

Summary of Prevention and Protection Services (PPS) Policy and Procedure Manual Changes July 1, 2023

INTRODUCTION:

The Summary of Prevention and Protection Services (PPS) Policy and Procedure Manual Changes provides a list of policies, forms and appendices with explanations for the PPS substantial policy revisions and clarifications for July 1, 2023. These policy revisions are effective July 1, 2023.

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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- Representative Gail Finney Memorial Foster Care Bill of Rights

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4000 Prevention Services

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II. Clarifications

Summary of Prevention and Protection Services (PPS) Policy and Procedure Manual Changes July 1, 2023

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

Crossover Youth

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

- [PPM 0160 Glossary](#)

What prompted this revision?

Kansas is working with Georgetown University's Center for Juvenile Justice Reform to implement the Crossover Youth Practice Model. The Crossover Youth State Policy Team created the definition to help better understand who crossover youth are and for collecting data.

Brief description of the revision:

Adding the Crossover Youth definition to the glossary.

What is the anticipated impact to practice?

Nothing immediate. But as the CYPM work continues better communication and service coordination will occur for crossover youth and their families.

What changed in policy/forms or appendices?

PPM 0160 Glossary Crossover Youth definition added

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Representative Gail Finney Memorial Foster Care Bill of Rights

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

- [PPM 0160 Glossary](#)
- [PPM 3210 Roles Related to Case Planning](#)
- [PPM 3234 Participation/Signatures](#)
- [PPM 5212 Child Welfare Case Management Provider Roles and Responsibilities](#)
- [New PPS 5138 Foster Care Bill of Rights](#)
- [PPS 3051 Permanency Plan](#)
- [Delete PPS Appendix_7D Kansas Foster Youth Rights Brochure](#)
- [PPM 3383 Parent and Foster Parent Confidential Report to the Court](#)
- [Appendix 3G Foster Parent Report to the Court](#)
- [PPM 2474 Removal of Child From a Family Foster Home, Kinship Caregiver or Residential Facility](#)

Summary of Prevention and Protection Services (PPS) Policy and Procedure Manual Changes July 1, 2023

What prompted this revision?

HB 2024 The Representative Gail Finney Memorial Foster Care Bill of Rights was signed by the Governor at the end of April 2023. As a result, policy needed to be edited to meet the statutory requirements.

Brief description of the revision:

Edits or additions to several policies and forms, as listed above and below, gives guidance to our CWCMPs to adhere and ensure the Bill of Rights has been provided to children and families as required by HB 2024.

K.S.A 38-2261 was amended to include Kinship Caregivers

K.S.A 38-2258 was amended to include Kinship Caregivers

What is the anticipated impact to practice?

By ensuring the Bill of Rights is accessible and has been provided to foster children and caregivers, they will be more empowered to know their rights and give voice if they believe their rights are not being honored. Examples of rights for children, they will have the right to a stable environment, access to clothing and other belongings, right to live with family when possible, and to experience the least number of placement possible, among other things.

The measure also provides foster families and relatives of foster children greater access to case information and more of a voice in case decisions.

Anticipated impact could be more transparent communication regarding what barriers there are in adhering to these rights for our children and caregivers and allowing our external partners and DCF address those barriers to ensure the rights for them.

The Bill of rights will enhance our children and caregiver's experience with the child welfare system by giving them the voice and enabling changes to enhance better and ethical child welfare practices.

What changed in policy/forms or appendices?

PPM 0160 Glossary-Kinship definition was amended in statute, therefore updated in the Glossary

PPM 3210 Roles Related to Case Planning-To ensure the CWCMP has provided the Bill of Rights to child and caregiver

PPM 3234 Participation/Signatures- updated to ensure signatures acknowledging the Bill of Rights have been given to the caregiver and child.

PPM 5212 Child Welfare Case Management Provider Roles and Responsibilities

PPS 5138 Foster Care Bill of Rights-Added to forms for availability of the Bill of Rights since referenced in policy.

Appendix 7D-remove as replaced by PPS 5138

PPS 3051 Permanency Plan-updated to ensure signatures acknowledging the Bill of Rights have been given to the caregiver and child.

PPM 3383 Parent and Foster Parent Confidential Report to the Court-updated to include Kinship Caregiver

Appendix 3G Foster Parent Report to the Court-Updated to include Kinship Caregiver

PPM 2474 Removal of Child From a Family Foster Home, Kinship Caregiver or Residential Facility-Updated to include Kinship Caregiver

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Section 1000 Intake

No Revisions

Section 2000 Investigation and Assessment

CARE Referrals

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

- [PPM 2450 CARE Referral and Medical Examination or Treatment Related to Abuse/Neglect](#)
- [PPS 2451 CARE Referral Handout](#)
- [PPS 2451 CARE Referral Handout_SPA](#)

What prompted this revision?

CARE Referral became law in May of 2023 and the referral mechanism has changed since the pilot group started. The implementation of “IRIS” being used as the referral mechanism for CARE Referrals and requirement of notifying and gaining consent from parents and caregivers of the intent of DCF to enter identifying information into the IRIS System.

Brief description of the revision:

The IRIS Referral System will be the primary referral system for CARE Referrals instead of the PPS 2450 CARE Referral Form. Requirement to notify parents and caregivers and gain consent for DCF to enter information into the IRIS System is included in policy along with a handout to explain CARE Referrals and IRIS to parents and caregivers. PPS 2450 has been updated to reflect it's an alternative form to use for referrals when certain situations occur per policy.

What is the anticipated impact to practice?

A change in the process for making referrals and a required conversation with parents and caregivers obtaining their consent for the IRIS System and also a requirement to provide the CARE Referral Handout to Parents and Caregivers.

What changed in policy/forms or appendices?

Edits in Policy PPM 2450, Edits to Referral PPS Form 2450 and Creation of the handout PPS Form 2451.

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Representative Gail Finney Memorial Foster Care Bill of Rights

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

- [PPM 2474 Removal of Child From a Family Foster Home, Kinship Caregiver or](#)

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Residential Facility

- Delete PPS Appendix 7D Kansas Foster Youth Rights Brochure
- PPM 3210 Roles Related to Case Planning
- PPM 0160 Glossary
- PPM 3234 Participation/Signatures
- PPM 5212 Child Welfare Case Management Provider Roles and Responsibilities
- New PPS 5138 Foster Care Bill of Rights
- PPS 3051 Permanency Plan
- PPM 3383 Parent and Foster Parent Confidential Report to the Court
- Appendix 3G Foster Parent Report to the Court

What prompted this revision?

HB 2024 The Representative Gail Finney Memorial Foster Care Bill of Rights was signed by the Governor at the end of April 2023. As a result, policy needed to be edited to meet the statutory requirements.

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Combined Family First Prevention Plan and Service Referral and SFY24 Updates

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

- [PPM 2753 Eligibility and Criteria for Referral to Family First Prevention Services](#)
- [PPM 2755 DCF Responsibilities at Referral to Family First Prevention Services](#)
- **PPM 3860 Entering Candidacy for Care Determination**
- **PPM 4300 Family First Prevention Services**
- **PPM 4310 Family First Prevention Grants Service Population and Referral**
- **PPM 4320 DCF Responsibilities for Open Family First Prevention Service Cases**
- **PPM 4330 Family First Prevention Services Grantee Responsibilities**
- **PPM 4370 Duration for Family First Prevention Services**
- **PPM 4830 Recording Family First Prevention Services Information**
- **Delete PPS 4300 Family First Prevention Plan**
- **Delete PPS 4310 Family First Referral Case Status Form**
- **New PPS 4311 Family First Prevention Plan and Service Referral_Status**
- **PPM 5865 Pregnant or Parenting Foster Care Youth**

What prompted this revision?

A combined form (new 4311) to include the 4300 and 4310 was brought forward by the DCF Advanced Holistic SIT team as well as many Family First Case Managers and Supervisors. We are also making edits due to the SFY 24 changes in Family First Grant Awards.

Brief description of the revision:

These forms and policies have been changed to reflect the new grantees and the process of combining two forms into one.

What is the anticipated impact to practice?

More efficient, less paperwork.

What changed in policy/forms or appendices?

Verbiage, FACTS codes, form numbers/process

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Section 3000 Case Management

Entering Removal Information

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

- [PPM 3815 Entering Removal Information](#)

What prompted this revision?

AFCARS

Brief description of the revision:

AFCARS 2020, Elements 59 & 60, are requiring the year of birth for the First & Second Removal Parent/Guardian(s). 8 new fields are being added to the RMLA screen to record the first & second removal parent/guardian(s): name, sex, date of birth and estimated date of birth (est) indicator.

What is the anticipated impact to practice?

RMLA is now a required screen that must be completed prior to the closure of custody plan.

What changed in policy/forms or appendices?

PPM 3815 has been revised to include policy for the new first & second removal parent guardian(s) fields being added to the RMLA screen.

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Adoption and Permanent Custodianship

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

- [PPM 3231 Development of Permanency Goals](#)
- [New Appendix 6F Adoption and Permanent Custodianship Handout](#)
- [5411 Permanent Custodianship under the Children in Need of Care](#)

What prompted this revision?

During FC Admin meetings and work w/the Wichita Region, Kristin Peterman developed the Appendix 6F Adoption and Permanent Custodianship Handout as a guide to help inform people about the differences between the permanency options of Adoption And

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Permanent Custodianship. PPM 3231 Development of Permanency Goals and 5411 Permanent Custodianship under the Children in Need of Care makes mention of the new handout.

Brief description of the revision:

The creation of Appendix 6F occurred and PPM 3231 and PPM 5411 was amended to make mention of it.

What is the anticipated impact to practice?

Improved practice through education about the differences between Adoption and Permanent Custodianship

What changed in policy/forms or appendices?

The creation of Appendix 6F is new and PPM 3231 and PPM 5411 was amended to make mention of it.

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Section 4000 Prevention Services

Combined Family First Prevention Plan and Service Referral and SFY24 Updates

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

- **PPM 4300 Family First Prevention Services**
- **PPM 4310 Family First Prevention Grants Service Population and Referral**
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Summary of Prevention and Protection Services (PPS) Policy and Procedure Manual Changes July 1, 2023

Brief description of the revision:

These forms and policies have been changed to reflect the new grantees and the process of combining two forms into one.

What is the anticipated impact to practice?

More efficient, less paperwork.

What changed in policy/forms or appendices?

Verbiage, FACTS codes, form numbers/process

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Section 5000 Child Welfare Case Management Providers

Combined Family First Prevention Plan and Service Referral and SFY24 Updates

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

- [PPM 5865 Pregnant or Parenting Foster Care Youth](#)
- **PPM 4300 Family First Prevention Services**
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What changed in policy/forms or appendices?

Verbiage, FACTS codes, form numbers/process

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Aftercare

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

- [PPM 5270 Aftercare Responsibilities of the Child Welfare Case Management Provider](#)
- [New PPS 3070A Aftercare Contact Agreement for Young Adults](#)

What prompted this revision?

DCF Independent Living completed a Corrective Action Plan in response to an audit conducted by DCF in relation to Transition Planning and Aftercare Services for youth / young adults in care. The Aftercare Agreement (PPS 3070A) was designed with families in mind and was not young adult friendly. Additionally, PPM 5270 did not specify it was a requirement to complete the Aftercare Contact Agreement form with young adults exiting foster care into adulthood.

Brief description of the revision:

A new Aftercare Contact Agreement for Young Adults (PPS 3070A) was created that is specific to young adults aging out of care. Language was added to PPM 5270 requiring the Aftercare Contact Agreement form be completed with young adults exiting foster care into adulthood.

What is the anticipated impact to practice?

CWCMP's will need to use the new form for the population of young adults exiting care while other aftercare populations will continue to use the existing Aftercare Contact Agreement (PPS 3070)

What changed in policy/forms or appendices?

New Form, PPS 3070A added to forms. PPM 5270 Aftercare Responsibilities of the Child Welfare Case Management Provider added language requiring the Aftercare Contact Agreement form for young adults exiting foster care into adulthood.

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Adoption Circumstances

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?

Information not provided.

Brief description of the revision:

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This policy is being revised to site the correct AFCARS element numbers. This policy is also being reworded with instruction for entering the relationship of adoptive parent to the child on the ADOP screen. The code for non-related kin has been added to the policy.

What is the anticipated impact to practice?

Change to practice would include the use of the code K. This code is to be used if the relationship of the adoptive parent to the child is that of non-related kin.

What changed in policy/forms or appendices?

AFCARS element numbers cited in the policy have changed. Instruction for entering relationship to child code has been reworded. The relation of "K" Non-related kin has been added to the policy.

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Exit to Guardianship/Custodianship

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

- [New PPM 5882 Exit to Guardianship/Custodianship Information](#)

What prompted this revision?

Information not provided.

Brief description of the revision: PPM 5882 was created to indicate how to fulfill AFCARS elements 44-45 & 157-186 on the new GUCU screen.

What is the anticipated impact to practice? The creation in this screen has created additional data entry.

What changed in policy/forms or appendices?

This is a new policy.

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Entering Information Regarding Finalization

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

- [PPM 5838 Entering Information Regarding Finalization](#)

What prompted this revision?

Information not provided.

Brief description of the revision:

It is no longer necessary to update the Service Source Code to ADH upon receiving an Adoption Decree. The Service Source Code will remain as the placements' relationship to the child.

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What is the anticipated impact to practice?

There has not been an identified impact to practice. This will be one less step in the process of entering an adoption finalization.

What changed in policy/forms or appendices?

Policy was amended to remove the instruction to update the service source code to ADH upon receiving the adoption decree.

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Entering Prior Sex Trafficking

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

- [New PPM 5825 Entering Prior Sex Trafficking](#)

What prompted this revision?

Information not provided.

Brief description of the revision:

AFCARS Elements 106-108 state to indicate whether a child has been a victim of sex trafficking before the current out of home care episode, if it was reported to law enforcement by DCF & the date it was reported to law enforcement by DCF, if applicable. New Service Action Codes ST01N, LE01N & LE02N were created to fulfill these AFCARS requirements. PPM 5825 provides direction for the use of the new service action codes.

What is the anticipated impact to practice?

None.

What changed in policy/forms or appendices?

PPM 5825 did not previously exist.

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Entering Foster Care Referral in FACTS

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

- [PPM 5821 Entering A Foster Care Referral into FACTS](#)

What prompted this revision?

Information not provided.

Brief description of the revision:

Instruction has been added to the policy 5821 to enter the Prior Guardianship/Custodianship & Guardianship/Custodianship Finalized Date fields on the GUCU screen. These fields were created to record data for AFCARS 2020, Elements 44 &

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45.

What is the anticipated impact to practice?

This revision has created an additional step for the entry process of a foster care referral.

What changed in policy/forms or appendices?

Instruction was added to policy. See corresponding policy 5881 & 5882 for further revision due to the creation of the GUCU screen in FACTS.

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Representative Gail Finney Memorial Foster Care Bill of Rights

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Brief description of the revision:

Edits or additions to several policies and forms, as listed above and below, gives guidance to our CWCMPs to adhere and ensure the Bill of Rights has been provided to children and families as required by HB 2024.

K.S.A 38-2261 was amended to include Kinship Caregivers

K.S.A 38-2258 was amended to include Kinship Caregivers

What is the anticipated impact to practice?

By ensuring the Bill of Rights is accessible and has been provided to foster children and caregivers, they will be more empowered to know their rights and give voice if they believe their rights are not being honored. Examples of rights for children, they will have the right to a stable environment, access to clothing and other belongings, right to live with family when possible, and to experience the least number of placement possible, among other things.

The measure also provides foster families and relatives of foster children greater access to case information and more of a voice in case decisions.

Summary of Prevention and Protection Services (PPS) Policy and Procedure Manual Changes July 1, 2023

Anticipated impact could be more transparent communication regarding what barriers there are in adhering to these rights for our children and caregivers and allowing our external partners and DCF address those barriers to ensure the rights for them.

The Bill of rights will enhance our children and caregiver's experience with the child welfare system by giving them the voice and enabling changes to enhance better and ethical child welfare practices.

What changed in policy/forms or appendices?

PPM 3210 Roles Related to Case Planning-To ensure the CWCMP has provided the Bill of Rights to child and caregiver

PPM 0160 Glossary-Kinship definition was amended in statute, therefore updated in the Glossary

PPM 3234 Participation/Signatures- updated to ensure signatures acknowledging the Bill of Rights have been given to the caregiver and child.

PPM 5212 Child Welfare Case Management Provider Roles and Responsibilities

PPS 5138 Foster Care Bill of Rights-Added to forms for availability of the Bill of Rights since referenced in policy.

Appendix 7D-remove as replaced by PPS 5138

PPS 3051 Permanency Plan-updated to ensure signatures acknowledging the Bill of Rights have been given to the caregiver and child.

PPM 3383 Parent and Foster Parent Confidential Report to the Court-updated to include Kinship Caregiver

Appendix 3G Foster Parent Report to the Court-Updated to include Kinship Caregiver

PPM 2474 Removal of Child From a Family Foster Home, Kinship Caregiver or Residential Facility-Updated to include Kinship Caregiver

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Children's Mental Health Needs

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](#)
- [New Appendix 3I-Mental Health Workflow](#)

What prompted this revision?

KDADS, DCF Medicaid and Children's Mental Health, and the DCF Deputy Director for Permanency, and the Settlement Administrator have been having meetings to address coordination between the KDADS and CMHCs contracts, and the necessity for CWCMPs to establish a structured system to obtain mental health needs timely. As a result, policy needed to be revised to align.

Brief description of the revision:

Policies were revised to clarify assessments required by the CWCMP. Policy expectation regarding establishing a formal line of communication so services can be accessed timely was added policy.

Policy 5030 the words care coordination were added to #19 to align with language used in the contracts and eventual MOUs.

Summary of Prevention and Protection Services (PPS) Policy and Procedure Manual Changes July 1, 2023

What is the anticipated impact to practice?

Children will have their mental health and behavioral health needs met timely.

What changed in policy/forms or appendices?

PPM 5030-Child Welfare Case Management Provider Screenings and Assessments. Addition to policy about the expectation for communication with the CMHCs. Additionally, the Assessments needed was corrected.

Appendix 3I-Mental Health Workflow added

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Adoption and Permanent Custodianship

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

- [PPM 5411 Permanent Custodianship under the Children in Need of Care](#)
- [PPM 3231 Development of Permanency Goals](#)
- [New Appendix 6F Adoption and Permanent Custodianship Handout](#)

What prompted this revision?

During FC Admin meetings and work w/the Wichita Region, Kristin Peterman developed the Appendix 6F Adoption and Permanent Custodianship Handout as a guide to help inform people about the differences between the permanency options of Adoption And Permanent Custodianship. PPM 3231 Development of Permanency Goals and 5411 Permanent Custodianship under the Children in Need of Care makes mention of the new handout.

Brief description of the revision:

The creation of Appendix 6F occurred and PPM 3231 and PPM 5411 was amended to make mention of it.

What is the anticipated impact to practice?

Improved practice through education about the differences between Adoption and Permanent Custodianship

What changed in policy/forms or appendices?

The creation of Appendix 6F is new and PPM 3231 and PPM 5411 was amended to make mention of it.

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WARDS

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

- [PPM 5927 WARDS Applying to be Payee for Outside Benefits](#)
- [PPM 5928 WARDS Communication and Management of Social Security Benefits](#)
- [PPM 5929 WARDS Benefit Management](#)

What prompted this revision?

Information not provided.

Brief description of the revision:

Updates include DCF applying to be payee, DCF will no longer request to be payee of VA/RR benefits, ABLE account info. and other misc WARDS information

What is the anticipated impact to practice?

All material has been reviewed with PPS IVE Supervisors. A summary of changes will be forwarded to staff upon final approval of updates.

What changed in policy/forms or appendices?

Updates include DCF applying to be payee, DCF will no longer request to be payee of VA/RR benefits, ABLE account info. and other misc WARDS information.

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Section 6000 Permanent Custodianship and Adoption

AFCARS DATA

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

- [New PPS 6185 Guardianship, Permanent Custodianship Permanency AFCARS Data](#)
- [PPM 6111 Eligibility Requirement for Children for Permanent Custodianship Subsidy](#)
- [PPM 6114 Eligibility Determination for Permanent Custodianship Subsidy](#)

What prompted this revision?

The creation of the PPS 6185 was prompted due to new AFCARS requests.

Brief description of the revision:

The creation of the PPS 6185 form and the amendments to PPS 6111 and PPS 6114 occurred to make mention of it.

What is the anticipated impact to practice?

To satisfy the requests for new AFCARS.

Summary of Prevention and Protection Services (PPS) Policy and Procedure Manual Changes July 1, 2023

What changed in policy/forms or appendices?

The PPS 6185 form was created and the PPS 6111 and PPS 6114 policies were amended to make mention of it

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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

Section 10000 Adult Protective Services

APS Confirmation/Finding for Crisis Exception Requests

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

- [New PPM 10322 APS Confirmation/Finding for Crisis Exception Requests](#)
- [New PPS 10322a APS Confirmation/Finding for Crisis Exception Requests](#)

What prompted this revision?

The APS Policy Workgroup identified the need to have a policy and form for providing substantiated finding information to Kansas Department for Aging and Disability Services (KDADS) when an individual is in crisis and meets the criteria to bypass the waitlist for an HCBS waiver. A substantiated finding of ANE from DCF is one of the criteria an individual must have to meet to be eligible to bypass the waiver. This policy and form will provide direction and consistency statewide for APS to provide this information when it is requested by another agency.

