

## IDA Step 1 - Assessing the Risk in General (Understanding)

Do you think the client understands the risk in general? (check one)

- Yes
- Maybe
- No (If No, stop the interview and speak with your supervisor)

What did the client say that brought you to this judgment? Does the client understand that other people confront the identified risk? Can the client explain what could happen if risk is not addressed? *Record the client's own words as closely as possible.*

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Describe the client's emotions, reactions, non-verbal gestures:

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## IDA Step 2 - Insight into the Risk on a Personal Level (Appreciation)

Do you think the client has insight that he/she could personally be experiencing this risk? (check one)

- Yes
- Maybe
- No

What did the client say that brought you to this judgment? Does the client think he/she is experiencing the risk? Can the client share why or explain their thoughts? *Record the client's own words as closely as possible:*

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Describe the client's emotions, reactions, non-verbal gestures:

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## IDA Step 3 - Ability to Weigh Advantages/Disadvantages of a Plan for Addressing Risk (Reasoning)

Does the client have the ability to weigh the advantages/disadvantages of a plan to address the risk? (check one)

- Yes
- Maybe
- No

What did the client say that brought you to this judgment? Does the client have a plan to address risk? If not, how does he/she respond to a suggested plan to address risk? Does the client have the ability to weigh **advantages and disadvantages** of a plan to address the risk? *Record the client's own words as closely as possible:*

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Describe the client's emotions, reactions, non-verbal gestures:

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### Post-IDA: Next Steps

Were there any barriers to completing the IDA (hearing or speech problems, language comprehension, other)?

- Yes
- Maybe
- No Describe the barriers: \_\_\_\_\_

**Next Steps** (check all that apply)

- Discuss client's decisional ability with supervisor \_\_\_\_\_
- Consider referral for professional capacity evaluation \_\_\_\_\_
- Other (describe below) \_\_\_\_\_

# Cornell-Penn Interview for Decisional Abilities (IDA)



**Weill Cornell  
Medicine**



**Perelman**  
School of Medicine  
UNIVERSITY of PENNSYLVANIA

Kansas Shortform

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## Pre-IDA: Preparing for interview

APS Worker Name

Date

Client Name

Primary Language  
Spoken

# **Possible Risks: Check all that the client seems to be facing at this time**

## **Abuse**

- Physical Injury
- Mental Injury
- Sexual Abuse
- Unreasonable use of a physical restraint, isolation or medication
- A threat or menacing conduct

## **Self-Neglect**

- Medical (medical care, leaving AMA, not taking medications, etc.)
- Refusal of community supports
- Failure to thrive
- Inadequate food
- Suicidal
- Eviction
- Unsafe housing (filth, vermin, squalid living conditions, inadequate utilities)

# Financial Exploitation

- Misappropriation of property
- Intentionally taking unfair advantage of physical or financial resources when the known adult lacks capacity to consent
- Person in position of trust takes money or property not in due and lawful execution of trust or benefit
- Breach of fiduciary duty, the misuse of power of attorney, trust or guardian/conservatorship as it relates to property, income, resources or trust funds
- Use of deception, intimidation, coercion, extortion, or undue influence by a person or entity to obtain or use adult's property, income, resources, or trust funds for profit of such person

# Neglect

- By caretaker
- By another person

**Identified Risk:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What wording will you use to describe this risk to the client?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



# **Interview Instructions: Use the risk identified in the Pre-IDA for IDA Steps 1, 2, & 3**

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## **IDA Step 1 - Assessing the Risk in General (Understanding)**

**Do you think the client understands the risk in general? (check one)**

- Yes
  
- Maybe
  
- No (If No, stop the interview and speak with your supervisor)

What did the client say that brought you to this judgment? Does the client understand that other people confront the identified risk? Can the client explain what could happen if risk is not addressed? *Record the client's own words as closely as possible.*

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Describe the client's emotions, reactions, non-verbal gestures:

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## **IDA Step 2 - Insight into the Risk on a Personal Level (Appreciation)**

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**Do you think the client has insight that he/she could personally be experiencing this risk? (check one)**

Yes

Maybe

No (If No, stop the interview and speak with your supervisor)

What did the client say that brought you to this judgment? Does the client think he/she is experiencing the risk? Can the client share why or explain their thoughts? *Record the client's own words as closely as possible:*

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Describe the client's emotions, reactions, non-verbal gestures:

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# **IDA Step 3 - Ability to Weigh Advantages/Disadvantages of a Plan for Addressing Risk (Reasoning)**

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**Does the client have the ability to weigh the advantages/disadvantages of a plan to address the risk? (check one)**

Yes

Maybe

No (If No, stop the interview and speak with your supervisor)

What did the client say that brought you to this judgment? Does the client have a plan to address risk? If not, how does he/she respond to a suggested plan to address risk?

Does the client have the ability to weigh **advantages and disadvantages** of a plan to address the risk? *Record the client's own words as closely as possible:*

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Describe the client's emotions, reactions, non-verbal gestures:

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# Post-IDA - Next Steps

Were there any barriers to completing the IDA (hearing or speech problems, language comprehension, other)?

- Yes
- Maybe
- No

Describe the barriers:

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## Next Steps (check all that apply)

- Discuss client's decisional ability with supervisor
- Consider referral for professional capacity assessment
- Other (describe):

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## Additional Notes

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