Brief description of the revision:

A new policy 10322 and form 10322a were created to provide direction and consistency statewide for APS staff to provide substantiated finding documentation when it is requested by another agency for crisis exception requests of mutual clients to bypass the HCBS waiver waitlist.

What is the anticipated impact to practice?

There will be consistency statewide in how we provide the substantiated documentation to outside agencies requesting a crisis exception for a mutual client to bypass the HCBS waiver

Summary of Prevention and Protection Services (PPS) Policy and Procedure Manual Changes July 1, 2023

waitlist.

What changed in policy/forms or appendices?

There is a new policy and a new/updated form for documentation of a substantiated finding requests from outside agencies requesting a crisis exception for a mutual client to bypass the HCBS waiver waitlist.

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Contacts During Investigation

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

- [PPM 10210 Contacts During the Investigation](#)

What prompted this revision?

Improvement to practice.

Brief description of the revision:

APS is adding clarification to the policy manual for protection specialists reviewing and addressing any concerns on a screened-out intake that is associated to a current open investigation. Adding the requirement of reviewing and addressing any concerns in the associated screened-out intake allows APS to be thorough in addressing any health or safety needs of the involved adults that may have come up during the course of the current open investigation and reported to DCF by another party.

What is the anticipated impact to practice?

Reviewing and addressing any additional concerns that were reported to DCF during the current open investigation allows for better customer service to the involved adult and community and helps ensure the safety of the involved adult.

What changed in policy/forms or appendices?

PPM 10210 Contacts During the Investigation – an addition to the policy on requiring the protection specialist review and address any additional concerns of screened-out intakes during their current open investigation.

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Request for a Fair Hearing

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

- [PPM 10330 Request for Fair Hearing](#)

What prompted this revision?

Updates to the KIPS electronic case management system allowing the protection specialist role to add appeals to the investigation record prompted a review of the 10330 policy to ensure expectations were clear on timelines for adding an appeal to a

Summary of Prevention and Protection Services (PPS) Policy and Procedure Manual Changes July 1, 2023

substantiated finding, ensuring the alleged perpetrators name does not go onto the Adult ANE Central Registry until after OAH has made a final decision.

Brief description of the revision:

Providing clarification and timelines to APS protection specialists on next steps when an alleged perpetrator appeals a substantiated finding.

What is the anticipated impact to practice?

Providing clearer expectations to APS staff.

What changed in policy/forms or appendices?

Clarification to the PPM 10330 Request for a Fair Hearing, for next steps to take in KIPS the electronic case management system when an alleged perpetrator appeals a substantiated finding.

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Corrective Action Plans

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

- [PPM 10315 Corrective Action Plans](#)

What prompted this revision?

A recommendation from new staff members to the APS policy workgroup regarding the corrective action plan process and policy. The newer staff had questions about approvals and timelines after they had implemented a CAP for the first time themselves. The questions prompted a review of the policy and the APS policy workgroup made revisions for clarity.

Brief description of the revision:

Updating the policy to provide clearer expectations for when a Corrective Action Plan (CAP) can be offered and next steps to be taken by protection specialist throughout the whole process.

What is the anticipated impact to practice?

Provide clear expectations when a CAP will be implemented.

What changed in policy/forms or appendices?

Updating the policy to provide clearer expectations for when a Corrective Action Plan (CAP) can be offered and next steps to be taken by protection specialist throughout the whole process.

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Actions Following Final Decision

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

- [PPM 10345 Actions Following Final Decision](#)

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What prompted this revision?

APS submits data to the National Adult Protective Services Reporting System (NAMRS) and the APS program has added many new data fields to provide more thorough data to NAMRS. Seeing incomplete data in the report prompted this addition to the policy manual.

Brief description of the revision:

Adding clarification regarding expectations of data that APS staff are required to enter into KIPS the electronic case management system when an alleged perpetrator has been substantiated and their name is going onto the Adult ANE Central Registry.

What is the anticipated impact to practice?

Providing clearer expectations to APS staff.

What changed in policy/forms or appendices?

Adding into the policy that APS staff are required to ensure accurate data is added to the alleged perpetrator participant record in KIPS the electronic case management system when a substantiated finding has been made.

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Agency Response to Request for Fair Hearing

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

- [PPM 10331 Agency Response to a Request for Fair Hearing](#)

What prompted this revision?

While reviewing the APS policy manual for outdated practices, we came across policy 10331 Agency Response to a Request for Fair Hearing and noticed that it needed to align with current practice and requests from Office of Administrative Hearings during appeals of substantiated findings of ANE. While making those changes, we noticed there was an addition that needed to be made due to a statute change in K.S.A. 39-1433 (e) back in 2020 that was missed during that policy revision period.

Brief description of the revision:

There was an update to the K.S.A. 39-1433 (e) statute language to notify nursing facilities of substantiated findings of ANE of their residents in 2020. Policy 10311 requires APS to notify specific entities when DCF APS has reversed a finding decision, and nursing facilities have been added to this policy. Also, the policy still states the outdated practice of mailing or faxing documents related to an appeal of a substantiated finding to Office of Administrative Hearings (OAH). OAH requests that all appeal documentation that is submitted to them for appeals be completed through their e-filing system rather than fax or mail. The e-filing information was added to policy 10311 to reflect this practice.

What is the anticipated impact to practice?

No anticipated impact to practice.

Summary of Prevention and Protection Services (PPS) Policy and Procedure Manual Changes July 1, 2023

What changed in policy/forms or appendices?

PPM 10311 Agency Response to a Request for Fair Hearing now lists nursing facility administrator as a possible entity that shall receive a modified notice of agency decision if the original substantiation was reversed. It now lists the e-filing information for uploading appeal documents to Office of Administrative Hearings site instead of faxing or mailing the appeal documents.

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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

PPM 0511 Critical Incident Review and Assessment – Clarifying language

Appendix 0B Critical Incident Review Staff Interview– Clarifying language to align with KPM

Section 1000 Intake

No Revisions

Section 2000 Investigation and Assessment

PPM 2282 Kansas Newborn Infant Protection Act (“Safe Haven”) – Clarifying that information received regarding the child, shall follow the child through the adoption process. This is already standard for information related to children stay with the child.

PPS 2450 CARE Provider Evaluation Referral– Updated to reflect it's an alternative form to use in situations where consent can't be obtain for the IRIS referral system.

Section 3000 Case Management

PPS 3052 Administrative Requirements – The NC code was previously created in FACTS as an AFCARS requirement to report children who have not had testing conducted for a specific disability. The purpose of this clarification is to add the Not Conducted option to the PPS 3052 form. If this box is checked, the NC code will be added to the MAC2 screen in FACTS.

Section 4000 Family Services

No Revisions

Section 5000 Child Welfare Case Management Provider Services

PPS 5120 RE/FC/AD Acknowledgment of Referral Notification of Move/Placement/Change – Changes to the form would include ICWA information, Foster Care youth that have ever given birth or fathered a child, if the child is placed with the foster youth to meet AFCARS requirement. The PPS5120 margins were enlarged. The form was originally revised July 1, 2022 but was never posted online. This form is used by the CMP providers in CareMatch. They wouldn't use it the pdf/word document unless CareMatch was experiencing technical issues.

Summary of Prevention and Protection Services (PPS) Policy and Procedure Manual Changes July 1, 2023

Section 6000 Permanent Custodianship and Adoption

PPM 6112 Type of Support and Amount of Subsidy– Added Permanent Custodianship to the title of the policy

PPM 6113 Exempt Income and Resources – Added Permanent Custodianship to the title of the policy

PPS 6130 Adoption Assistance Agreement – Corrected link regarding KS Adoption Tax Credits

PPS 6130 Adoption Assistance Agreement_SPA – Corrected link regarding KS Adoption Tax Credits

Section 7000 Independent Living & Self Sufficiency

PPM 7913 Other Payments for IL Youth – Change maximum funding amount to \$5000 and remove \$6250 amount and language about federal max/ state match. This was already changed in PPM7250 and was missed in this payment section.

PPM 7223 Subsidy Rates – Increase maximum/ initial subsidy amount from \$700 to \$1100. Add language about intent and coordinating with other benefits.

PPS 7000 Self-Sufficiency Plan_SPA – Form translated into Spanish

PPS 7000A IL Monthly Budget Plan_SPA – Form translated into Spanish

PPS 7001 ETV Program Plan_SPA – Form translated into Spanish

PPS 7030 Kansas Independent Living Self-Sufficiency Matrix_SPA – Form translated into Spanish

Section 8000 Continuous Performance Improvement

No Revisions

Section 9000 Interstate Compact

No Revisions

Section 10000 Adult Protective Services

PPM 10300 Case Findings– Adding designee back into the policy from changes that were made in July 2021 where it got left off. Designee allows APS to designate a specific individual to staff the case for finding with the investigator. For example, attorney, program administrator, deputy director etc.

Appendix 10A Adult Protective Services Statutes – Updating the statutes that had updates in 2020 to this appendix.

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Critical Incident ~~Staff~~ Employee Experience

Staff Interview is Conducted by DCF Administration:

Incident Date:			
Interviewer Employee Experience Team Member Name:		Job Title:	

~~1. Describe how your supervisors, colleagues, and/or the agency supported you in your work with this family and/or in responding to this critical event?~~ **1. Describe how you felt supported by DCF in your work with this family or in responding to this critical incident?**

~~2. What additional support systems are needed?~~ **2. What could DCF have done which would have helped you feel more supported?**

~~3. On a scale of 0-10, with 0 being little confidence and 10 being extremely confident, how confident were you in your ability to respond to this incident? Please help me understand your rating and what would have increased your level of confidence?~~ **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?**

~~4. Can you think of anything that might have helped you in your work with this family?~~ **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?**

~~5. Are there any recommendations you would like to make regarding statewide practice, policy or training?~~ **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?**

~~6. Is there anything else you would like to share?~~ **6. What else would you like us to know as a result of your experience?**



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** ~~or parents~~ that the **foster parent or kinship caregivers** ~~or parents~~ have a right to submit a report. Copies of the report shall be available to the parties and interested parties. The report ~~written~~ **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:

- Child's adjustment in the home:
excellent good satisfactory needs improvement
- Child's interaction with foster parents and family members:
excellent good satisfactory needs improvement
- Child's interaction with others:
excellent good satisfactory needs improvement
- Child's respect for property:
excellent good satisfactory needs improvement
- Physical condition of the child:
excellent good satisfactory needs improvement
- Emotional condition of the child:
excellent good satisfactory needs improvement
- School status of child – attach a copy of the school report and/or grade cards to this report:

(This form supersedes Appendix 6B REV 1/07)

Foster Parent/**Kinship Caregiver** Report to the Court

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

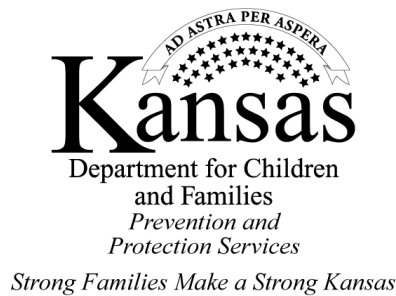
Provide a list of the opportunities:

1	
2	
3	
4	
5	

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

11. Please comment on your assessment/observations regarding any concerns and progress regarding the parents/caregivers of the child.

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



(This form supersedes Appendix 6B REV 1/07)

Adult Protective Services Statutes

39-1430. Abuse, neglect or financial exploitation of certain adults; definitions. As used in this act:

- (a) "Act" means K.S.A. 39-1430 et seq., and amendments thereto.
- (b) (1) "Adult" means a person 18 years of age or older alleged to be unable to protect such person's own interest and who is harmed or threatened with harm, whether financial, mental or physical in nature, through action or inaction by either another individual or through such person's own action or inaction when:
- (A) Such person is residing in such person's own home, the home of a family member or the home of a friend;
 - (B) such person resides in an adult family home as defined in K.S.A. [39-1501](#), and amendments thereto; or
 - (C) such person is receiving services through:
 - (i) A provider of community services and affiliates thereof operated or funded by the Kansas department for children and families; or
 - (ii) the Kansas department for aging and disability services or a residential facility licensed pursuant to K.S.A. [39-2001](#) et seq., and amendments thereto.
- (2) "Adult" does not include persons to whom K.S.A. [39-1401](#) et seq., and amendments thereto, apply.
- (c) "Abuse" means any act or failure to act performed intentionally or recklessly that causes or is likely to cause harm to an adult, including:
- (1) Infliction of physical or mental injury;
 - (2) any sexual act with an adult when the adult does not consent or when the other person knows or should know that the adult is incapable of resisting or declining consent to the sexual act due to mental deficiency or disease or due to fear of retribution or hardship;
 - (3) unreasonable use of a physical restraint, isolation or medication that harms or is likely to harm an adult;
 - (4) unreasonable use of a physical or chemical restraint, medication or isolation as punishment, for convenience, in conflict with a physician's orders or as a substitute for treatment, except where such conduct or physical restraint is in furtherance of the health and safety of the adult; or
 - (5) a threat or menacing conduct directed toward an adult that results or might reasonably be expected to result in fear or emotional or mental distress to an adult.
- (d) "Neglect" means the failure or omission by one's self, caretaker or another person with a duty to supply or provide goods or services that are reasonably necessary to ensure safety and well-being and to avoid physical or mental harm or illness.
- (e) "Financial exploitation" means the unlawful or improper use, control or withholding of an adult's property, income, resources or trust funds by any other person or entity in a manner that is not for the profit of or to the advantage of the adult. "Financial exploitation" includes, but is not limited to:
- (1) The use of deception, intimidation, coercion, extortion or undue influence by a person or entity to obtain or use an adult's property, income, resources or trust funds in a manner for the profit of or to the advantage of such person or entity;

(2) the breach of a fiduciary duty, including, but not limited to, the misuse of a power of attorney, trust or a guardianship or conservatorship appointment, as it relates to the property, income, resources or trust funds of the adult; or

(3) the obtainment or use of an adult's property, income, resources or trust funds, without lawful authority, by a person or entity who knows or clearly should know that the adult lacks the capacity to consent to the release or use of such adult's property, income, resources or trust funds.

(f) "In need of protective services" means that an adult is unable to provide for or obtain services that are necessary to maintain physical or mental health or both.

(g) "Services that are necessary to maintain physical or mental health or both" include, but are not limited to, the provision of medical care for physical and mental health needs, the relocation of an adult to a facility or institution able to offer such care, assistance in personal hygiene, food, clothing, adequately heated and ventilated shelter, protection from health and safety hazards, protection from maltreatment the result of which includes, but is not limited to, malnutrition, deprivation of necessities or physical punishment and transportation necessary to secure any of the above stated needs, except that this term shall not include taking such person into custody without consent except as provided in this act.

(h) "Protective services" means services provided by the state or other governmental agency or by private organizations or individuals that are necessary to prevent abuse, neglect or financial exploitation. Such protective services include, but are not limited to, evaluation of the need for services, assistance in obtaining appropriate social services and assistance in securing medical and legal services.

(i) "Caretaker" means a person who has assumed the responsibility, whether legally or not, for an adult's care or financial management or both.

(j) "Secretary" means the secretary for children and families.

(k) "Report" means a description or accounting of an incident or incidents of abuse, neglect or financial exploitation under this act and, for the purposes of this act, does not include any written assessment or findings.

(l) "Law enforcement" means the public office that is vested by law with the duty to maintain public order, make arrests for crimes, investigate criminal acts and file criminal charges, whether that duty extends to all crimes or is limited to specific crimes.

(m) "Involved adult" means the adult who is the subject of a report of abuse, neglect or financial exploitation under this act.

(n) "Legal representative," "financial institution" and "governmental assistance provider" mean the same as defined in K.S.A. [39-1401](#), and amendments thereto.

No person shall be considered to be abused, neglected, financially exploited or in need of protective services for the sole reason that such person relies upon spiritual means through prayer alone for treatment in accordance with the tenets and practices of a recognized church or religious denomination in lieu of medical treatment.

History: L. 1989, ch. 129, § 1; L. 1998, ch. 200, § 8; L. 2003, ch. 91, § 11; L. 2014, ch. 115, § 167; L. 2018, ch. 71, § 7; L. 2021, ch. 81, § 3; July

39-1431. Same; reporting abuse, neglect or financial exploitation or need of protective services; persons required to report; penalty for failure to report; posting notice of requirements of act. (a) (1) When any of the following persons has reasonable cause to suspect

or believe that an adult is in need of protective services or being harmed as a result of abuse, neglect or financial exploitation, such person shall promptly report the matter as provided by the provisions of this section:

- (A) Persons licensed to practice the healing arts;
 - (B) persons engaged in postgraduate training programs approved by the state board of healing arts;
 - (C) persons licensed by the Kansas dental board to engage in the practice of dentistry;
 - (D) persons licensed by the board of examiners in optometry to engage in the practice of optometry;
 - (E) persons licensed by the board of nursing to engage in the practice of nursing;
 - (F) chief administrative officers of medical care facilities;
 - (G) persons licensed by the behavioral sciences regulatory board to provide mental health services, including psychologists, masters level psychologists, bachelors level social workers, masters level social workers, clinical social workers, marriage and family therapists, clinical marriage and family therapists, professional counselors, clinical professional counselors, behavior analysts, addiction counselors and clinical addiction counselors;
 - (H) teachers, school administrators or other employees of any Kansas educational institution, as defined in K.S.A. [75-53,112](#), and amendments thereto, that the adult is attending;
 - (I) firefighters, law enforcement officers and emergency medical services personnel;
 - (J) court services officers, community corrections officers, case managers appointed under K.S.A. [23-3508](#), and amendments thereto, and mediators appointed under K.S.A. [23-3502](#), and amendments thereto;
 - (K) bank trust officers or any other officers of financial institutions;
 - (L) rehabilitation counselors;
 - (M) legal representatives;
 - (N) governmental assistance providers;
 - (O) independent living counselors;
 - (P) owners or operators of residential care facilities, as defined in K.S.A. [39-2002](#), and amendments thereto;
 - (Q) the chief administrative officer of a licensed home health agency, as defined in K.S.A. [65-5101](#), and amendments thereto;
 - (R) the chief administrative officer of an adult family home, as defined in K.S.A. [39-1501](#), and amendments thereto; and
 - (S) the chief administrative officer of any provider of community services and affiliates thereof operated or funded by the Kansas department for children and families or licensed under K.S.A. [39-2001](#) et seq., and amendments thereto.
- (2) An employee of a domestic violence center shall not be required to report information or cause a report of information to be made under this subsection.
- (b) Other state agencies receiving reports that are to be referred to the Kansas department for children and families and the appropriate law enforcement agency, shall submit the report to the department and agency within six hours, during normal work days, of receiving the information. Reports shall be made to the Kansas department for children and families during the normal working week days and hours of operation. Reports shall be made to law enforcement agencies during the time the Kansas department for children and families is not in operation. Law enforcement shall submit the report and appropriate information to the Kansas department for

children and families on the first working day that the Kansas department for children and families is in operation after receipt of such information.

(c) The report made pursuant to this section shall contain the name and address of the person making the report and of the caretaker caring for the involved adult, the name and address of the involved adult, information regarding the nature and extent of the abuse, neglect or financial exploitation, the name of the next of kin of the involved adult, if known, and any other information that the person making the report believes might be helpful in the investigation of the case and the protection of the involved adult.

(d) Any other person, not listed in subsection (a) who has reasonable cause to suspect or believe that an adult is being or has been harmed as a result of abuse, neglect or financial exploitation may report such information to the Kansas department for children and families. Reports shall be made to law enforcement agencies during the time the Kansas department for children and families is not in operation.

(e) A person making a report under subsection (a) shall not be required to make a report under K.S.A. [39-1401](#) through [39-1410](#), and amendments thereto.

(f) Any person required to report information or cause a report of information to be made under subsection (a) who knowingly fails to make such report or knowingly causes such report not to be made shall be guilty of a class B misdemeanor.

(g) Notice of the requirements of this act and the department to which a report is to be made under this act shall be posted in a conspicuous public place in every adult family home as defined in K.S.A. [39-1501](#), and amendments thereto, and every provider of community services and affiliates thereof operated or funded by the Kansas department for aging and disability services or other facility licensed under K.S.A. [39-2001](#) et seq., and amendments thereto, and other institutions included in subsection (a).

History: L. 1989, ch. 129, § 2; L. 1998, ch. 200, § 9; L. 2001, ch. 154, § 4; L. 2003, ch. 91, § 12; L. 2014, ch. 115, § 168; L. 2018, ch. 33, § 2; L. 2019, ch. 64, § 5; L. 2021, ch. 81, § 4; July 1.

39-1432. Same; immunity from liability of certain persons; employer prohibited from imposing sanctions on employee making report; attorney fees awarded, when. (a) Anyone participating in the making of any report pursuant to this act, or in any follow-up activity to the report, including providing records upon request of the Kansas department for children and families, or investigation of such report or who testifies in any administrative or judicial proceeding arising from such report shall not be subject to any civil liability on account of such report, investigation or testimony, unless such person acted in bad faith or with malicious purpose.

(b) No employer shall terminate the employment of, prevent or impair the practice or occupation of or impose any other sanction on any employee solely for the reason that such employee made or caused to be made a report, or cooperated with an investigation, under this act. A court, in addition to other damages and remedies, may assess reasonable attorney fees against an employer who has been found to have violated the provisions of this subsection.

History: L. 1989, ch. 129, § 3; L. 2003, ch. 91, § 13; L. 2004, ch. 153, § 1; L. 2014, ch. 115, § 169; July 1.

39-1433. Same; duties of Kansas department for children and families; face-to-face visit; investigation and evaluation; findings referred to appropriate regulating authority, when; information provided to certain persons. (a) The Kansas department for children and families,

upon receiving a report that an adult is being or has been harmed as a result of abuse, neglect or financial exploitation, shall:

(1) Immediately notify, in writing, the appropriate law enforcement agency when a criminal act has occurred or appears to have occurred;

(2) make a face-to-face visit with the involved adult:

(A) Within 24 hours when the information from the reporter indicates imminent danger to the health or welfare of the involved adult;

(B) within three working days for all reports of suspected abuse, when the information from the reporter indicates no imminent danger; and

(C) within five working days for all reports of neglect or financial exploitation when the information from the reporter indicates no imminent danger;

(3) complete, within 30 working days of receiving a report of abuse or neglect and 60 working days of receiving a report of financial exploitation, a thorough investigation and evaluation to determine the situation relative to the condition of the involved adult and what action and services, if any, are required. The evaluation shall include, but not be limited to, consultation with those individuals having knowledge of the facts of the particular case. If conducting the investigation within the corresponding 30 or 60 working days would interfere with an ongoing criminal investigation, the time period for the investigation shall be extended, but the investigation and evaluation shall be completed within 90 working days. If a finding is made prior to the conclusion of the criminal investigation, the investigation and evaluation may be reopened and a new finding made based on any additional evidence provided as a result of the criminal investigation. If the alleged perpetrator is licensed, registered or otherwise regulated by a state agency, such state agency shall be notified upon completion of the investigation or sooner if such notification does not compromise the investigation; and

(4) prepare, upon completion of the investigation of each case, a written assessment that shall include an analysis of whether there is or has been abuse, neglect or financial exploitation, recommended action, a determination of whether protective services are needed and any follow-up.

(b) The secretary for children and families shall forward any finding of abuse, neglect or financial exploitation alleged to have been committed by a provider of services licensed, registered or otherwise authorized to provide services in this state to the appropriate state regulatory authority that regulates such provider.

(c) The secretary for children and families shall forward any substantiated finding of abuse, neglect or financial exploitation alleged to have been committed by a provider of services licensed, registered or otherwise authorized to provide services in this state to the appropriate state regulatory authority, and such authority may consider the finding in any disciplinary action taken with respect to such provider under the jurisdiction of such authority.

(d) The Kansas department for children and families shall inform the complainant, upon request of the complainant, that an investigation has been initiated.

(e) The Kansas department for children and families shall inform the chief administrative officers of community facilities licensed pursuant to K.S.A. [39-2001](#) et seq., and amendments thereto, and nursing facilities, nursing facilities for mental health, intermediate care facilities for people with intellectual disability, assisted living facilities, residential healthcare facilities and home plus as defined in K.S.A. [39-923](#), and amendments thereto, of substantiated findings of resident abuse, neglect or financial exploitation.

History: L. 1989, ch. 129, § 4; L. 1998, ch. 200, § 10; L. 2003, ch. 91, § 14; L. 2005, ch. 30, § 1; L. 2014, ch. 115, § 170; L. 2018, ch. 71, § 9; L. 2021, ch. 81, § 5; July 1.

39-1434. Statewide register; report, assessment or written evaluation not public record; disclosure of certain individuals prohibited.

(a) The secretary for children and families shall maintain a statewide register of the reports, assessments received and the analyses, evaluations and the actions recommended. The register shall be available for inspection by personnel of the Kansas department for children and families and as provided in K.S.A. [65-6205](#), and amendments thereto.

(b) Neither the report, assessment or the written evaluation analysis shall be deemed a public record or be subject to the provisions of the open records act. The name of the person making the original report or any person mentioned in such report shall not be disclosed unless the person making the original report specifically requests or agrees in writing to such disclosure or unless a judicial proceeding results therefrom. No information contained in the statewide register shall be made available to the public in such a manner as to identify individuals.

History: L. 1989, ch. 129, § 5; L. 1997, ch. 161, § 7; L. 2014, ch. 115, § 171; July 1.

39-1435. Same; assistance of state departments and agencies and other public and private agencies; law enforcement assistance.

In performing the duties set forth in this act, the secretary for children and families may request the assistance of all state departments, agencies and commissions and may utilize any other public or private agencies, groups or individuals who are appropriate and who may be available. Law enforcement shall be contacted to assist the Kansas department for children and families when the information received on the report indicates that an adult, residing in such adult's own home or the home of another individual, an adult family home, a community development disabilities facility or residential facility is in a life threatening situation.

History: L. 1989, ch. 129, § 6; L. 1998, ch. 200, § 11; L. 2014, ch. 115, § 172; July 1.

39-1436. Same; access to relevant records; confidentiality requirements. (a) As provided in this section, any person or agency which maintains records relating to the involved adult which are relevant to any investigation conducted by the Kansas department for children and families or a law enforcement agency under this act shall provide the Kansas department for children and families or a law enforcement agency with the necessary records to assist in investigations. In order to provide such records, the person or agency maintaining the records shall receive from the Kansas department for children and families:

- (1) A written request for information;
- (2) a written notice that an investigation is being conducted by the department; and
- (3) certification or confirmation that the department has sent written notice to the involved adult or the involved adult's guardian. Any such information shall be subject to the confidentiality requirements of K.S.A. [39-1434](#), and amendments thereto.

(b) The Kansas department for children and families or a law enforcement agency shall have access to all relevant records in accordance with the provisions of subsection (a).

History: L. 1989, ch. 129, § 7; L. 2003, ch. 91, § 15; L. 2004, ch. 153, § 2; L. 2014, ch. 115, § 173; July 1.

39-1437. Same; protective services; duties of secretary of social and rehabilitation services; injunction. (a) If the secretary determines that an involved adult is in need of protective services, the secretary shall provide the necessary protective services if the adult consents, or if the adult lacks capacity to consent, the secretary may obtain consent from such adult's legal representative. If the involved adult fails to consent and the secretary has reason to believe that the involved adult lacks capacity to consent, the secretary shall determine whether a petition for appointment of a guardian or conservator, or both, should be filed. If such determination is made, the secretary may petition the district court for appointment of a guardian or conservator, or both, for an involved adult pursuant to the provisions of the act for obtaining a guardian or conservator, or both.

(b) If the caretaker or legal representative of an involved adult who has consented to the receipt of reasonable and necessary protective services refuses to allow the provision of such services to the adult, the secretary may seek an injunction enjoining the caretaker or legal representative from interfering with the provision of protective services to the adult. The petition in such action shall allege specific facts sufficient to show that the adult is in need of protective services and consents to their provision and that the caretaker or legal representative refuses to allow the provision of such services. If the judge finds, by clear and convincing evidence, that the adult is in need of protective services and has been prevented by the caretaker or legal representative from receiving such services, the judge shall issue an order enjoining the caretaker or legal representative from interfering with the provision of protective services to the adult. The court may appoint a new legal representative, if the court deems that it is in the best interest of the adult.

History: L. 1989, ch. 129, § 8; L. 2003, ch. 91, § 16; July 1.

39-1438. Same; when protective services accepted or declined. If an involved adult does not agree to accept reasonable and necessary protective services, or if such adult states during the course of service delivery that such adult does not want to proceed with such services, such services shall not be provided or continued.

History: L. 1989, ch. 129, § 9; L. 2021, ch. 81, § 6; July 1.

39-1439. Same; district court appointment of attorney to represent involved adult, when. In any proceeding in district court pursuant to provisions of this act, the district court shall appoint an attorney to represent the involved adult if the adult is without other legal representation.

History: L. 1989, ch. 129, § 10; July 1.

39-1440. Same; review subsequent to authorization of protective services; continuation of protective services; reevaluations. Subsequent to the authorization for the provision of necessary protective services, the secretary shall initiate a review of each case within 60 days to determine where continuation of, or modification in, the services provided is warranted. A decision to continue the provision of such services shall comply with the consent provisions of this act. Reevaluations of the need for protective services shall be made not less than every six months thereafter.

History: L. 1989, ch. 129, § 11; L. 1998, ch. 200, § 12; July 1.

39-1441. Same; authority of secretary for children and families; toll-free telephone number. The authority of the secretary under this act includes, but is not limited to, the right to initiate or otherwise take those actions necessary to assure the health, safety and welfare of an involved adult, subject to any specific requirements for individual consent of the adult. The secretary may establish a toll-free telephone number for the reporting of instances of abuse, neglect or financial exploitation under this act.

History: L. 1989, ch. 129, § 12; L. 2021, ch. 81, § 7; July 1.

39-1442. Same; least restrictive actions to be taken. Any actions taken under this act shall be consistent with providing protective services and accommodations in a manner no more restrictive of an individual's personal liberty and no more intrusive than necessary to achieve acceptable and treatment objectives.

39-1443. Same; investigation of reports; coordination and cooperation between agencies. (a)

The Kansas department for children and families and law enforcement officers shall have the duty to receive and investigate reports of adult abuse, neglect or financial exploitation for the purpose of determining whether the report is valid and whether action is required to protect the adult from further abuse, neglect or financial exploitation. If the department and such officers determine that no action is necessary to protect the adult but that a criminal prosecution should be considered, the department and such law enforcement officers shall make a report of the case to the appropriate law enforcement agency.

(b) (1) When a report of adult abuse, neglect or financial exploitation indicates that there is serious physical injury to or serious deterioration or sexual abuse or financial exploitation of the adult and that action may be required to protect the adult, the investigation may be conducted as a joint effort between the Kansas department for children and families and the appropriate law enforcement agency or agencies, with a free exchange of information between such agencies.

(2) Upon completion of the investigation by the law enforcement agency, a full report shall be provided to the Kansas department for children and families.

(c) If a dispute develops between agencies investigating a reported case of adult abuse, neglect or financial exploitation, the appropriate county or district attorney shall take charge of, direct and coordinate the investigation.

(d) Any investigation by a law enforcement agency involving a facility subject to licensing or regulation by the secretary of health and environment shall be reported promptly to the secretary of health and environment, upon conclusion of the investigation or sooner if such report does not compromise the investigation.

(e) Law enforcement agencies and the Kansas department for children and families shall assist each other in taking action that is necessary to protect the adult regardless of which party conducted the initial investigation.

History: L. 2003, ch. 91, § 1; L. 2014, ch. 115, § 174; L. 2021, ch. 81, § 8; July 1.

Durable Power Of Attorney (DPOA) Statute

58-656. Duties of attorney in fact; relation of attorney in fact to court-appointed fiduciary; death of principal. (a) An attorney in fact who elects to act under a power of attorney is under a duty to act in the interest of the principal and to avoid conflicts of interest that impair the ability of the attorney in fact so to act. A person who is appointed an attorney in fact under a power of attorney who undertakes to exercise the authority conferred in the power of attorney, has a fiduciary obligation to exercise the powers conferred in the best interests of the principal, and to avoid self-dealing and conflicts of interest, as in the case of a trustee with respect to the trustee's beneficiary or beneficiaries. The attorney in fact shall keep a record of receipts, disbursements and transactions made on behalf of the principal and shall not commingle funds or assets of the principal with the funds or assets of the attorney in fact. In the absence of explicit authorization, the attorney in fact shall exercise a high degree of care in maintaining, without modification, any estate plan which the principal may have in place, including, but not limited to, arrangements made by the principal for disposition of assets at death through beneficiary designations, ownership by joint tenancy or tenancy by the entirety, trust arrangements or by will or codicil. Unless otherwise provided in the power of attorney or in a separate agreement between the principal and attorney in fact, an attorney in fact who elects to act shall exercise the authority granted in a power of attorney with that degree of care that would be observed by a prudent person dealing with the property and conducting the affairs of another, except that all investments made on or after July 1, 2003, shall be in accordance with the provisions of the Kansas uniform prudent investor act, K.S.A. [58-24a01](#) et seq., and amendments thereto. If the attorney in fact has special skills or was appointed attorney in fact on the basis of representations of special skills or expertise, the attorney in fact has a duty to use those skills in the principal's behalf.

(b) On matters undertaken or to be undertaken in the principal's behalf and to the extent reasonably possible under the circumstances, an attorney in fact has a duty to keep in regular contact with the principal, to communicate with the principal and to obtain and follow the instructions of the principal.

(c) If, following execution of a durable power of attorney, a court of the principal's domicile appoints a conservator, guardian of the estate or other fiduciary charged with the management of all of the principal's property or all of the principal's property except specified exclusions, the attorney in fact is accountable to the fiduciary as well as to the principal. The fiduciary has the same power to revoke or amend the durable power of attorney that the principal would have had if the principal were not an adult with an impairment in need of a guardian or conservator or both as defined by subsection (a) of K.S.A. [59-3051](#), and amendments thereto.

(d) A principal may nominate by a power of attorney, a guardian or conservator, or both, for consideration by the court. If a petition to appoint a guardian or conservator, or both, is filed, the

court shall make the appointment in accordance with the principal's most recent nomination in the power of attorney, so long as the individual nominated is a fit and proper person.

(e) An attorney in fact shall exercise authority granted by the principal in accordance with the instrument setting forth the power of attorney, any modification made therein by the principal or the principal's legal representative or a court, and the oral and written instructions of the principal, or the written instructions of the principal's legal representative or a court.

(f) An attorney in fact may be instructed in a power of attorney that the authority granted shall not be exercised until, or shall terminate on, the happening of a future event, condition or contingency, as determined in a manner prescribed in the instrument.

(g) On the death of the principal, the attorney in fact shall follow the instructions of the court, if any, having jurisdiction over the estate of the principal, or any part thereof, and shall communicate with and be accountable to the principal's personal representative, or if none, the principal's successors. The attorney in fact shall promptly deliver to and put in the possession and control of the principal's personal representative or successors, any property of the principal and copies of any records of the attorney in fact relating to transactions undertaken in the principal's behalf that are deemed by the personal representative or the court to be necessary or helpful in the administration of the decedent's estate.

(h) If an attorney in fact has a property or contract interest in the subject of the power of attorney or the authority of the attorney in fact is otherwise coupled with an interest in a person other than the principal, this section does not impose any duties on the attorney in fact that would conflict or be inconsistent with that interest.

History: L. 2003, ch. 58, § 7; L. 2009, ch. 73, § 3; July 1.

Source or Prior Law:

58-612.

Mistreatment of Dependent adult Statute

21-5417. Mistreatment of a dependent adult; mistreatment of an elder person. (a)

Mistreatment of a dependent adult or an elder person is knowingly committing one or more of the following acts:

(1) Infliction of physical injury, unreasonable confinement or unreasonable punishment upon a dependent adult or an elder person;

(2) taking the personal property or financial resources of a dependent adult or an elder person for the benefit of the defendant or another person by taking control, title, use or management of the personal property or financial resources of a dependent adult or an elder person through:

(A) Undue influence, coercion, harassment, duress, deception, false representation, false pretense or without adequate consideration to such dependent adult or elder person;

(B) a violation of the Kansas power of attorney act, K.S.A. [58-650](#) et seq., and amendments thereto;

(C) a violation of the Kansas uniform trust code, K.S.A. [58a-101](#) et seq., and amendments thereto; or

(D) a violation of the act for obtaining a guardian or a conservator, or both, K.S.A. [59-3050](#) et seq., and amendments thereto; or

(3) omission or deprivation of treatment, goods or services that are necessary to maintain physical or mental health of such dependent adult or elder person.

(b) Mistreatment of a dependent adult or an elder person as defined in:

(1) (A) Subsection (a)(1) is a severity level 5, person felony, except as provided in subsection (b)(1)(B);

(B) subsection (a)(1) is a severity level 2, person felony, when the victim is a dependent adult who is a resident of an adult care home, as described in subsection (e)(2)(A), during the commission of the offense;

(2) subsection (a)(2) if the aggregate amount of the value of the personal property or financial resources is:

(A) \$1,000,000 or more is a severity level 2, person felony;

(B) at least \$250,000 but less than \$1,000,000 is a severity level 3, person felony;

(C) at least \$100,000 but less than \$250,000 is a severity level 4, person felony;

(D) at least \$25,000 but less than \$100,000 is a severity level 5, person felony;

(E) at least \$1,500 but less than \$25,000 is a severity level 7, person felony;

(F) less than \$1,500 is a class A person misdemeanor, except as provided in subsection (b)(2)(G); and

(G) less than \$1,500 and committed by a person who has, within five years immediately preceding commission of the crime, been convicted of a violation of this section two or more times is a severity level 7, person felony; and

(3) (A) subsection (a)(3) is a severity level 8, person felony, except as provided in subsection (b)(3)(B); and

(B) subsection (a)(3) is a severity level 5, person felony, when the victim is a dependent adult who is a resident of an adult care home, as described in subsection (e)(2)(A), during the commission of the offense.

(c) It shall be an affirmative defense to any prosecution for mistreatment of a dependent adult or an elder person as described in subsection (a)(2) that:

(1) The personal property or financial resources were given as a gift consistent with a pattern of gift giving to the person that existed before the dependent adult or elder person became vulnerable;

(2) the personal property or financial resources were given as a gift consistent with a pattern of gift giving to a class of individuals that existed before the dependent adult or elder person became vulnerable;

(3) the personal property or financial resources were conferred as a gift by the dependent adult or elder person to the benefit of a person or class of persons, and such gift was reasonable under the circumstances; or

(4) a court approved the transaction before the transaction occurred.

(d) No dependent adult or elder person is considered to be mistreated under subsection (a)(1) or (a)(3) for the sole reason that such dependent adult or elder person relies upon or is being furnished treatment by spiritual means through prayer in lieu of medical treatment in accordance with the tenets and practices of a recognized church or religious denomination of which such dependent adult or elder person is a member or adherent.

(e) As used in this section:

(1) "Adequate consideration" means the personal property or financial resources were given to the person as payment for bona fide goods or services provided by such person and the payment was at a rate customary for similar goods or services in the community that the dependent adult or elder person resided in at the time of the transaction.

(2) "Dependent adult" means an individual 18 years of age or older who is unable to protect the individual's own interest. Such term shall include, but is not limited to, any:

(A) Resident of an adult care home including, but not limited to, those facilities defined by K.S.A. [39-923](#), and amendments thereto;

(B) adult cared for in a private residence;

(C) individual kept, cared for, treated, boarded, confined or otherwise accommodated in a medical care facility;

(D) individual with intellectual disability or a developmental disability receiving services through a community facility for people with intellectual disability or residential facility licensed under K.S.A. [39-2001](#) et seq., and amendments thereto;

(E) individual with a developmental disability receiving services provided by a community service provider as provided in the developmental disability reform act; or

(F) individual kept, cared for, treated, boarded, confined or otherwise accommodated in a state psychiatric hospital or state institution for people with intellectual disability.

(3) "Elder person" means a person 60 years of age or older.

(f) An offender who violates the provisions of this section may also be prosecuted for, convicted of, and punished for any other offense in article 54, 55, 56 or 58 of chapter 21 of the Kansas Statutes Annotated, or K.S.A. 2021 Supp. [21-6418](#), and amendments thereto.

History: L. 2010, ch. 136, § 52; L. 2011, ch. 91, § 33; L. 2012, ch. 91, § 15; L. 2014, ch. 90, § 1; L. 2014, ch. 139, § 1; L. 2018, ch. 112, § 5; L. 2021, ch. 105, § 2; July 1.

Dependent Adult: According to K.S.A. 21-5417, a dependent adult is “an individual 18 years of age or older who is unable to protect the individual’s own interest.” This includes, but is not limited to, an adult who is:

1. A resident of an adult care home;
2. Cared for in a private residence;
3. In a medical care facility;
4. Receiving services through a community or residential facility for people with intellectual disability;
5. Receiving services for developmental disability through a community service provider; or
6. A resident of a state psychiatric hospital or institution for people with intellectual disability.



DO YOU KNOW YOUR RIGHTS AS FOSTER YOUTH?

YOU HAVE THE RIGHT TO:

- to have all appropriate services, tutoring, cultural, and recreational activities
- attend school
- receive appropriate medical care

SAFE:

- to send and get unopened mail and phone calls (unless court ordered)
- have regular contact from and access to case managers, attorneys, and advocates and be allowed private conversations with such individuals
- workers and foster parents should share information about you that is accurate and necessary for your well-being

RIGHT TO:

- be placed as close to your family as possible
- have a caseworker or supervisor if you have a caseworker that is not one of the two of you

YOU HAVE THE RIGHT TO:

developmentally appropriate services and court hearings

If you are 10 years old or older, you must attend all court hearings appropriate by case and tell the judge what you think about the placement change and the reasons for the change.

Your "best interests" are represented in court by a guardian ad litem or a lawyer who will tell the court what you want, need, and feel.

IN:

WHEN AGING OUT OF FOSTER CARE, YOU HAVE THE RIGHT TO:

- be an active participant in developing a transition plan
- have services and benefits
- have a checking or savings account (when appropriate)
- learn to manage money at your age, development level, and your case plan
- learn job skills for your age and your case plan
- be involved in life skills activities

YOU HAVE THE RIGHT TO LIVE IN A SAFE AND HEALTHY ENVIRONMENT:

- live in the least restrictive environment
- be treated with respect, have a place to store your things and wear clean, appropriate clothing and personal hygiene products
- be placed as close to your family as possible unless ordered by the court
- have your placement should be the first placement to be investigated and considered, and if that placement is not possible, then other placements in the community with similar religion or ethnic heritage be investigated
- be placed with your family unless ordered otherwise by the court
- have your belongings stored in a safe place
- to receive your personal belongings when you are placed out of home and given to you
- to have your belongings stored in a suitcase or duffle bag if moved or going on a visit
- to have your belongings stored in a suitcase or duffle bag if moved or going on a visit

IF YOU THINK YOU ARE BEING TREATED DIFFERENTLY:

If you feel you are being treated differently for any reason, you should contact your caseworker or supervisor for your care.

Section I Identifying Information:

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

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

<p>1A. Complete for initial prevention plan (most common)</p> <p><input type="checkbox"/> This is an initial prevention plan</p> <p>Enter the start date for this plan: <i>Click or tap to enter a date.</i></p> <p>Enter the end date (12 months from start date): <i>Click or tap to enter a date.</i></p>	OR	<p>1B. Complete when services extend beyond 12 months of previous prevention plan</p> <p><input type="checkbox"/> This is an extension of an active prevention plan that follows an expired prevention plan</p> <p>Enter the start date (use end date from previous plan): <i>Click or tap to enter a date.</i></p> <p>Enter the end date (12 months from start date): <i>Click or tap to enter a date.</i></p>
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Is this a revision to an open prevention plan? Yes No
 If yes, please add date revised: *Click or tap to enter a date.*

Reason for revision: _____

Section II Candidacy for Care Determination

Determine if the child meets criteria as a candidate for care

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

Section III Prevention Strategy:

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

Maintain the child safely in the home

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

Live permanently with a kin caregiver.

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

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

(continued next page)

Identified Service / Agency / (FACTS Code)	Family Member(s) see above Section IV box	New Service Added:
Mental Health (FM01N) <input type="checkbox"/> Parent-Child Interaction Therapy / PCIT / TFI / (PCI) <input type="checkbox"/> Multisystemic Therapy / MST / CSI / (MST) <input type="checkbox"/> Family Centered Treatment / FCT / SFM / (FCT) <input type="checkbox"/> Functional Family Therapy / FFT / Cornerstones / (FFT)		Is this a new or revised service? _____ Date: Click or tap to enter a date: _____
Substance Use Disorder (FS01N) <input type="checkbox"/> DCCCA Seeking Safety (MMT) <input type="checkbox"/> Parent-Child Assistance Program / P-CAP / KCSL / (PCA) <input type="checkbox"/> Seeking Safety / SFM / (SES)		Is this a new or revised service? _____ Date: Click or tap to enter a date: _____
Parent Skill Building (FI01N) <input type="checkbox"/> ABC / Project Eagle & Livewell / (ABC) <input type="checkbox"/> Family Mentoring / CAPS / (NPP) <input type="checkbox"/> Fostering Prevention / Foster Adopt Connect / (FSP) <input type="checkbox"/> Healthy Families / HFA / Great Circle / (HFB) <input type="checkbox"/> Healthy Families / HFA / KCSL / (HFA) <input type="checkbox"/> Parents as Teachers / PAT / KPATA / (PAT)		Is this a new or revised service? _____ Date: Click or tap to enter a date: _____
Kinship Navigator (FK01N) <input type="checkbox"/> Kids 2 Kin / KLS / (NIT)		Is this a new or revised service? _____ Date: Click or tap to enter a date: _____

List any children in the family, who have currently or have recently (within approximately a year) participated in mental health treatment, or if any child is on a psychiatric residential treatment facility (PRTF) waitlist. This will assist in service coordination.

Name of child/youth	Name of agency delivering service	Name of past/current therapist or case manager

Is any child/youth listed above on a PRTF waitlist? No Unknown Yes. If yes, add name of child _____

Section V SIGNATURES (Initial and Updated)

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

FACTS

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

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



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

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

- Prevention Plan (PPS 4300) Completed
 - Child(ren) is identified as a Candidate for Foster Care on Prevention Plan (**Exception:** youth in foster care who is parenting and/or pregnant, fill out PPS 3051, Section 7, then continue with this form.)
- Is this a continuation of services after the 1 year expiration date of a family's prevention plan? Yes No
- FACTS:** If yes is checked, enter Date of Referral on this form in AchDt field. Look for Date of Referral*, below in Section I

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

Case Head Name: _____	Case Head Client ID: _____	FACTS Case #: _____	FACTS Event #: _____
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Address of Family: _____	Phone number: _____
City, State, Zip: _____	Best way to contact family (phone, text, person, other): _____
County where family resides: _____	

Non-custodial Parent(s) Name: _____	Phone: _____
Address: <i>Click or tap here to enter text.</i> _____	Best way to contact family (phone, text, person, other): _____
City, State, Zip: <i>Click or tap here to enter text.</i> _____	

Is there a reason to believe that any family member is a member or eligible to be a member of a recognized Tribe, and the Indian Child Welfare Act (ICWA) applies? No Yes (If yes, list Tribal Affiliation): _____

Name of Enrolled Family Member(s): _____

Referring CPS Specialist / Foster Care Liaison/IL Coordinator: _____ Email: _____ Phone number(s): _____ Family First Regional Email (check one below) Northwest Region <input type="checkbox"/> DCF.WERFFLiaison@ks.gov Southwest Region <input type="checkbox"/> DCF.WERFFLiaison@ks.gov Wichita Region <input type="checkbox"/> DCF.WROFF@ks.gov Northeast Region <input type="checkbox"/> DCF.NortheastFamilyFirst@ks.gov Southeast Region <input type="checkbox"/> DCF.SoutheastFamilyFirst@ks.gov KC Region <input type="checkbox"/> DCF.KCRegionFamilyFirst@ks.gov CPS or Foster Care Liaison Supervisor: _____ Date of Intake Assignment: <i>Click or tap to enter a date.</i> _____ Date of Referral* (must be same date sent to provider): <i>Click or tap to enter a date.</i> _____ DCF Office (if applicable)/Region/County: _____ List any other DCF division or employee actively involved with the family if applicable (Name/role): _____	Is there a current CINC case: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes: Court Number: _____ Next Court Hearing/Division: _____ Any child in the family in DCF custody: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Name: _____ Answer the following: Is this referral due to a Juvenile Offender case? (FACTS CODES in parentheses) <input type="checkbox"/> Yes (JO01N)(PSW) <input type="checkbox"/> No Is the referral for a pregnant youth in foster care? (FACTS CODES in parentheses if checked yes) <input type="checkbox"/> Yes (FC01N)(FGC) <input type="checkbox"/> No If yes, Name: _____ If the referral is for a parenting youth in foster care is their child: <input type="checkbox"/> Not in custody (FC02N)(FGC) <input type="checkbox"/> In custody of the Secretary (FC03N)(FGC) Name of parenting youth: _____ Child's name: _____
--	--

List all children in the home	Age at referral	Client ID
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

List all children in the home	Age at referral	Client ID
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

(continued next page)

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

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

Kinship Navigator (FK01N)	Mental Health (FM01N)	Parent Skill Building (FI01N)	Substance Use Disorder (FS01N)
<input type="checkbox"/> Kids 2 Kin - Kansas Legal Services (NLT)	<input type="checkbox"/> Family Centered Treatment - Saint Francis (FCT)	<input type="checkbox"/> ABC - Project Eagle/LiveWell (ABC)	<input type="checkbox"/> DCCCA Seeking Safety (MMT)
<div style="border: 1px solid black; padding: 5px; text-align: center;"> NOTE FOR FACTS STAFF: (FACTS codes) </div>	<input type="checkbox"/> MST - Multisystemic Therapy - Community Solutions (MST)	<input type="checkbox"/> PAT - KPATA (PAT)	<input type="checkbox"/> Parent Child Assistance Program, PCAP - Kansas Children's Service League (PCA)
	<input type="checkbox"/> Functional Family Therapy - Cornerstones (FFT)	<input type="checkbox"/> HFA - Healthy Families America	<input type="checkbox"/> Seeking Safety - Saint Francis (SES)
	<input type="checkbox"/> Parent Child Interaction Therapy	<input type="checkbox"/> Great Circle (HFB)	
	<input type="checkbox"/> TFI Family Services (PCI)	<input type="checkbox"/> Kansas Children's Service League (HFA)	
		<input type="checkbox"/> Family Mentoring - CAPS (NPP)	
		<input type="checkbox"/> Fostering Prevention - FAC (FSP)	

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

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

Required attachments for Family First Prevention Services:

- A/N referrals; PPS 1000, PPS 2020 Kansas DCF Assessment Map
 - FINA referrals; PPS 1000, PPS 2020 Kansas DCF Assessment Map
 - All cases; PPS 4300 Prevention Plan
 - All cases; PPS 2021 Immediate Safety plan if applicable
 - Attach and email all forms to the grantee/provider, regional Family First mailbox and your region's FACTS mailbox
- GRANTEE:** Acknowledge receipt of referral within 24 hours

(Grantee portion, continued next page)

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

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

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

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

Name of Grantee: <small>Click or tap here to enter text.</small> _____ Closure Date: <small>Click or tap to enter a date.</small> _____	Referred Service Category: <input type="checkbox"/> Kinship Navigator (FK01N) <input type="checkbox"/> Mental Health (FM01N) <input type="checkbox"/> Substance Use Disorder (FS01N) <input type="checkbox"/> Parent Skill Building (FI01N)
--	--

- Closure Reason: (Completed by Grantee)** Select reason case is closing and provide a summary reason for case closure.
- Retraction within 5 days of referral. *Exception: Family determined ineligible after 5 day window (FACTS Code: JD)*
 - The following are applicable after 6+ days**
 - Family declined or chooses to end services after 5 days of referral. (FACTS Code: CD)
 - Family is not progressing or addressing issues/needs identified in the prevention plan. (FACTS Code: AD)
 - Child was removed from home; a referral was made to the Reintegration/Foster Care/Adoption provider. (FACTS Code: LD)
 - Unable to locate the family or family moved out of provider services area or out of state. (FACTS Code: MV)
 - Family has successfully completed services. (FACTS Code: CM)

Closure Summary: (Completed by Grantee) Provide a description of the family’s progress/functioning at closure, a summary of the reason for closure, or special circumstances leading to closure. If applicable, document attempts to locate or engage family.

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

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

END FORM

Mental Health workflow				
Youth status	Assessment and screening	Timely provision/referral for service	Follow up standards for therapy, medication	Documentation standards and care coordination expectations.
New CINC Entering care or re-entering care	PPM 5030 assessments based on age within 20 days of entering care. Results, date, screener name and screen itself shall be in youth record.	Child Welfare Case Management Providers (CWCMP) are expected to initiate or ensure foster parent/ placement initiate Community Mental Health Center (CMHC) appropriate mental and behavioral health provider service within 1 business day of an identified need. This process means for a CMHC the youth will be physically present 2 days in a row for a telephone, virtual, or in person appt at which the CWCMP or foster parent will also be present to aid in information needed to assess risk and initial evaluation. If there are no clear Mental or Behavioral health needs at entry into care, CWCMP providers will provide access to service within 1 business day of completing a screen indicating need for services. For service provision which is not a CMHC the expectation is that the CWCMP will initiate the referral process or process needed to obtain services within 1 business day of the identified need.	Services indicated from evaluation should be provided by CMHC within 10 business days from the date the request is made. Services are defined as all routine outpatient clinical services such as medication management, case management, and therapy. Services should be maintained at a therapeutic timeline as determined by the disposition of the individual. Initial medication evaluation shall occur within 10 calendar days and all follow-up evaluation to occur as deemed by disposition of the individual. CWCMP and foster care providers shall coordinate with mental and behavioral health provider to ensure timeliness of service outlined by federal standards of Certified Community Behavioral Health Clinics (CCBHC) certification.	CWCMP and foster care providers shall coordinate with mental and behavioral health provider to ensure timeliness of service outlined by federal standards of CCBHC certification. All information requested through the Universal Packet, during intake, or as part in care coordination should be provided as soon as possible generally within 10 business days. Communication should be returned within 48 hours.
While in care:	N/A for initial screens.	<p>If a new mental health or behavioral health concern presents itself the concern will be assessed by initiating an appointment by CWCMP or foster care provider for assessment within 1 business day which will be scheduled by CMHC within 10 business days.</p> <p>If a youth has a placement change the CWCMP will notify the CMHC within 1 business day of the placement change indicating if services should be maintained virtually or in person or if the youth will have services set up in a new service area.</p>	CWCMP and foster care providers shall coordinate with mental and behavioral health provider to ensure timeliness of service outlined by federal standards of CCBHC certification.	Any new possible concerns should be documented in youth record and followed up with action taken to assessment need and service and the final action taken to address need or if no action needed. Note if a youth refuses services recommended the CWCMP must document continued attempts to discuss with youth.



Mental Health Workflow

Adoption and Permanent Custodianship Information

Adoption from Foster Care	Permanent Custodianship
<ul style="list-style-type: none"> - Criteria for whom adoption may be an appropriate goal: Children and youth in DCF custody, out of home placement, for whom a determination has been made the children cannot safely return home, and parental rights have been terminated or relinquished. - Adoption may be considered for children/youth of any age. - The adoptive parents must have completed the required training curriculum and have an approved home assessment. For relative adoptive families, the training is not required. - Biological parents no longer retain any legal or financial responsibilities for the child. Their rights must have been terminated or relinquished and the child have been placed in DCF custody for the purposes of adoption. - Adoptive parents assume all legal and financial responsibility of the child. Once the child is adopted, a new birth certificate will be issued. 	<ul style="list-style-type: none"> - Criteria for whom permanent custodianship may be an appropriate goal: A youth ages 14 or older or who are part of a sibling group being placed together and one child is age 14 or older, in DCF custody, OOH placement, for whom a determination is made that reintegration or adoption are not viable permanency goals. Parental rights do not have to be terminated or relinquished. Parents may consent to the permanent custodianship, or the court may make findings that would allow for them to grant the permanent custodianship. - The caregiver seeking to be appointed permanent custodian must have an approved home assessment. Letters may be required from the youth and caregiver voicing their desire to have the permanent custodianship completed. - If parental rights are not terminated, the parent may still retain financial responsibility for the child. - The Permanent Custodian exercises all the rights and responsibilities of a parent without state oversight or intervention.
Adoption Assistance	Permanent Custodianship Subsidy (PCS)
<ul style="list-style-type: none"> - Adoption from foster care does provide an adoption assistance component, which may include: <ul style="list-style-type: none"> o Kansas medical card until the child reaches age 18 or graduates from high school (whichever comes last) o Financial assistance to finalize the adoption o Special one-time payment to help with costs related to the special needs of the child o A monthly cash subsidy of up to \$500 - Adoption assistance may be state or federally funded assistance, depending on the eligibility determination for the child. 	<ul style="list-style-type: none"> - There is a potential for a monthly subsidy of up to \$300 to be provided by DCF to support the family after permanent custodianship is granted. - Caregivers will have to apply for a Medical Card through KANCARE (or Medicaid through their state agency, if not residing in Kansas) or place the child on their private insurance. A medical card is not automatically provided. - Permanent Custodianship Subsidy is state funded assistance.

Adoption and Permanent Custodianship Information

Eligibility Requirements for Adoption Assistance:	Eligibility Requirements for Permanent Custodianship Subsidy (PCS):
<ul style="list-style-type: none"> - Child must be legally free for adoption and in DCF custody or the custody of a licensed child placing agency. - A judicial determination that the child cannot return home to parents. - Documentation of the child’s special needs, including the factors that would limit the child being able to be adopted without adoption assistance. - For children who did not have an adoptive resource with whom they had a significant relationship (such as a relative or foster family), documentation is required to show efforts to place the child for adoption without assistance, which could include recruitment activities completed. - Adoption assistance ends when the child reaches age 18 or graduates high school, whichever comes last. If there are special needs of the child that may warrant the adoption assistance to be extended past the age of 18, DCF may be contacted to request an extension. Adoption assistance cannot continue past the age of 21. 	<ul style="list-style-type: none"> - Child must be in DCF custody and out of home placement at the time custodianship is established. - Children may be considered for permanent custodianship subsidy if they are age 14 and over, or are part of a sibling group being placed together and one child is age 14 and over, or have an approval for an exception from the PPS Director for other extenuating circumstances that make adoption not a reasonable option. - An order of permanent custodianship must be issued by the court. - Child may not be receiving Supplemental Security Income (SSI). - If the family wishes to apply for DCF Economic Assistance, the appointed custodian has to be an adult eligible to receive Temporary Assistance to Needy Families (TANF) as defined by Economic and Employment Support Services. - The custodian is encouraged to apply for TANF on behalf of the child. - Income and resources considered: <ul style="list-style-type: none"> o Social Security Survivors Benefits; o Child support; o Income for the child from a trust or annuity; o Other benefits such as railroad or veterans’ benefits - When a child receives SSI, the family may opt to apply to be payee for the SSI instead of PCS. The determination of payee status lies with the Social Security Administration. - While receiving PCS, the family may be eligible to receive child support from biological parents, if parental rights are still intact. - PCS ends when the child turns 18 or graduates high school, whichever comes last.

When ICWA applies, the Tribal Representative should be involved in discussions around case plan goals and permanency options for the child. Concurrent case planning that is already occurring should also be taken into consideration when determining permanency options for a child.

5825 Entering Prior Sex Trafficking

For all children in DCF custody referred for out of home placement, any prior sex trafficking shall be recorded in FACTS. If prior sex trafficking is indicated on the foster care referral, the service action code ST01N shall be entered, using the date of referral on the responsibility screen with the service source code PSW. The ST01N code will remain open on the CC plan until they have been released from custody. If DCF reported any prior sex trafficking to Law Enforcement, enter the service action code LE01N with the service source code PSW on the Responsibility Screen. The service action code LE02N is to be entered if DCF did not report a prior sex trafficking event to Law Enforcement. This is an AFCARS requirement.

5882 Permanent Guardianship/Custodianship Information

AFCARS 2020, Elements 44-45 and 157-186 require data entry on the Maintain Guardianship/Custodianship Screen (GUCU). This information is to determine if there is prior guardianship/custodianship, guardianship/custodianship completed by, any subsidy information, legalization date, demographics of the primary and secondary guardian, family structure, guardian relation to the child, and number of siblings in the guardianship/custodianship home. This information shall be entered within 30 days of exiting care. Refer to section 6000 & Appendix 6F of the Prevention and Protection Services Policy and Procedure Manual for more information regarding guardianship/custodianship & subsidy.

- A. Prior Guardianship/Custodianship is to be indicated Y or N. Indicate the prior finalization date, if applicable. If there has been more than one prior guardianship/custodianship enter the most recent date first, followed by the date prior to the first. This information can be located on the PPS 5110 form.
- B. At the time of exit, enter the Legalization Date. Enter Guardianship and Custodianship Completed By, GUCU/Child Relation, Family Structure, Siblings in Gu/Cu Home, and Primary and Secondary individual demographic information as indicated on the PPS 6185 form.
- C. At the time of exit, indicate Y or N to subsidy. If Y, proceed to enter the agreement date, Amt, and Start date. Subsidy will continue after the child exits care, there will not be an End date. Subsidy information is located on the PPS 6150 & 6160 forms.

10322 APS Confirmation/Finding for Crisis Exception Requests

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

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

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

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

1. Adult Protective Service (APS) report of abuse, neglect or exploitation.
2. A copy of the substantiated documentation from APS within 30 days before the date of the crisis request.
3. Outside agencies will request documentation of a substantiated finding of ANE from APS. These requests may come from Kansas Department of Aging and Disability Services (KDADS), Managed Care Organization (MCO), Community Developmental Disability Organization (CDDO), Aging and Disability Resource Center (ADRC) or Area Agency on Aging (AAA).

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

1. The agency requesting the information shall obtain a signed Release of Information, from the Involved Adult (IA) and/or Guardian/Conservator and provide that release to DCF APS prior to requesting this documentation from APS.
2. An allegation of ANE has been substantiated within the last 30 days of the crisis request.
3. The APS protection specialist shall send a completed APS Substantiated Finding Confirmation form (PPS 10322a) to the requestor.

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

1. APS protection specialists may find that an Involved Adult (IA) is on the waitlist for waiver services but is currently in need of the supports now from the HCBS waiver programs due to the IA being in crisis or imminent risk of a crisis. In these situations, the protection specialist shall review the investigation with the supervisor or designee for approval of submission. The protection specialist may work with a community provider to submit a crisis exception request.
2. KDADS policy states: Persons shall be determined to be in crisis under the following conditions:
 - i. 1. Documentation from law enforcement or DCF supporting the need for the person's protection from confirmed abuse, neglect, or exploitation (ANE);
 - ii. Documentation substantiating the person is at significant, imminent risk, and is capable of performing serious harm to self or others.

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

1. An open APS investigation and Substantiated finding of ANE.
2. APS protection specialist is working with a community provider such as the AAA, ADRC, MCO, CDDO, or KDADS to submit the request on APS's behalf.
3. When an Involved Adult is in need of HCBS waiver services now due to being in crisis or at risk of being in a crisis.
4. Review with a supervisor or designee for approval to submit.

F. Physical Disability (PD) Waiver:

1. An individual on the PD waiver waitlist who is in a crisis or imminent risk of crisis may submit an HCBS-PD Consumer Evaluation of Needs, which is the crisis exception request form for the PD waiver to bypass the waitlist and access the PD Waiver.
2. APS protection specialist shall review with their supervisor or designee prior to submitting the APS Substantiated Finding Confirmation form PPS 10322a to the community provider who is assisting with the crisis exception request.

G. Intellectual Developmental Disability (IDD) Waiver:

1. An individual on the IDD waiver waitlist, who is in crisis or imminent risk of crisis, may submit a crisis request for review. All persons requesting access to HCBS-IDD waiver program services must meet IDD eligibility determination standards and functional eligibility requirements.
2. APS protection specialist shall review with their supervisor or designee prior to submitting the APS Substantiated Finding Confirmation form PPS 10322a

to the Community Developmental Disability Organizations (CDDO) in the area which the IA resides or to the community provider who is assisting with the crisis exception request.



CARE

Child Abuse Review and Evaluation Referral

What is a CARE Referral?

In May 2023, Child Abuse Review and Evaluation Referral (CARE) went into effect requiring the Kansas Department for Children and Families (DCF) to make referrals to Medical Resource Centers and CARE providers. The purpose of a CARE referral is to connect children and families with a network of medical professionals to receive recommendations regarding medical treatment a child may need.

Who is involved in the CARE Referral Process?



The Kansas Protection Report Center (KPRC)

KPRC is involved in reviewing reports and assigning reports to DCF Child Protection Specialists (CPS).



Child Protection Specialist (CPS)

The CPS refers the reports with children under the age of 6, alleged to be a victim of physical abuse and/or physical neglect, to a Medical Resource Center.



Medical Resource Centers (MRC)

MRC review the referred reports and provide recommendations to the CPS regarding medical treatment.



CPS and Families

The CPS talks with families about the recommendation. If the MRC recommends medical treatment, the CPS helps connect children and families to a CARE Provider.



CARE providers

CARE providers are located across Kansas to help provide exams or treatment to children.

What is a Medical Resource Center?

The Medical Resource Center (MRC) is a center of specially trained medical providers available to review reports and make recommendations. The CPS will be in communication with you about these recommendations. If a medical exam or treatment is needed the CPS will assist you with the referral to a CARE provider or another medical professional.



What is a CARE Provider?

CARE Providers are specially trained medical providers located within Kansas communities. CARE Providers are available and equipped to provide an exam or treatment recommended by the MRC.



Rev. 5.23



Data Privacy

To ensure data privacy, DCF uses IRIS (Integrated Referral and Intake System) to facilitate secure communication between DCF, Medical Resource Centers, and CARE Providers. If you have questions or concerns about IRIS, or you do not consent to your information being entered into IRIS, please discuss your concerns with the CPS. If you don't consent to have your information stored in IRIS, it will be sent to a Medical Resource Center or CARE Provider through email.

What information is shared in IRIS?

Information entered and stored in IRIS includes case details (child's name, description of allegations, medical records, photographs, etc.) and the Medical Resource Center or CARE Provider's recommendation. This information can only be seen by staff (users) of the organizations involved in sending or receiving the CARE referral and any IRIS Data Manager(s). All IRIS users must treat personal data in IRIS as private.

How is data privacy managed?

IRIS is managed by the Center for Public Partnerships and Research at the University of Kansas. The IRIS tool meets applicable law to reasonably maintain the privacy and security of personal information. Safety measures include regular audits, mandatory IRIS staff training, policies requiring appropriate handling of secure information, encrypting data while at rest and during transmission, housing data on HIPAA-compliant cloud storage solution, and single-user logins.

Contact Information:



CPS SPECIALIST NAME



PHONE



OFFICE LOCATION





CARE

Remisión para la evaluación y revisión de casos de abuso infantil

¿Qué es una remisión de CARE?

En mayo de 2023, entró en vigencia la remisión para la Evaluación y revisión de casos de abuso infantil (Child Abuse Review and Evaluation Referral, CARE), que le exige al Departamento de Niños y Familias (Department for Children and Families, DCF) de Kansas que haga remisiones a centros de recursos médicos y proveedores de CARE. El objetivo de una remisión de CARE es conectar a niños y familias con una red de profesionales médicos para recibir recomendaciones acerca de tratamientos médicos que podría necesitar el niño.

¿Quiénes participan en el proceso de remisión de CARE?



El Centro de Denuncias y Protección de Kansas (KPRC)

El KPRC se encarga de analizar las denuncias y asignarlas a especialistas en protección infantil (CPS) del DCF.



Especialista en protección infantil (CPS)

El CPS remite las denuncias que involucran a presuntas víctimas de abandono o maltrato físico que sean menores de 6 años a un centro de recursos médicos.



Centros de recursos médicos (MRC)

Los MRC analizan las denuncias remitidas y hacen recomendaciones al CPS sobre tratamientos médicos.



CPS y familias

El CPS habla con las familias sobre la recomendación. Si el MRC recomienda un tratamiento médico, el CPS ayuda a conectar al niño y a la familia con un proveedor de CARE.



Proveedores de CARE

Los proveedores de CARE prestan servicios en todo el estado de Kansas para ayudar a facilitar exámenes o tratamientos para niños.

¿Qué es un centro de recursos médicos?

Un centro de recursos médicos (MRC) es un centro de proveedores médicos especializados que están disponibles para analizar denuncias y hacer recomendaciones. El CPS se mantendrá en contacto con usted para hablar sobre estas recomendaciones. En caso de que se necesite un examen o tratamiento médico, el CPS lo ayudará con la remisión a un proveedor de CARE u otro profesional médico.



¿Qué es un proveedor de CARE?

Los proveedores de CARE son proveedores médicos especializados que prestan servicios en las comunidades de Kansas. Están disponibles y preparados para hacer un examen o administrar el tratamiento recomendado por el MRC.





IRIS

Privacidad de los datos

Con el fin de garantizar la privacidad de los datos, el DCF usa IRIS (Sistema de admisión y remisión integrado) para facilitar la comunicación segura entre el DCF, los centros de recursos médicos y los proveedores de CARE. Si tiene alguna pregunta o preocupación sobre IRIS, o si no está de acuerdo con que se escriba su información en IRIS, hable de sus preocupaciones con el CPS. Si no quiere dar su consentimiento para que se almacene su información en IRIS, la enviaremos al centro de recursos médicos o al proveedor de CARE por correo electrónico.

¿Qué información se comparte en IRIS?

La información que se escribe y almacena en IRIS incluye los detalles del caso (nombre del menor, descripción de las acusaciones, registros médicos, fotografías, etc.) y la recomendación del centro de recursos médicos o del proveedor de CARE. Las únicas personas que pueden ver esta información son el personal (usuarios) de las organizaciones encargadas de enviar o recibir las remisiones de CARE y los administradores de datos de IRIS. Todos los usuarios de IRIS deben respetar la privacidad de los datos que figuran en IRIS.

¿Cómo se maneja la privacidad de los datos?

La gestión de IRIS está a cargo del Center for Public Partnerships and Research de la University of Kansas. La herramienta IRIS cumple con la legislación aplicable que exige que se garantice la privacidad y seguridad de la información personal de manera razonable. Las medidas de seguridad incluyen auditorías habituales, capacitaciones obligatorias para el personal de IRIS, políticas que exigen el manejo adecuado de la información confidencial, la codificación de datos mientras están almacenados y cuando se transmiten, el almacenamiento de datos en soluciones basadas en la nube que cumplan con la HIPAA, y el inicio de sesión con usuario único.

Información de contacto:



NOMBRE DEL CPS



TÉLFONO



UBICACIÓN DE LA OFICINA



Aftercare Contact Agreement for Young Adults

(For Cases Where Young Adult is not in the Custody of the Secretary)

Section 1					
Young Adult Name:		Facts Case #:		County:	
Local DCF:		Assigned DCF Staff:		Assigned DCF IL Coordinator:	
Provider:		Assigned Provider Staff:			
Phone:		Email:			
Date Aftercare started:		Agreement in Effect From:		To:	
Section 2					
Aftercare Achieved Through:					
<input type="checkbox"/> APPLA					
Young Adult Strengths and Resources:					
Services That Will Continue:					
Services That Will Not Continue:					
Frequency and method of contacts between case manager and young adult:					

Aftercare Contact Agreement for Young Adults

(For Cases Where Young Adult is not in the Custody of the Secretary)

Identifying documents needed by Young Adult:

Section 3

Maintenance Objective (if applicable):

Task #	Measurable Short-Term Tasks Toward Achievement of Goal	Responsible Person	Target Date	Achieved Date

Criteria for Success (What will be Different)

Section 5

Signatures/Dates

I have participated in the development of this agreement and will maintain contact as planned.

Young Adult Signature

Date

Case Manager Signature

Date



**Family First Prevention Plan and Service
 Referral/Case Status Form**

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

Case Head Name:	Case Head Client ID:	FACTS Case #:	FACTS Event #:
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Date of Intake Assignment: *Click or tap to enter a date.*

Address of Family: City, State, Zip: County where family resides:	Phone number: Best way to contact family (phone, text, person, other):
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Non-custodial Parent(s) Name: Address: City, State, Zip:	Phone: Best way to contact family (phone, text, person, other):
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Is there a reason to believe that any family member is a member or eligible to be a member of a recognized Tribe, and the Indian Child Welfare Act (ICWA) applies? No Yes (If yes, list Tribal Affiliation):
 Name of Enrolled Family Member(s):

Referring DCF CPS/ Foster Care Liaison/IL Coordinator: Email: Phone number(s): Supervisor: Family First Regional Email (check one below): Northwest Region <input type="checkbox"/> DCF.WERFFLiaison@ks.gov Southwest Region <input type="checkbox"/> DCF.WERFFLiaison@ks.gov Wichita Region <input type="checkbox"/> DCF.WROFF@ks.gov Northeast Region <input type="checkbox"/> DCF.NortheastFamilyFirst@ks.gov Southeast Region <input type="checkbox"/> DCF.SoutheastFamilyFirst@ks.gov KC Region <input type="checkbox"/> DCF.KCRegionFamilyFirst@ks.gov DCF Office: List any other DCF division or employee actively involved with the family if applicable (Name/role):	Is there a current CINC case: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes: Court Number: Next Court Hearing/Division: Any child in the family in DCF custody: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Name: Answer the following *FACTS CODES in parentheses: Is this referral due to a Juvenile Offender case? <input type="checkbox"/> Yes (JO01N)(PSW) <input type="checkbox"/> No Is the referral for a pregnant youth in foster care? <input type="checkbox"/> Yes (FC01N)(FGC) <input type="checkbox"/> No If yes, Name: If the referral is for a parenting youth in foster care is their child: <input type="checkbox"/> Not in custody (FC02N)(FGC) <input type="checkbox"/> In custody of the Secretary (FC03N)(FGC) Name of parenting youth: Child's name:
---	---

Section II: Candidacy for Care Determination – Completed by CPS/FC Liaison/IL Coordinator – Determine if the child meets criteria as a candidate for care.

Child Name (List all children in the home)	Age	Candidate for Care	Reason for candidacy determination
		<input type="checkbox"/> Yes <input type="checkbox"/> No	Reason for imminent risk of removal:
		<input type="checkbox"/> Yes <input type="checkbox"/> No	Reason for imminent risk of removal:
		<input type="checkbox"/> Yes <input type="checkbox"/> No	Reason for imminent risk of removal:

**Family First Prevention Plan and Service
 Referral/Case Status Form**

		<input type="checkbox"/> Yes <input type="checkbox"/> No	Reason for imminent risk of removal:
		<input type="checkbox"/> Yes <input type="checkbox"/> No	Reason for imminent risk of removal:
Indicate if any children above have, within approximately a year, participated in mental health treatment, or if any child is on a psychiatric residential treatment facility (PRTF) waitlist. This will assist in service coordination.			
Name of child/youth	Agency delivering service	Name of past/current therapist or case manager	
Is any child/youth listed above on a PRTF waitlist? <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes. If yes, add name of child:			

Section III: Prevention Plan – Completed by CPS /FC Liaison/IL Coordinator

<p>A prevention plan expires after 12 months of being open. The prevention plan date will match the start date of the service referral (Section IV). Select one of the following below:</p>	
<p>1A. Complete for initial prevention plan (most common)</p> <p><input type="checkbox"/> This is an initial prevention plan</p> <p>Enter the start date for this plan/referral: Click or tap to enter a date. Enter the end date (12 months from start date): Click or tap to enter a date.</p>	<p style="text-align: center;">OR</p> <p>1B. Complete when services extend beyond 12 months of previous prevention plan</p> <p><input type="checkbox"/> This is an extension of an active prevention plan/that follows an expired prevention plan</p> <p>Enter the start date (use end date from previous plan): Click or tap to enter a date. Enter the end date (12 months from start date): Click or tap to enter a date.</p>
<p>1C: Is this a revision to an open prevention plan? <input type="checkbox"/>Yes <input type="checkbox"/>No</p>	<p>Reason for revision:</p>
<p>Has this family been actively engaged in conversations about Family First services? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>Prevention Strategy (Check one):</p> <p><input type="checkbox"/> Maintain the child safely in the home</p> <p><input type="checkbox"/> Live temporarily with a kin caregiver until the child can safely return to their parent(s)/caregiver(s), or</p> <p><input type="checkbox"/> Live permanently with a kin caregiver.</p>	

***FACTS:** When entering an extension for a Prevention plan (Section III. 1B.) on RESP Screen:

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

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

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

Required attachments for Family First Prevention Services:

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

(End DCF responsibility, Grantee portion begins next page)

DCF Distribution: Case File, Family First Provider, FACTS

GRANTEE: Acknowledge receipt of referral within 24 hours.

**Family First Prevention Plan and Service
 Referral/Case Status Form**

SECTION VI: Timely engagement – Completed by Grantee – Assessment and/or review of prevention plan with family to occur within 2 business days of referral. Provide initial contact date below and submit to emails listed at the end of this form for the appropriate region within 5 business days of initial contact.
 Use the email subject line: FF_county abbreviation_Lastname_Firstname_4311_Initial Contact

Name of Grantee:	Referred Service Category:	
Date of Initial contact with Family: Click or tap to enter a date.	<input type="checkbox"/> Kinship Navigator (FK01N) <input type="checkbox"/> Mental Health (FM01N) <input type="checkbox"/> Substance Use Disorder (FS01N) <input type="checkbox"/> Parent Skill Building (FI01N) <input type="checkbox"/> Other (FP01N)	

Name of Grantee Assigned Worker:	Email:	Phone:
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Name of Grantee Assigned Supervisor:	Email:	Phone:
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SECTION VII: Closure of Family First Prevention Services – Completed by Grantee – At time of case closure, add date, closure reason, and summary below. Submit to emails listed at the end of the form for the appropriate region within 5 business days of closure.
 Use the email subject line: FF_county abbreviation_Lastname_Firstname_4311_Closure

Name of Grantee:	Referred Service Category:	
Closure Date: Click or tap to enter a date.	<input type="checkbox"/> Kinship Navigator (FK01N) <input type="checkbox"/> Mental Health (FM01N) <input type="checkbox"/> Substance Use Disorder (FS01N) <input type="checkbox"/> Parent Skill Building (FI01N) <input type="checkbox"/> Other (FP01N)	

Closure Reason – Completed by Grantee – Select reason case is closing and provide a summary reason for case closure.
 Retraction within 5 days of referral. *Exception: Family determined ineligible after 5-day window.* **(JD)**

The following are applicable after 6+ days.

- Family declined or chooses to end services after 5 days of referral. **(CD)**
- Family is not progressing or addressing issues/needs identified in the prevention plan. **(AD)**
- Child was removed from home; a referral was made to the Reintegration/Foster Care/Adoption provider. **(LD)**
- Unable to locate the family or family moved out of provider services area or out of state. **(MV)**
- Family has successfully completed services. **(CM)**

Closure Summary – Completed by Grantee – Provide a description of the family’s progress/functioning at closure, a summary of the reason for closure, or special circumstances leading to closure. If applicable, document attempts to locate or engage family.

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

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

END FORM

Section I: The Representative Gail Finney Memorial Foster Care Bill of Rights Part of and supplemental to K.S.A. 38-2201 et seq

Purpose:

The purpose of the Gail Finney Memorial Foster Care Bill of Rights is, consistent with the policy expressed in and pursuant to KSA 38-2201, in order to ensure the proper care and protection of a child in need of care in the child welfare system, unless otherwise ordered by the court, a **child shall have the following right to:**

- (1) Live in a safe, comfortable placement, in accordance with KSA 38-2255
 - a. Where the child lives in the least restrictive environment
 - b. where the child shall be treated with respect, have a place to store belongings and receive healthy food, adequate clothing, and appropriate personal hygiene products
 - c. with siblings when possible; and
 - d. upon proper investigation and consideration in accordance with 38-2242, and amendments thereto, with a relative, kinship care placement or someone from such child's community with similar religious beliefs or ethnic heritage;
- (2) have visits with family;
- (3) have as few placements as possible;
- (4) have and maintain belongings by:
 - (a) making a list of belongings to have when placed out of home
 - (b) providing such list of belongings to such child's case manager
 - (c) bringing such belongings when placed out of home and
 - (d) if going on a visit or to a new placement, having belongings packed and transportable for the visit or move
- (5) have access to all appropriate school supplies, services, tutoring, extra-curricular and personal enrichment activities;
- (6) attend school daily in accordance with K.S.A. 38-2218, and amendments thereto
- (7) receive a HS diploma if such child has earned the standard credits in accord with KSA 38-2285
- (8) be notified of all hearings held pursuant to the revised Kansas code for care of children when age or developmentally appropriate
- (9) attend in person or virtually, all court hearings held pursuant to the Kansas code for care of children when age or developmentally appropriate;
- (10) address the court regarding any proposed placement or placement change in accord with KSA 38-2262, and amendments thereto, when age or developmentally appropriate
- (11) have a guardian ad litem represent best interests of the child in accordance with KSA 38-2205, and amendments thereto, and contact child regularly;
- (12) request an attorney who will represent the position of the child, if they are different than the determinations of the guardians ad litem, in accordance with K.S.A. 38-2205 and amendments thereto;
- (13) have privacy to send and receive unopened mail and make and receive phone calls;
- (14) have regular and private contact with and access to case managers, attorneys, and advocates;
- (15) access accurate and necessary information for such child's well-being from case managers, guardians and any person who is by law liable to maintain, care for or support the child;
- (16) have as few case managers as possible;

- (17) contact a case manager's supervisor if there is a conflict that cannot be resolved between such child and such child's case manager;
- (18) report a violation of this section without fear of punishment, interference, coercion, or retaliation; and
- (19) when transitioning out of the child welfare system:
 - (a) be an active participant in developing a transition plan, as defined in KSA 38-2202, and amendments thereto;
 - (b) have services and benefits explained;
 - (c) have a checking or savings account;
 - (d) learn to manage money, when age or developmentally appropriate;
 - (e) learn job skills that are age or developmentally appropriate;
 - (f) be involved in life skills training and activities.

(c) Consistent with the policy of the state expressed in K.S.A. 38-2201 et seq., and amendments thereto, in order to ensure active participation of foster parents and kinship caregivers as an integral, indispensable and vital role in the state's efforts to care for children in the custody of the secretary, unless otherwise ordered by the court, foster parents and kinship caregivers shall have the right to:

- (1) Be treated by the Kansas department for children and families and other child welfare system stakeholders with dignity, respect, and trust as a primary provider of care and support and a member of the professional team caring for a child in the custody of the secretary;
- (2) not be discriminated in accordance with the Kansas act against discrimination, K.S.A. 44-1001, et seq., and amendments thereto, and federal law;
- (3) continue with such foster parents' and kinship caregivers' own family values and beliefs with consideration given to the special needs of children who have experienced trauma and separation from their biological families, if the values and beliefs of the child and the biological family are respected and not infringed upon;
- (4) make decisions concerning the child consistent with the policies, procedures and other directions of the Kansas department for children and families and within the limits of state and federal law;
- (5) receive standardized preservice training by the Kansas department for children and families or the department's designee and at appropriate intervals to meet mutually assessed needs of the child, such foster parents and kinship caregivers;
- (6) receive timely financial reimbursement and be notified of any costs or expenses for which such foster parents and kinship caregivers may be eligible for reimbursement in accordance with K.S.A. 38-2216, and amendments thereto;
- (7) receive information regarding services and contact the Kansas department for children and families or the department's designee during regular business hours and, in the event of an emergency, by telephone after business hours;
- (8) receive any information on issues concerning the child and known to the Kansas department for children and families or the department's designee that is relevant to the care of the child or that may jeopardize the health and safety of the foster family, the kinship care placement or the child or alter the manner in which care and services should be administered prior to the placement of such child;
- (9) discuss known information regarding the child prior to placement and be provided additional information from the Kansas department for children and families or the department's designee as such information becomes available under state and federal law;
- (10) refuse placement of a child in such foster parents' and kinship caregivers' home or request the removal of a child from such foster parents' and kinship caregivers' home after providing reasonable notice;

- (11) receive any available information through the Kansas department for children and families regarding the number of times a child has been placed and the reasons for such placements, and receive the names and phone numbers of any previous placements if such placements have authorized such a release by law;
- (12) receive information from the Kansas department for children and families that is relevant to the care of a child when the child is placed with such foster parents and kinship caregivers;
- (13) provide input and participate in the case planning process for the child and participate in and be informed about the planning of visitation between the child and the child's biological family, recognizing that visitation with the child's biological family is important, in accordance with K.S.A. 38-2255, and amendments thereto;
- (14) communicate with the child's child welfare case management provider and share and obtain relevant and appropriate information regarding such child's placement;
- (15) communicate with members of the child's professional team, including, but not limited to, such child's child welfare management provider, therapists, physicians and teachers as allowed by rules and regulations and state and federal law, for the purpose of participating in such child's case plan;
- (16) be notified in advance of any court hearing or review where the case plan or permanency of the child is an issue, including periodic reviews held by the court, in accordance with the revised Kansas code for care of children;
- (17) be considered as a placement option, if a child who was formerly placed with such parents or kinship caregivers is in the custody of the secretary again;
- (18) continue contact and communication with a child subsequent to the child's placement from such foster parents' and kinship caregivers' home, subject to the approval of the child and the child's biological parents, if such biological parents' rights have not been terminated;
- (19) direct questions to the Kansas department for children and families regarding information, concerns, policy violations and a corrective action plan relating to licensure as a family foster home;
- (20) have the rights described in this section be given full consideration when the Kansas department for children and families develops and approves policies regarding placement and permanency;
- (21) submit a report to the court pursuant to K.S.A. 38-2261, and amendments thereto; and
- (22) request a court hearing regarding a change of placement notice pursuant to K.S.A. 38-2258, and amendments thereto, if a child has been placed with the same foster parents for six months or longer.

(d)

- (1) The secretary shall provide written and oral notification to foster youth, foster parents and kinship caregivers of the rights created under this section and information for filing complaints.
- (2) The secretary shall make a list of the rights created under this section digitally available on the secretary's website.
- (3) Each child welfare management provider shall make available physical and digital copies of a list of the rights created under this section.

(e) This section shall not be construed to create a private right of action independent of the revised Kansas code for care of children, but may be enforced through equitable relief as a part of the corresponding case under the revised Kansas code for care of children.

Section II: Online Access to the Foster Care Bill of Rights

The Foster Care Bill of Rights is located on the Kansas Department for Children and Families website at <https://www.dcf.ks.gov/Pages/FosterYouthBoR.aspx> and <https://www.dcf.ks.gov/Pages/FosterParentBoR.aspx>

Section III: Kansas Department for Children and Family Services Office of Client Service

The Kansas Department for Children and Families' Office of Client Services seeks to provide excellent customer service. They are here to listen to what you may need.

- They address requests as simple as needing a local office phone number or office location and hours or more complex issues.
- All concerns will be addressed and forwarded to appropriate agency staff who have the knowledge and experience to help.

Office of Client Services can be reached at 1-833-765-2003 or emailed at DCF.CustomerService@ks.gov.

When calling or emailing, please have pertinent information available, including full name, date of birth, case number, city and state, cell phone number, home phone number, email address, and your issue or concern.

Section IV: Kansas Office of Public Advocates, Division of the Child Advocate

The mission of the Kansas Division of the Child Advocate (KDCA) is to safeguard the right that all Kansas children have be cherished, the opportunity to thrive, and are safe from abuse, neglect, and harm.

KDCA carries out this mission by providing independent oversight and increased accountability of our state child welfare services, improving delivery and deepening confidence in the child welfare system. KDCA completes an impartial, independent review of Kansas child welfare policies, procedures, and practices, including an independent investigation and evaluation of concerns voiced by children, families, and other individuals.

Who can file a complaint?

- The child or youth
- A biological parent of the child
- A foster parent of the child
- An adoptive or prospective parent of the child
- A legally appointed guardian or permanent custodian of the child
- The Guardian ad Litem (GAL) of the child
- An adult relative to the child
- An attorney for any party or interested party

- A Legislator
- A mandated reporter
- School personnel
- Mental health provider
- Any concerned citizen
- Employee of state agency or grantee

Phone

Toll Free: 1-844-KS-CHILD
(1-844-572-4453)
In Topeka: 785-296-8642

Address

Landon State Office Building
900 SW Jackson St
Suite 1041
Topeka KS 66612
Monday - Friday 8:30 am - 4:30 pm
Closed from 12 - 1 pm\

E-Mail

ChildAdvocate@ks.gov

Section V: Acknowledgment

I acknowledge I have been provided a copy of the PPS- 5138 Foster Care Bill of Rights and explained and made aware of the online link where the bill is posted in its entirety. ____ Recipient Initials

I acknowledge I have been provided information on how to contact the Kansas Department for Children and Families Office of Client Services and the Kansas Office of Public Advocates, Division of Child Advocate for assistance. ____ Recipient Initials

VI: Signature- I have received and read and/or had explained to me the PPS 5138 Foster Care Bill of Right and sign it of my own free will.

X

Child / Youth, Ages 10 or Older

X

Date

or *Authorized Individual's Signature- If the child is under the age of 10, the parent/foster parent/relative/kinship caregiver shall be provided a copy of the PPS 5138 Foster Care Bill of Rights and sign in lieu of the child / youth.

X

Parent/FP/Relative/Kinship Caregiver Signat...

X

Date

X

Case Manager Signature

X

Date

NOTE: The child or youth and parent / foster parent / relative/ kinship caregiver shall be provided a copy of this completed form.



Guardianship/Permanent Custodianship Permanency AFCARS Data

Child's Name: _____

DOB: _____ **Gender:** _____ **Client ID:** _____ **FACTS Case Number:** _____

- Number of Siblings (Bio, Adopted, Step and Half) in the same home: _____
- Guardianship/Permanent Custodianship Finalization Date: _____
- Length of time child has been with family: _____
- Guardianship/Permanent Custodianship Completed (Check One):

Within State (KS)-WIS Another State (Out of State)-ANS Another Country (Outside US)-ANC

<p>Guardian/Custodian's Relationship to the Child:</p> <p><input type="checkbox"/> Foster Parent and Relative – B</p> <p><input type="checkbox"/> Step Parent and Relative – C</p> <p><input type="checkbox"/> Foster Parent – F</p> <p><input type="checkbox"/> Non-related Kin – K</p> <p><input type="checkbox"/> Relative – R</p> <p><input type="checkbox"/> Step Parent – S</p> <p><input type="checkbox"/> Other – O</p>	<p>Family Structure:</p> <p><input type="checkbox"/> Married Couple – MAC</p> <p><input type="checkbox"/> Married but living separate or legally separated -SEP</p> <p><input type="checkbox"/> Single Female – SIF</p> <p><input type="checkbox"/> Single Male – SIM</p> <p><input type="checkbox"/> Unmarried Couple – UMC</p>
--	---

1. Primary Guardian/Custodian's Name: _____

DOB: _____ **Gender:** _____

<p>Race (Check all that apply):</p> <p><input type="checkbox"/> American Indian / Alaskan Native -- AI</p> <p><input type="checkbox"/> Asian -- SA</p> <p><input type="checkbox"/> Asian / Pacific Islander -- AP</p> <p><input type="checkbox"/> Black/African American -- BL</p> <p><input type="checkbox"/> Native Hawaiian /Pacific Islander -- HP</p> <p><input type="checkbox"/> White – WH</p>	<p>Ethnicity (Check one):</p> <p><input type="checkbox"/> Central or South American – CS</p> <p><input type="checkbox"/> Cuban – CU</p> <p><input type="checkbox"/> Mexican – ME</p> <p><input type="checkbox"/> No – No Ethnicity</p> <p><input type="checkbox"/> Other Spanish Cultural Origin – OS</p> <p><input type="checkbox"/> Puerto Rican – PR</p>
--	--

Member of a Federally Recognized Tribe: (Y/N) and name of tribe if known: _____

2. Secondary Guardian/Custodian's Name: _____

DOB: _____ **Gender:** _____

<p>Race (Check all that apply):</p> <p><input type="checkbox"/> American Indian / Alaskan Native -- AI</p> <p><input type="checkbox"/> Asian -- SA</p> <p><input type="checkbox"/> Asian / Pacific Islander -- AP</p> <p><input type="checkbox"/> Black/African American -- BL</p> <p><input type="checkbox"/> Native Hawaiian /Pacific Islander -- HP</p> <p><input type="checkbox"/> White – WH</p>	<p>Ethnicity (Check one):</p> <p><input type="checkbox"/> Central or South American – CS</p> <p><input type="checkbox"/> Cuban – CU</p> <p><input type="checkbox"/> Mexican – ME</p> <p><input type="checkbox"/> No – No Ethnicity</p> <p><input type="checkbox"/> Other Spanish Cultural Origin – OS</p> <p><input type="checkbox"/> Puerto Rican – PR</p>
--	--

Member of a Federally Recognized Tribe (Y/N) and name of the tribe if known: _____

Why was adoption not considered as a permanency alternative:

- ❖ *To be completed and submitted to DCF upon completion of a guardianship or permanent custodianship agreement, regardless of if the family receives subsidy.*



APS Confirmation/Finding for Crisis Exception Requests

Waiver Type:

- Frail Elderly
- Brain Injury
- Intellectual Developmental Disability
- Physical Disability

Person Making Confirmation:

Name: _____ Date: _____

Phone Number: _____ Email: _____

Consumer Information:

Name: _____ DOB: _____

Address: _____ City, State, Zip: _____

Phone Number: _____ Medicaid ID #: _____

Vulnerability preventing individual from
being able to care for themselves: _____

APS Investigation Information:

Source of Request to APS: _____ Date of Request to APS: _____

Reason for Crisis Exception: _____

Finding: Substantiated A/N/E Date of Finding: _____

Unsubstantiated A/N/E

Open A/N/E investigation

Finding Due Date if investigation is not complete: _____

Additional Information/Comments:

Signature



0160 Glossary

A

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

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

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

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

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

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

1. terrorizing a child, by creating a climate of fear or engaging in violent or threatening behavior toward the child or toward others in the child's presence that demonstrates a flagrant disregard for the child;
2. emotionally abandoning a child, by being psychologically unavailable to the child, demonstrating no attachment to the child, or failing to provide adequate nurturance of the child; and

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

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

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

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

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

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

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

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

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

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

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

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

B

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

C

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

1. a child or youth who PPS determines is at imminent risk of foster care and out of home placement but can be safe at home with prevention services;
2. a child or youth who exited foster care to adoption or permanent custodianship/guardianship, or who was reunified with parents is at risk of entering foster care and out of home placement;
3. a child or youth temporarily or permanently residing with a relative or kin caregiver;
4. a child or youth living with parents but needs to be with a relative caregiver with prevention services in place;
5. pregnant and parenting youth in foster care and in an out of home placement.
6. pregnant woman whose child upon birth may be at imminent risk of foster care (reference PPS 2753 , Section E).
7. a child/youth remaining in the home whose siblings are in foster care.

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

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

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

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

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

1. Has been physically, mentally or emotionally abused or neglected or sexually abused.
2. Has been abandoned or does not have a known living parent.
3. Is without the care or control necessary for the child's physical, mental or emotional health.

4. Resides in the same residence as a sibling or other person under 18 years of age who has been physically, mentally or emotionally abused or neglected or sexually abused.
5. While less than 10 years of age, commits an act which if done by an adult would constitute the commission of a felony or misdemeanor as defined by K.S. A. 21-3105 and amendments thereto OR knowingly possesses a firearm with a barrel less than 18 inches long.
6. Is willfully and voluntarily absent from the child's home without the consent of the child's parent or other custodian or is willfully and voluntarily absent at least a second time from a court ordered or designated placement, if the absence is without the consent of the person with whom the child is placed.
7. Is without adequate parental care, control or subsistence and the condition is not due solely to the lack of financial means of the child's parents or other custodian.
8. Is not attending school as required by K.S.A. 72-977 or 72-1111, and amendments thereto.
9. Except in the case of a violation of K.S.A. 41-715 or 41-2721, and amendments thereto, does an act which, when committed by a person under 18 years of age, is prohibited by state law, city ordinance or county resolution but which is not prohibited when done by an adult.
10. Has been placed for care or adoption in violation of the law.
11. Permanent Custodian is no longer willing or able to serve.

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

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

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

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

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

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

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

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

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

Computer Systems:

FACTS

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

KAECSES

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

KanPay

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

KEES

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

MMIS

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

SCRIPTS

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

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

SMART

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

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

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

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

- **“Involvement”** in the Juvenile Justice system includes court-ordered community supervision and Immediate Intervention Programs (IIP).
- **“Involvement”** in child welfare system includes out of home placement, an assigned investigation of alleged abuse or neglect with a young person named as alleged perpetrator, and/or participation in voluntary/preventative services that are open for services.

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

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

D

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

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

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

E

Endangered: The risk or exposure to harm.

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

F

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

Facility includes:

1. family foster homes,
2. residential child care facilities,
3. detention,
4. secure care,
5. attendant care facilities,
6. day care homes or centers.
7. Psychiatric Residential Treatment Facilities (PRTF), licensed by the Kansas Department for Aging and Disability Services (KDADS)

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

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

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

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

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

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

The following are FINA sub-types: -

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

- B. removing a female under 18 years of age from this state for the purpose of circumcising, excising, or infibulating the whole or any part of the labia majora, labia minora or clitoris of such female; or
- C. causing or permitting another to perform the conduct described in subsection (a)(1) or (a)(2) when the person causing or permitting such conduct is the parent, legal guardian or caretaker of the victim.
- D. Unless, the procedure is medically necessary pursuant to the order of a
- E. physician, and such procedure is performed by a physician.

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

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

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

G

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

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

H

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

Healthwave 21: See KanCare 21

Host Family: An individual or family who provides temporary care of children through a program created pursuant to the Host Families Act, K.S.A. 38-2401 et.seq. (i.e. Safe

Families for Children is an organization with a program created pursuant to the host families act.)

I

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

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

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

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

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

K

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

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

K.A.R.: Kansas Administrative Regulations

K.S.A.: Kansas Statutes Annotated.

Kinship: Placement of a child in the home of an adult with whom the child or the child's parent already has close emotional ties. K.A.R. 38-2202

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

L

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

M

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

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

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

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

N

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

Non-Abuse/Neglect (Family in Need of Assessment)- NAN (FINA): Children who come to the attention of the agency for reasons other than alleged abuse or neglect or juvenile offense and who meets one or more of the definitions in K.S.A. 38-

2202(d). Non-Abuse/Neglect (Family in Need of Assessment) definition was replaced by Family in Need of Assessment (FINA) upon system changes July 1, 2018.

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

P

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

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

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

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

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

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

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

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

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

Q

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

R

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

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

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

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

Resource Family: A family willing to provide short term care or serve as the adoptive or legal guardian for the child. The resource family is a valued member of the team and will participate in the case planning process, serve as a mentor to birth families, and will encourage parent/child interactions in a natural setting.

S

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

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

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

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

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

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

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

T

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

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

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

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

U

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

W

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

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

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

0160 Glossary

A

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

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

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

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

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

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

1. terrorizing a child, by creating a climate of fear or engaging in violent or threatening behavior toward the child or toward others in the child's presence that demonstrates a flagrant disregard for the child;
2. emotionally abandoning a child, by being psychologically unavailable to the child, demonstrating no attachment to the child, or failing to provide adequate nurturance of the child; and

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

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

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

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

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

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

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

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

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

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

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

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

B

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

C

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

1. a child or youth who PPS determines is at imminent risk of foster care and out of home placement but can be safe at home with prevention services;
2. a child or youth who exited foster care to adoption or permanent custodianship/guardianship, or who was reunified with parents is at risk of entering foster care and out of home placement;
3. a child or youth temporarily or permanently residing with a relative or kin caregiver;
4. a child or youth living with parents but needs to be with a relative caregiver with prevention services in place;
5. pregnant and parenting youth in foster care and in an out of home placement.
6. pregnant woman whose child upon birth may be at imminent risk of foster care (reference PPS 2753 , Section E).
7. a child/youth remaining in the home whose siblings are in foster care.

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

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

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

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

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

1. Has been physically, mentally or emotionally abused or neglected or sexually abused.
2. Has been abandoned or does not have a known living parent.
3. Is without the care or control necessary for the child's physical, mental or emotional health.

4. Resides in the same residence as a sibling or other person under 18 years of age who has been physically, mentally or emotionally abused or neglected or sexually abused.
5. While less than 10 years of age, commits an act which if done by an adult would constitute the commission of a felony or misdemeanor as defined by K.S. A. 21-3105 and amendments thereto OR knowingly possesses a firearm with a barrel less than 18 inches long.
6. Is willfully and voluntarily absent from the child's home without the consent of the child's parent or other custodian or is willfully and voluntarily absent at least a second time from a court ordered or designated placement, if the absence is without the consent of the person with whom the child is placed.
7. Is without adequate parental care, control or subsistence and the condition is not due solely to the lack of financial means of the child's parents or other custodian.
8. Is not attending school as required by K.S.A. 72-977 or 72-1111, and amendments thereto.
9. Except in the case of a violation of K.S.A. 41-715 or 41-2721, and amendments thereto, does an act which, when committed by a person under 18 years of age, is prohibited by state law, city ordinance or county resolution but which is not prohibited when done by an adult.
10. Has been placed for care or adoption in violation of the law.
11. Permanent Custodian is no longer willing or able to serve.

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

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

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

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

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

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

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

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

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

Computer Systems:

FACTS

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

KAECSES

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

KanPay

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

KEES

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

MMIS

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

SCRIPTS

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

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

SMART

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

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

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

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

D

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

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

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

E

Endangered: The risk or exposure to harm.

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

F

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

Facility includes:

1. family foster homes,
2. residential child care facilities,
3. detention,
4. secure care,
5. attendant care facilities,
6. day care homes or centers.
7. Psychiatric Residential Treatment Facilities (PRTF), licensed by the Kansas Department for Aging and Disability Services (KDADS)

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

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

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

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

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

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

The following are FINA sub-types: -

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

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

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

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

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

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

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

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

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

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

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

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

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

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

- A. Knowingly circumcising, excising, or infibulating the whole or any part of the labia majora, labia minora or clitoris of a female under 18 years of age;
- B. removing a female under 18 years of age from this state for the purpose of circumcising, excising, or infibulating the whole or any part of the labia majora, labia minora or clitoris of such female; or
- C. causing or permitting another to perform the conduct described in subsection (a)(1) or (a)(2) when the person causing or permitting such conduct is the parent, legal guardian or caretaker of the victim.
- D. Unless, the procedure is medically necessary pursuant to the order of a
- E. physician, and such procedure is performed by a physician.

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

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

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

G

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

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

H

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

Healthwave 21: See KanCare 21

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

I

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

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

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

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

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

K

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

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

K.A.R.: Kansas Administrative Regulations

K.S.A.: Kansas Statutes Annotated.

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

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

L

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

M

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

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

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

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

N

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

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

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

P

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

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

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

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

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

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

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

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

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

Q

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

R

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

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

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

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

Resource Family: A family willing to provide short term care or serve as the adoptive or legal guardian for the child. The resource family is a valued member of the team and will participate in the case planning process, serve as a mentor to birth families, and will encourage parent/child interactions in a natural setting.

S

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

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

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

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

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

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

(Johnson, Wyandotte, Crawford and Cherokee) in the Kansas City and East DCF Regions.

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

T

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

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

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

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

U

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

W

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

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

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

0511 Critical Incident Review and Assessment

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

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

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

1. A death, near death, attempted suicide, or serious physical injury involving a child with an open service or foster care case, or a child is named in an open investigation or family assessment;
 2. A death, near death, or serious physical injury of a child when child abuse or neglect is suspected;
 3. A death, near death, or serious physical injury of a child with relevant PPS involvement when child abuse or neglect is suspected;
 4. Upon the request of the Secretary, Deputy Secretary or PPS Director.
- B. The Critical Incident Review and Assessment process consists of the following parts:

1. Preliminary Assessment of Critical Incident Notification-PPS 0550
 - a. The preliminary assessment shall be completed within three working days of receipt of the Critical Incident Notification PPS 0550, or sooner if requested by a member of the DCF Administration Critical Incident team. This preliminary assessment shall be completed by a designee of the DCF Administration Critical

Incident team and for the purpose of identifying follow up activities and the need for a Critical Incident Review and Assessment.

- b. Upon request from DCF Administration Critical Incident team or designee, the DCF Region shall complete the Critical Incident History Log PPS 0551 within three working days from the request and submit via e-mail to the requestor.
2. Critical Incident-~~Staff~~ **Employee** Experience Appendix 0B
 - a. This part of the Critical Incident Review and Assessment is to help inform systemic change by supporting and obtaining the perspective of PPS staff who have worked with, and have knowledge of, the family.
 - b. This part of the Critical Incident Review and Assessment shall be completed at the request of a member of the DCF Administration Critical Incident team.
 - c. The designee of the DCF Administration Critical Incident team shall complete the Critical Incident Case Review ~~Staff~~ **Employee** Experience Appendix 0B either in person, **virtually**, by phone, **or by email** with the PPS staff member(s) involved with the critical incident and others who have recent involvement with the family and/or who have been involved with prior relevant cases.
 3. Observations from Critical Incident Review Appendix 0C
 - a. The designee of the DCF Administration Critical Incident team shall complete the Critical Incident Case Review Observations Appendix 0C with information provided through the Critical Incident Review and Assessment process, including any additional information provided relevant to the incident.
 - b. **At the request of a member of the DCF Administration Critical Incident team,** ~~Upon completion of the Critical Incident Review and Assessment process~~ the designee of the ~~DCF Administration Critical Incident team~~ shall schedule a meeting to present information related to ~~the~~ **an** incident, **or incidents,** and observations from the ~~process~~ **Critical Incident Review and Assessment process.** All members of the DCF Administration Critical Incident team shall be invited, along with the Regional Director involved with the critical incident. The Regional Director may invite others as appropriate.

2282 Kansas Newborn Infant Protection Act (“Safe Haven”)

The Kansas Newborn Infant Protection Act (also known as “Safe Haven Act”) allows a person having legal custody of a baby who is 60 days old or younger to be relinquished without risk of prosecution for child abandonment so long as the following criteria are met:

- A. The infant was safely surrendered to the custody of an on-duty employee or a newborn safety device at a police station, sheriff’s office, law enforcement center, fire station, city or county health department or a medical care facility as defined by KSA 65-425, and
- B. The infant has not suffered great bodily harm prior to being surrendered to any employee listed in A.

The relinquishing parent shall not be required to reveal personally identifiable information but shall be offered opportunity to provide information about the infant’s familial or medical history or information regarding eligibility with a federally recognized Indian tribe at the time of surrender. If this information is obtained by the facility, DCF shall provide it to the court and ensure it follows the infant until adoption has occurred. KSA 38-2282(C)(2)

Reports of children being surrendered via the Kansas Newborn Infant Protection Act shall be assigned as a Family in Need of Assessment (FINA) report with the subtype of Caregiver Unable/Unavailable to Provide Care (CUU). During the assessment process of a Newborn Infant Protection Act, the family of the infant will not be identified or contacted and only information that was provided at the time of the parent/caregiver’s surrender of the child will be included on the PPS 2019 and PPS 2020.

If concerns regarding abuse or neglect are discovered during the assessment, a new report shall be made per PPM 2113A.

For further questions about how to handle a Newborn Infant Protection Act assessment and case management, please contact your region’s legal department.

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

The Child Abuse Review and Evaluation (CARE) is a referral process from DCF to an established medical network to improve services provided to a child alleged to be a victim of abuse or neglect while supporting the DCF Teams in assessing immediate and lasting safety. (K.S.A Chapter 38, Article 22)

- A. Upon assignment of investigation listed for physical abuse or physical neglect of children under the age of 6, the CPS Specialist shall make a Child Abuse Review and Evaluation (CARE) referral for each child listed as an alleged victim or later determined and added as an alleged victim. The CARE referral shall be made within three business days from the date of when the CPS Specialist or Designee first observes the child. In situations where the child is unable to be located, the referral is still required. ~~Until further notice, this policy and referral process is specific to the Kansas City Region and subsequent statewide implementation will be subject to availability of the CARE network. IRIS shall be used to make the referral.~~
1. Criteria for a required CARE referral:
 - a. Child under age 6; and
 - b. Allegation of Physical Abuse; and/or
 - c. Physical Neglect
 2. A CARE referral may be completed for any child listed as an alleged victim of allegations other than physical abuse or physical neglect at the discretion of the CPS Specialist and or CPS Supervisor.
 3. ~~Upon receipt of the recommendations, the CPS Specialist should discuss the importance of following the recommendations with the caregiver of the child.~~
- B. Upon receipt of the recommendations **from the Medical Resource Center and/or CARE provider**, the CPS Specialist ~~should shall~~:
1. Discuss the ~~importance of following~~ recommendations with the caregiver of the child
 2. **If recommended, connect the family with a CARE provider and forward the recommendations to the CARE provider**
 3. **Consider the recommendations and outcome of a CARE referral when making assessment decisions.**
- C. **The Integrated Referral and Intake System (IRIS) shall be used to make the CARE referral. Parents and/or caregivers of the child shall be provided the CARE Referral Handout Form PPS 2451 and the CPS Specialist shall have a conversation with the parents and/or caregivers regarding obtaining consent to the usage of IRIS.**

1. Form PPS 2450 shall only be used in the following situations via an encrypted email to the Medical Resource Center:
 - a. Parent and/or caregiver does not consent to usage of the IRIS Referral System
 - b. Concerted efforts to obtain consent from the parent and/or caregiver have been unsuccessful
 - c. Report is a conflict of interest and needs to be confidential

D. Medical Treatment

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

If a CPS specialist determines a child is in need of a medical examination or treatment and the child's parents fail or refuse to obtain a medical examination the CPS specialist should take the actions a reasonable person would take in similar circumstances. The policy requiring the department to seek medical care applies to medical needs resulting from suspected child abuse or neglect only. The department is not responsible to try to meet other medical needs of the child (such as immunizations or eyeglasses) unless failure to meet such needs constitute neglect.

CPS Specialist shall document on the PPS 2019 Kansas DCF Conversation Note If the child(ren) required medical treatment due to abuse/neglect, and reasonable actions taken to provide the medical care.

2474 Removal of Child From a Family Foster Home, Kinship Caregiver or Residential Facility

It is the policy of the department that a decision whether to remove a child who is in the custody of the Secretary of DCF from a foster home, kinship caregiver, or residential facility (temporarily or permanently) should be based on the best interests of the child.

DCF does not have the authority to move a child who is placed with a relative or has been in a placement 6 months or more without court approval except for move to a prospective adoptive home. (K.S.A. 38-2258, 2259). If emergency removal is necessary, notify the court of jurisdiction within 24 hours and document the reasons in the case record. This provision doesn't apply when the child is to return home. When the child is being moved to live with a parent, the court must be notified pursuant to K.S.A. 38-2255(c)(2) at least 14 calendar days in advance of the planned placement with a parent. The notice shall state the basis for belief that placement with a parent is no longer contrary to the welfare or best interests of the child. If the court sets a hearing, the child shall not be returned home without the written consent of the court.

2753 Eligibility and Criteria for Referral to Family First Prevention Services

The Family Based Assessment, per PPM section 2700, assists in identifying needed services for families. The following provides criteria to consider a referral to Family First Prevention Services for families.

Child(ren) and Families Eligible for Family First Prevention Services:

A. There must be a Candidate(s) for Care, which is determined when any one of the following situations apply: (See 0160 Glossary Candidate for Care)

1. a child or youth who PPS determines is at imminent risk of foster care and out of home placement but can be safe at home with prevention services;
2. a child or youth who exited foster care to adoption or permanent custodianship/guardianship, or who was reunified with parents is at risk of entering foster care and out of home placement;
3. a child or youth temporarily or permanently residing with a relative or kin caregiver;
4. a child or youth living with parents but needs to be with a relative caregiver with prevention services in place;
5. pregnant ~~and~~ or parenting youth in foster care and in an out of home placement.
- ~~6. pregnant woman whose child upon birth may be at imminent risk of foster care~~
7. a child/youth remaining in the home whose siblings are in foster care.

B. Immediate Safety and Lasting Safety criteria from the following practice model tools may help guide the decision for Candidacy of Care and service referral eligibility:

- a. PPS 2019 Mapping Conversation Notes
- b. PPS 2020 Risk Assessment Map
- c. PPS 2021 Immediate Safety Plan

If DCF and the family are agreeing to actions the family will take to build lasting safety within the family, a referral may be made.

C. Family Criteria for Referral

A family is eligible for a referral to Family First Prevention Services, if the family meets eligibility criteria outlined above and the answer to questions 1-3 below is “yes”; and questions 4-7 are either “yes” or “NA.” The Prevention Services screen is documented on the Family Based Assessment Summary PPS 2030F, Section III.

1. The family is at risk of having a child(ren) removed; and
2. A parent/caregiver is available to protect the child; and
3. A parent/caregiver is willing and able to participate in services.
4. A family with chronic problems has experienced a significant change which makes them able to progress.
5. A parent/caregiver with mental/emotional health issues has been stabilized.
6. A parent/caregiver with limitations demonstrates an ability to care for self and children.
7. A parent/caregiver with substance abuse issues functions adequately to care for children.

D. Completion of PPS 431011 Family First Prevention Plan and Service Referral

Utilizing the guidance provided above and the service needs of the family, Child Protection Specialists should determine whether the family would be best served by Family First Prevention Services or Family Preservation Services. (reference PPM 4000). If the decision is made to refer to Family First Prevention Services, **and the family is in agreement**, the Child Protection Specialist (CPS) shall complete the Prevention Plan (PPS 431100) with the family in advance of the referral (PPS 4310). The **Prevention Plan form** shall include:

- ~~1. Candidate for Care determination for all children. At least one child must be identified as a candidate for care to refer to Family First Prevention Services, unless the prevention plan is for a pregnant **and or** parenting youth in the custody of the Secretary. **with infant/child not in the custody of the Secretary.**~~
2. The foster care prevention strategy for the child(ren) so the child may remain safely at home, live temporarily with relative or non-related kin caregiver until the child can safely return to their parent(s)/caregiver(s), or live permanently with a relative or non-related kin caregiver.
3. The services or programs to be provided to or on behalf of the child is clearly documented to ensure the success of that prevention strategy.

E. Updating Prevention Plans When the Family is Engaged in Services

The PPS 431011 Family First Prevention Plan and Service Referral is a living document and should reflect all selected services identified by the family.

If the prevention plan has not exceeded 12 months from initial completion date, the plan shall be updated by the ~~Child Protection Specialist~~ CPS, reflecting the revised prevention plan reason. Circumstances which require a revision include, but are not limited to:

1. A new family first service is identified with the family. The CPS Specialist shall also complete and send the referral to the service provider PPS 4310.
2. An adult "family member" not originally identified on the plan is needing the current service.
3. ~~A pregnant woman receiving prevention services gives birth. The Prevention Plan shall be amended to include the infant name and their Candidacy for Care determination (submit Plan of Safe Care if applicable, see PPS 2050.~~

The ~~amended~~ revised PPS 431100 shall be submitted to FACTS. The initial Prevention Plan date will remain in effect.

F. Creating New Prevention Plans When the Family is Engaged in Services

Family First Prevention Services can be provided for up to 12 months beginning on the date the child(ren) are identified as a "candidate for care" on the PPS 4311.

If the Prevention Plan (PPS 4300) is approaching 12-months from the initial date it was completed and it is then determined the family still has a need for Family First Prevention Services, a new PPS 431100 shall be completed, identifying it as an extended prevention plan in Section III. 1B. The child(ren) shall be redetermined as a candidate for care. The new prevention plan will include needed identify continuing services and will include a new initial prevention plan start date, matching the previous end date. (See PPS 4320 DCF Responsibilities for Open Family First Prevention Services and PPS 4370 Duration of Family First Prevention Services)

2755 DCF Responsibilities at Referral to Family First Prevention Services

A. Referral

If the Child Protection Specialist (CPS) determines the family meets eligibility criteria per PPM 2753 and the PPS 4311 Family First Prevention Plan and Service Referral form Prevention Plan (PPS 4300) is completed outlining the Candidacy for Care, foster care prevention strategy, and services/programs to be provided, a referral may be made to Family First Prevention Services. The date and time it was determined to refer the family to Family First services the Prevention Plan was completed with the family is documented on the PPS 2030F, Section III Prevention Services Screen, in the "Date Decision Made" and "Time" fields. The following information shall be e-mailed to the Family First Prevention Services Grantee within 24 hours of the "Date Decision Made" and "Time":

1. Family First Prevention Plan and Service Services Referral/Case Status Form, PPS 4311;
- ~~2. PPS 4300 Prevention Plan~~
3. PPS 1000 face sheet;
4. PPS 2020 Kansas DCF Assessment Map
5. PPS 2030F Family Based Assessment Summary
6. PPS 2021 Immediate Safety Plan, if applicable;
7. PPS 2007, Plan of Safe Care, if applicable.

The CPS Specialist shall be available to answer any questions they may have regarding the referral for a minimum of two hours following the referral.

- B. At the time of referral, but by no later than the next working day from the date of the referral, the Family Based Assessment and Kansas DCF Assessment Map shall be sent to the Grantee with as much information available.

C. Additional Information:

No later than 2 working days from the date of the referral, DCF shall provide a copy of the following additional information, as applicable, including, but not limited to:

1. Case planning documents
2. Court orders
3. Releases of information
4. DCF shall inform the service provider of any information in DCF files which cannot be released. For example, if DCF has information that a child in the family has received an evaluation by a private psychologist, the Family First Prevention Services Grantee shall be informed of the existence of the evaluation from the psychologist.

3210 Roles Related to Case Planning

Case Planning is required for all types of services provided by DCF and/or Child Welfare Case Management Provider. Case plans may or may not involve a service provider, depending on the type of case plan and permanency goal.

A. Case Plan Services Without Custody

- a. Case plan services without custody may include Family Services, Family Preservation and Self-Sufficiency. If a child welfare case management provider is involved DCF staff shall provide information related to the child's and family's needs to the Child Welfare Case Management Provider.
- b. The following activities are related to all case planning for cases without custody. The case manager is responsible for completing these services with the family:
 1. Meet with mother, father and other appropriate maternal and paternal relatives and unrelated kin;
 2. Develop activities and objectives to meet Child Protection Objective(s) from the Family Based Assessment summary for Family Services and Family Preservation cases only;
 3. Develop activities related to Self-Sufficiency Goal(s) the youth for Self-Sufficiency cases only;
 4. Follow through with activities assigned to DCF and/or service provider;
 5. Monitor progress of achieving activities with family and/or youth;
 6. Determine with family when child protection objective(s) have been met and no further services are needed, and case can be closed;

7. Determine with the youth when self-sufficiency goal(s) have been met and no further services are needed, and case can be closed;
8. Complete Forms PPS 3050, 3055, and 3057 for Family Services and Family Preservations cases only;
9. Complete Forms PPS 7000, 7000A, 7001, 7210, 7215, 7220, 7230, 7235, 7240, 7245, 7250, and 7300 as applicable for Self-Sufficiency cases only.

B. Case Plan Services with Custody

- a. DCF is ultimately responsible for all children in the custody of the Secretary and accountable to the court of jurisdiction. Case plans and permanency goals are subject to DCF approval. If a child in custody is not referred to a Child Welfare Case Management Provider for services, the DCF CPS Specialist is responsible to provide or contract for all case planning activities and services. This includes cases where the aftercare period of the Child Welfare Case Management Provider ends, and the child remains in the custody of the Secretary.
- b. If a child, or children, in the family have been placed in the custody of the Secretary of DCF but allowed to remain in the home, a separate set of case plan documents shall be completed for each child. If a child welfare case management provider is involved DCF staff shall provide information related to the child's and family's needs to the Child Welfare Case Management Provider.
- c. The following activities are related to all case planning for cases with custody:
 1. Meet with mother, father and other appropriate maternal and paternal relatives and unrelated kin;
 2. Develop activities and objectives to meet Child Protection Objective(s);
 3. Follow through with activities assigned to DCF and/or service provider;

4. Monitor progress of achieving activities with family;
 5. Determine with family when child protection objective(s) have been met and a recommendation can be made to the court that custody be released;
 6. Complete Forms 3051, 3052, 3054, 3055, and 3057 if child is at home. In addition, complete 3053 and 3056 if child is in out-of-home placement, 3059 for youth 14 and older and in out-of-home placement, and 3060 for children who have been assessed for or placed in a Qualified Residential Treatment Program;
 7. Submit court reports as required by the Judicial District;
 8. Review the case plan with the family at least one time between case planning conferences (see PPM 3220);
 9. Provide a copy of completed case plan documents for each child in DCF custody to the court at least every 180 days during the time the child remains in DCF custody.
- d. For youth who are in the custody of the Secretary at age 14, the case plan shall note that they may request and receive a high school diploma once they are at least 17 years of age. They shall have achieved the minimum high school graduation requirements adopted by the State Board of Education and make the request to the school where they are currently enrolled or reside.
- e. For a child under the age of 10, a copy of the PPS 5138 Foster Care Bill of Rights shall be provided to the parent / foster parent / relative / kinship caregiver and shall acknowledge receipt on the PPS 3051. The PPS 5138 Foster Care Bill of Rights shall be explained to the child in a manner consistent with the child's developmental level. Children /youth age or older shall receive a copy of PPS 5138 Foster Care Bill of Rights and acknowledge receipt of the information on the PPS 3051.

- f. A PPS 3059 My Plan for Successful Adulthood shall be prepared by the Child Welfare Case Management Provider with all youth aged 14 and older in out of home placement. Youth shall be involved in developing the My Plan for Successful Adulthood and complete it together in a cooperative manner between the youth and the CWCMP case manager. The PPS 3059 shall be reviewed and updated prior to each case plan and attached to the current case plan.
1. The DCF Regional Independent Living Coordinator or designee may act as a consultant, as needed, in helping the youth develop the PPS 3059 for youth age 16 who have a case plan goal of APPLA, and all youth age 17 and older, regardless of case plan goal.
 2. The youth shall be assisted in considering and identifying specific options for housing; health care and insurance; education; opportunities for being mentored; continuing support services; employment supports and services; and other services needed to maintain self-sufficiency for the youth and if applicable, for any minor child of the adult.
 3. The plan shall include where the youth will live and how they will support themselves. Information on available services, supports, and resources shall be provided to the youth, including if applicable, supports and services for which an adult with a disability is eligible including but not limited to funding for home and community-based services waivers.
 4. If the youth is age 18 and has not completed high school or obtained a GED, the plan shall include activities to achieve this goal by June 1 of the year in which they turn 18.
 5. The plan may include the purchase of services including Foster Family Transition Services for the youth to be supported in achieving self-sufficiency.
 6. The plan shall identify at least one connection for success. Youth shall also be assisted in identifying

additional connections with community resources for help with housing, employment, transportation, finances, and school. The CWCMP worker shall work with the young person and community agencies, extended family members, foster parents and their relatives, teachers or ministers, friends, or volunteer staff to help the young person find connections for success. All young people shall be provided with opportunities to interact and develop relationships with dedicated adults in the community. CWCMP staff, including IL Coordinators, shall not be considered for this purpose.

- C. The connections for success shall be documented in Section 6: My Connections for Success in the PPS 3059 My Plan for Successful Adulthood. Section 6 shall be reviewed at every transition planning meeting with the youth and kept up to date.

3231 Development of Permanency Goals

There are five possible permanency goals: maintenance of the child at home, reintegration, permanent custodianship, adoption, and another planned permanency living arrangement (APPLA).

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

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

A. Maintenance of the Child at Home

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

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

1. For children who cannot remain with their family and must be placed in out-of-home care for their safety and well-being, the

preferred permanency goal is reintegration. Case planning is directed toward addressing those concerns which led to the child being removed from his or her home. The Child Welfare Case Management Provider shall provide a full array of services to ensure the parents can resume responsibility for the child in the home in the shortest time possible, with consideration of child's safety and well-being.

2. The initial permanency goal for children in out-of-home placement shall be reintegration and efforts shall be made by the Child Welfare Case Management Provider to achieve that goal, unless the court has ruled that no reasonable efforts to reunify are required. (See Section 3371)
3. Activities needed to accomplish the permanency goal of reintegration are recorded on the PPS 3051, Section 3, Permanency Objectives.
4. Agency efforts and family progress toward meeting the goals in the case plan are documented in the case logs. This information is reported to the court at every hearing.

C. Adoption

1. When reintegration is not viable, adoption by relatives/non related kin, resource parents or another unrelated and approved family is the preferred permanency goal in most cases.
 - a. If a child has been placed out of home for 12 continuous months at the time of the most recent case planning conference, the permanency goal of adoption shall be considered.
2. Factors to consider when determining if adoption should be the permanency goal include:
 - a. The parent's lack of progress in completing the goals and objectives of the case plan successfully;
 - b. A youth's interest in adoption if age 14 or over;
 - c. The probability an adoptive family can be developed for the youth;

- d. The youth is already placed with relatives/non-related kin on a permanent basis;
 - e. Age, disability, acute or chronic illness, behavioral issues, or any other single decision element shall not be the deciding factor when considering whether or not to pursue termination of parental rights and to select adoption as the permanency goal for a specific child. The best interests and well-being of the child are the goal for any plan for a child's permanency.
3. If adoption was considered but not established as the goal, the reasons shall be documented in the summary section of the PPS 3051, Section 6.
 4. If adoption is established as the goal, the possibility of obtaining a relinquishment of parental rights from the parent(s) shall be considered during the case planning conference and by the 12th month of out-of-home placement.
 5. If relinquishment is deemed appropriate, it shall be discussed with the parents and documented in the summary section of the PPS 3051, Section 6.
 6. Activities needed in order to achieve the permanency goal of adoption are recorded on the PPS 3051, Section 3 Permanency Objectives.
 7. Progress toward meeting the objectives associated with the permanency goal of adoption is recorded on the PPS 3051, Section 6.

D. Permanent Custodianship

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

2. The activities required to meet the goal of permanent custodianship are recorded on the PPS 3051, Section 3, Permanency Objectives
3. Refer to Appendix 6F for more extensive information on Adoption vs. Permanent Custodianship.

E. Another Planned Permanency Living Arrangement (APPLA)

1. The permanency goal of APPLA is appropriate only for youth age 16 or older, and when documentation has been provided to the court compelling reasons exist which make all other permanency options unacceptable. The compelling reasons may include:
 - a. An older teen requests emancipation;
 - b. A parent with a disability, who even with supports, cannot care for a child, but a significant bond exists between them, and the placement resource is willing to sign a commitment agreement for the child to remain in their home, but is not willing to adopt or be a permanent custodian for the child;
 - c. A tribe has identified a planned permanency living arrangement for an Indian child.
2. Choosing this option is appropriate only when there is a specific, long-term placement for the child. Long-term out of home placement is not an acceptable permanency option and shall not be chosen as a planned permanency living arrangement.
3. A planned permanent living arrangement is subject to ongoing review at later permanency hearings. Other permanency options for the child shall continue to be explored throughout the time the child is placed out of the home. At no time shall the permanency option of APPLA rule out other more permanent options.

3234 Participation/Signatures

All individuals who participate in the case planning conference shall sign, either by hand or electronically, the Participants' Signature section of the form. If a person participates by phone, a copy of the PPS 3050 or 3051 shall be sent to them for an electronic signature or to sign by hand and returned, this shall be included in the case planning documentation. CPS Specialists Case Managers shall not sign for participants. The case plan shall be dated with the date the person participated in the case planning conference.

- A. The Child Welfare Case Management Provider Case Manager (CWCMP) is required to participate in the case planning conference and sign the case planning document. If the assigned CWMCP is unable to attend the case planning conference, the supervisor or case manager covering the case in the absence of the assigned case manager may participate in and sign the case plan form.
- B. For child in custody cases, the third party participant is required to participate in the case planning conference and sign the case planning document.
- C. Participation of both parents in case planning conferences is crucial to the development of the permanency goal for the child. The parents shall be provided proper notice of the case planning conference and have an opportunity to request a change in the date, time, or location of the conference. The importance of their involvement and their rights and responsibilities shall be explained.
- D. If the parents do not attend the case planning conference, the case planning conference may proceed. Activities can be assigned to the parents in their absence. Following the case planning conference, the Child Welfare Case Management Provider shall attempt contact with the parent(s) who did not attend the conference to review the case planning document. If a parent is in agreement with the case plan, they sign on the signature page of the original document and date their signature the day the case planning document is signed.
- E. If a parent is not in agreement with the case planning document, they must indicate such on the signature page and sign the form with the date

the signature was made. The parents shall then receive another case planning conference within 14 days of the date of the request.

- F. Parents who are unable to attend due to incarceration, living out of state, hospitalization in a mental health facility or drug and alcohol treatment shall be offered an opportunity to participate in the case planning conference by telephone.
- G. ~~For children age 14 or older, their signature acknowledges that they received and had explained: Appendix 7D, Do you Know Your Rights as a Kansas Foster Youth; their health rights; and the right to have an annual credit check.~~ If the child is under the age of 10, the parent / foster parent / relative / kinship caregiver shall be provided a copy of the PPS 5138 Foster Care Bill of Rights on their behalf. If the child / youth is age 10 or older, they shall be provided the PPS 5138 Foster Care Bill of Rights. For youth ages 14 or older, they shall receive and have explained their health rights and the right to have an annual credit check.

3383 ~~Parent and Foster Parent~~ Foster Parent and Kinship Caregiver Confidential Report to the Court

K.S.A. 38-2261 provides the right of ~~foster parents and parents~~ **foster parents or kinship caregivers to** submit a report to the court at the time of each court hearing. The report made ~~by foster parents~~ shall **be** in a specified format. Appendix 3G provides a sample cover letter and a sample of the report. The report submitted by the ~~parent and/or~~ foster parent or **kinship caregiver** shall be available to all parties.

The Child Welfare Case Management Provider (CWCMP) shall inform the ~~child's parents and resource parent(s)~~ **foster parent or kinship caregiver** of the right to submit a report directly to the court. The CWCMP shall provide the ~~parents and resource parents~~ **foster parent or kinship caregiver** with information as to the name and address of the Judge to whom the report may be sent, as well as the dates of the court hearings. Documentation of this task shall be placed in the child's case file.

3815 Entering Removal Information

Removal codes, dates and reasons are entered only for those children in DCF custody who have been removed by a type of court order ("C") from their home or been voluntarily relinquished ("V") to the agency by their care giver. The date of removal is the date when the child was removed from the home and should match the PPS 5110 or date of Relinquishment on the YA 2303. The removal date may be different than the date of DCF custody; however, the removal date entered into FACTS cannot be a date prior to the start date of the child custody plan. A removal date is only entered once for each custody episode. FACTS can record up to 15 (fifteen) removal reasons. To the greatest extent possible, FACTS reasons for removal shall match reason on the PPS 5110 referral form. Enter the primary reason for removal from PPS 5110 in the first reason for removal on the PLAN screen. Enter the secondary reason for removal from the PPS 5110 in the second reason for removal on the PLAN screen. If a child is removed from the home for reasons of maltreatment (e.g. physical abuse or neglect) and reasons of non-abuse neglect/(FINA) (e.g. child behavior problem or caregiver inability to cope), then select and enter the reason (s) of maltreatment prior to entering the reasons of non-abuse neglect/(FINA) unless the non-abuse neglect/(FINA) reason is the primary reason for removal. The removal date is a field subject to timeliness error for AFCARS if not entered timely.

Enter the address of the removal home on the RMLA screen from the PPS 5110. If the address is unknown, such as in the case of abandonment or homelessness, the address will need to be listed entered as Unknown and zip will be all zeros. The event # (intake) associated to the removal will also need to be entered on the RMLA screen and is located on the PPS 5110. Enter the First and Second Removal Parent/Guardian names from the PPS 5110. If there is a female removal parent, enter them as the First Removal Parent/Guardian. Indicate if date of birth is estimated; If the date of birth(s) for the parent/Guardian(s) cannot be obtained, enter an estimated birth month and day of 01/01, with a year of birth which is 20 years older than the estimated year of child's birth and indicate Y for being an estimated date of birth. Complete the Tribal Affiliation field.

3860 Entering Candidacy for Care Determination

- A. To determine if a child is a candidate for care for those referred to Family Services, Family Preservation or in custody placed at home, refer to form, PPS 3050A Family Service/Family Preservation Candidacy for Care form or PPS 3052 Permanency Plan if child is in DCF custody.
1. If a child is a candidate for care, enter the service action (SvcAct) code of CC01N and the service source code (SvcSrc) of PSW on the RESP screen.
 2. If a child is not a candidate for care, enter the service action code of CC02N and the service source code of PSW on the RESP screen.
 3. The responsibility start date of the candidacy for care determination for both service action code CC01N and CC02N is the date when the case planning conference occurred.
 4. The responsibility end date is the date when the child is no longer a candidate for care per PPS 3050A or PPS 3052, the date when the child becomes a candidate for care per PPS 3050A or PPS 3052, the date of when the next case plan is held, or the date the plan closes, whichever comes first.
 5. Candidacy for care information on the PPS 3050A or PPS 3052 shall be reviewed each time a case plan conference is held.
- B. If a family has been referred to Family First Prevention Services, the candidate for care information is located on the PPS 431100 Family First Prevention Plan and Service Referral/Case Status Form.
1. If the child is determined a candidate for care use service action code (SvcAct) CC03N, if they are not a candidate for care use CC02N.
 2. The start date of the candidate for care service action codes CC03N or CC02N is the start date on the Prevention Plan section of the form.
 3. Service source code is PSW
 4. In the description (SpecDesc) enter "Fam First candidate for care".
 5. Achievement date (AchDt) shall match the Prevention Plan end date (one year from the start date).

6. When Family First Prevention Services end per the PPS 43110
(~~Referral/Case Status form~~), enter this date in the EffDt field with code
CM in Resp Status.

C. If Family Preservation and Family First Prevention services are occurring at the
same time, both services will be recorded within the same Family Plan (FP).
Enter the Family Preservation CC01N or CC02N candidate for care
determination include "Family Preservation" on the description line. Enter the
Family First candidate for care determination CC03N or CC02N, include "Family
First" on the description line. ~~each candidate for care determination will be
recorded individually within the same FP (Family Plan) as specified in A. and B.
above for each individual service type.~~

4300 Family First Prevention Services Grants

Family First Prevention Services (FFPS) grants support families in their communities with the goal to prevent children from entering the custody of the Secretary and foster care placement through implementation of evidence-based programs. Grantees apply an approach using approved evidence-based or emerging programs.

Foster Care prevention approaches are family-centered, safety-focused and provide voice to and for a child and family's safety network. Family-centered practice is characterized by mutual trust, respect, honesty and open communication between parents and service providers. Families are active participants in the discussion of program improvement, service referrals and evaluation. They are active decision-makers in selecting services for themselves and their children. Family and child assessments are strengths-based and solution-focused. Specified services are community-based and build upon formal and informal supports and resources.

Programs were evaluated, scored and rated by a ~~multidisciplinary~~ Grant Peer Review Panel. Family First Grants were awarded to selected partners with specialization in evidence-based treatments provided by qualified clinicians, **and other programs**, in the arenas of:

1. Mental Health
2. Substance Use
3. Parent Skill Building
4. Kinship Navigation
5. **Other Primary Prevention Programs**

Family First Prevention Services grants are awarded to multiple organizations across and within communities whose services demonstrate the ability to make a community impact to prevent the need for entry into foster care. Program boundaries or service areas may be any jurisdiction, catchment area, collection of jurisdictions or existing population parameters of an organization (e.g. judicial district, collection of counties or neighborhoods).

4310 Family First Prevention Grant

Service Population and Referral

A. Prevention Services for Child(ren) deemed Candidates for Care

The CPS (Child Protection Specialist) Specialists will refer families to the Family First Prevention Services (FFPS) Grantees. The CPS Specialists completing child protection assessments and investigations make this determination. A referral to the program is consistent with the family's needs related to the program's evidence-based intervention population when a child is at imminent risk of entering foster care. The CPS Specialist will complete the Prevention Plan and Service referral after a conversation and agreement from with the family prior to referral. In the referral, PPS will list each child or youth in the family and determine candidacy for care name who is determined a candidate for care (See 0160 Glossary and 3229 Determination/Redetermination Candidacy for Care).

Families with any one of the following situations are eligible for a referral to a Family First grant program:

1. a child or youth who PPS determines is at imminent risk of foster care and out of home placement but can be safe at home with prevention services;
2. a child or youth who exited foster care to adoption or permanent custodianship/guardianship, or who was reunified with parents is at risk of entering foster care and out of home placement;
3. a child or youth temporarily or permanently residing with a relative or kin caregiver;
4. a child or youth living with parents but needs to be with a relative caregiver with prevention services in place;
5. pregnant and or parenting youth in foster care and in an out of home placement;
6. pregnant woman whose child upon birth may be at imminent risk of foster care (reference PPS 2753, Section E).
7. a child/youth remaining in the home whose siblings are in foster care.

B. Pregnant and Parenting Youth in the Custody of the Secretary

Pregnant and or parenting youth in the custody of the Secretary with infant/child not in the custody of the Secretary are eligible for Family First Prevention Services. The CWCMP will complete the Prevention Plan which is integrated in the child's Permanency Plan (PPS 3051, Section 7) and will notify the PPS Foster Care Liaison to make the appropriate referral to needed services. (Reference PPM 5238)

4320 DCF Responsibilities for Open Family First Prevention Service Cases

Following the referral to Family First Prevention Services grantee, the **Child Protection Specialist** (CPS), (unless otherwise noted), shall be responsible to:

- A. Provide current information for data entry into FACTS.
- B. Assist the family in connecting with the grantee to begin service relationship.
- C. Assist in the engagement process with the family as requested.
- D. If requested, participate in the initial meeting held within 2 business days of referral with the grantee and family.
- E. Complete all child abuse/neglect assessments in accordance with PPM section 2000.
- F. Inform the grantee of ongoing child abuse/neglect investigations and assessments.
- G. Inform the grantee of any new report received by the Kansas Protection Report Center involving a child receiving services by the grantee. Grantee may consider and incorporate the information into the work with the child and family as appropriate. The role of grantee is not to investigate or determine validity of report.
- H. Provide the grantee a copy of the PPS 2012. Inform the provider of the status of appeal, if applicable.
- I. Meet with the family and grantee to discuss options if there is a refusal of services.
- J. Provide reports to the court as indicated.
- K. Monitor prevention plan timelines. If the initial date for the Prevention Plan is approaching the 12-month mark, consult with the grantee and DCF supervisor to determine if the child(ren) remain candidates for care and are in need of **continuing** services. If it is determined Family First Prevention Services remain necessary, a new PPS 430011 shall be completed redetermining the child(ren) candidates, **extending the prevention plan in section III, 1B.**, and outlining needed services (See PPS 2753 Eligibility and Criteria for Referral to Family First Prevention Services)

- L. Review the PPS 431011 Family First Prevention Plan and Service Referral/Case Status form, when submitted by the grantee. Based on the information provided and progress made by the family, the ~~Child Protection Specialist~~ CPS and Supervisor shall determine if follow-up is needed. Follow-up may include determining no action is required, attempting to re-engage the family with the CWCMP, or contacting the County Attorney/District Attorney and requesting a petition for Child in Need of Care.

4330 Family First Prevention Services Grantee Responsibilities

Grantees shall accept all referrals from DCF when the program has openings. Following the referral to the Family First Prevention Services (FFPS), the grantee shall:

- A. Acknowledge receipt of the FFPS referral within 24 hours.
- B. Complete or continue a Plan of Safe Care (PPS 2007) for families served who have an infant to support families affected by substance use disorders. If, initially, criteria for a Plan of Safe Care was not met, but, during the life of the case, additional information becomes available, which indicates criteria for a Plan of Safe Care may be met, the requirements per PPM 2050 shall be followed. The needs of the infant and family shall be documented on the PPS 2007 Plan of Safe Care and submitted to DCF.
- C. Meet with the family within 2 business days of referral to begin initial assessment and review Prevention Plan and Service Referral (PPS 431100). Submit the Family First Prevention Plan and Service Referral Form/Case Status Form (PPS 431140) outlining date of contact in Section VI. to referring CPS (Child Protection Specialist) and FACTS unit within 5 business days of initial contact.
- D. Request necessary releases be signed by family to coordinate services, reduce service duplication and ensure family's needs are met. Verify provision of necessary services, when applicable, with other Family First Grantees, Family Services, Family Preservation Services, or Foster Care/Reintegration/Adoption Contractor.
- E. Notify referring CPS Specialist if any child in the family is a runaway or missing.
- F. Participate in a Team Decision Making meeting, if requested by PPS.
- G. Complete and submit the PPS 431140 with case closure reasons and summary of closure to referring CPS Specialist and FACTS unit within 5 business days of case closure. Grantee may request retraction of services within 5 days of referral due to non-engagement by the family and/or in-eligibility of family in services. Retractions are not included in grantees outcomes. Grantee shall submit the PPS 431140 with retraction request and complete summary in Section VII. of why retraction is needed.
- H. Maintain case information on a timely basis reflecting complete and current history of assessment information, services provided and progress of services for the family.
- I. Review any forwarded report from DCF involving a child receiving services by the grantee. The grantee may consider and incorporate the information into the work with the child/family as appropriate. The role of grantee in this circumstance is not to investigate or determine validity of report.
- J. Make available, develop or accept DCF process or procedure of releases so all client records and information may be shared with DCF. The following are

examples of when this may occur: if a child in the home enters foster care, at case closure, to obtain status reports, to provide court updates, service case is a part of case review sample and/or as needed. Make available all client records and information to DCF within 24 hours of a request, whether written or verbal.

- K. Participate and cooperate in the DCF performance improvement process, including interviews when requested.
- L. Participate in regional, local, and statewide meetings to promote program and maintain orientation to referral process.
- M. Work with external evaluator to provide data, implement other quality assurance, success factor or evaluation tools such as surveys of families served, case file reviews or other tools. Provide access to existing quality assurance tools or case files for respective ~~evidence-based~~ programs for children served in the PPS grant referred program or service. The external evaluator shall work with the grantee to develop an evaluation plan for each program.
- N. Provide direct services supporting the implementation of ~~evidence-based~~ strategies resulting in improvements in targeted State-or community-level factors, while contributing to and monitoring the following outcomes:
 - 1. Families are engaged timely;
 - 2. Children are maintained safely at home.

Additional outcomes related to safety and well-being may be identified by the external evaluator.

- O. Participate in stakeholder, statewide or regional meetings regarding implementation of Family First Prevention Services.
- P. Ensure all direct service or program staff have training and meet qualifications required consistent with evidence-based programs.
- Q. Initiate and follow Critical Incident Protocol (see PPM 0510).
- R. In some circumstances, such as court involved cases, documentation for court and testimony may be required.
- S. Submit brief case level monthly reports outlining family progress to the CPS Specialist. This may be completed in a format determined by the grantee such as email, existing grantee form or development of new forms.
- T. Provide weekly capacity updates to those identified by regional leadership. Updates include capacity, number of active cases, utilization rate, and approaching openings.
- U. After service closure, the grantee shall coordinate with regional staff on the method for transfer of closed files or pertinent documentation.

4370 Duration of Family First Prevention Services

Family First Prevention Services can be provided for up to 12 months beginning on the date the state identifies the child as either a “candidate for foster care” or a pregnant or parenting foster youth in need of those services in the prevention plan. Services may continue beyond 12 months on a case-by-case basis.

Grantees shall consult with the CPS (Child Protection Specialist) specialist prior to the end of the 12-month period to discuss relevant details of the family’s progress, willingness to continue services, and any risk or safety concerns. If it is believed the child(ren) may need to continue with services, the CPS Specialist and the supervisor shall evaluate the current risk and safety concerns. Services may be extended when the following conditions are present:

- A. the family is making progress on achieving the service goals, and
- B. the child(ren) remains a candidate for care.

If an extension of services is needed, the CPS Specialist shall complete a new PPS 431100 Family First Prevention Plan and Service Referral, selecting the extension in Section III, 1B., and redetermine the child(ren)’s a candidate for care and select the services that will be continuing in Section IV.

If it is determined a service extension is not needed, the Grantee will complete ~~SECTION V: closure of Family First Prevention Services on the PPS 431140 Referral/Case Status.~~ Section VII. Closure date must not exceed the end date in Section III.

4830 Recording Family First Prevention Services Information

Use the PPS 4311 Family First Prevention Plan and Service referral to record both the Prevention Plan and Service(s).

Both a Prevention Plan (PF01N) and identified Service Action code must be entered for all family members.

To record the Family First Prevention Plan (PPS 4300):

1. Enter the service action code of PF01N along with the service source code of PSW on the RESP screen of each person in the household as per the Family First Prevention Plan form PPS 431100. Enter this service action code on the appropriate plan type for that individual. If the Family First Prevention Services referral is due to or involves a juvenile offender case as per the PPS 43110 form, enter on the RESP screen for the Head of Household the service action code of JO01N with the service source code of PSW. The start date is the date of the Family First Prevention Plan, Section III. The AchDt is the end date listed in the same section.

To record Family First Prevention Services referral (PPS 4310 form):

1. Enter the appropriate Family First Prevention Services service action codes (FM01N, FS01N, FI01N, FP01N and FK01N) along with the associated service source codes on each family member's plan as per the PPS 4311 Section IV, 4310 and 4300 forms. The start date for these services will match the Prevention plan Section III, unless it is a service added later through a revision. be the date of referral to Family First Prevention Services located on the PPS 4310 form. The end date will be the closure date located on the PPS 4310. When closing the services use the appropriate Resp Status Type Closed code as per the PPS 4310 Section V. Please note this includes retractions.
2. When closing, the end date will be the closure date located on the PPS 4311 Section V. Ensure the proper Resp Status Type Closed code is entered, note this includes retractions.
3. When AchDt is first entered on the service codes (FM01N, FS01N, FI01N, FP01N and FK01N), enter a date 6 months out. Once the date of initial contact with the family is received from the grantee on the PPS 4311 Section VI, 4310 form, the AchDt will be changed to the date in Section VI.

To record if a youth in foster care who is pregnant, or parenting is and referred to Family First Services (PPS 4311 4310 form):

1. Enter the prevention plan service action code PF01N as per the PPM 3051 form Section 7 and the appropriate Family First Prevention Services service action code as per the PPS 4311 4310 form on the youth's current custody (CC) plan type (CC, EC or RC). To also record the youth in foster care is pregnant, enter the service action code of FC01N with the service source code of FGC. To record the youth in foster care is parenting a child who is not in DCF custody enter the service action code of FC02N with the service source code of FGC. If the youth is in foster care and is parenting a child who is in DCF custody as per PPS 4310 form, enter the FC03N service action code with the service source code of FGC on the youth's open custody plan (SC, or CC, RC or EC). Please see PPM section 5865 for additional information including closure.

To record if services are extending beyond 12 months of an open prevention plan (as per Section III 1B. on the PPS 4300 4311 form):

1. End date the closing Prevention Plan service action code (PF01N) by using start date in PPS 4300 form Section 1B.
2. End date all Family First service action codes (FM01N, FS01N, FI01N, FP01N and FK01N) using the Resp Status Type Closed code of SD in the RespStatus field and the start date in PPS 4300 form Section 1B.
3. End date the Candidate for Care service action codes (CC03N or CC02N) with the start date in PPS 4300 form Section 1B.
4. Open a new prevention plan service action code (PF01N) from PPS 4300 form section 1B, the end date is entered as the AchDt.
5. Open Extended Family First Services (identified in PPS 4300 Section II) using the start date in 1B as both the start date and the AchDt.
6. Open Candidate for Care service action code (per PPS 4300 Section II), with start and AchDt dates matching the Prevention Plan.

To record the birth of a new participant after services have started.

Create a new family plan for the newborn child using their date of birth and FU01N service action code with the service source code PSW. Include the referral date and name of original Family First service in the description. This plan will not contain a prevention plan code (PF01N), Service code or a Candidate for Care determination code.

5030 Child Welfare Case Management Provider Screenings and Assessments

The Child Welfare Case Management Provider (CWCMP) shall assess the child and the family within 20 days of the referral. 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, services shall be provided in the home and focus on the needs of the family rather than just being focused 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.

- A. To assess physical health needs, the CWCMP shall obtain information on each child's 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.

B. Parents/Caregivers and age-appropriate children/youth shall be assessed 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:

1. Child Stress Disorder Checklist-KS (CSDC-KS) Ages 0-2-18; 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.

C. The following assessments may also be completed:

1. Structured Decision Making (SDM); 24-Hour Safety Assessment for child protection,
- ~~2. Preschool and Early Childhood Functional Assessment Scale (PECFAS) Ages 3-5; Assess behavioral health functioning,~~
- ~~3. Child and Adolescent Functional Assessment Scale (CAFAS) Ages 6-18; Assess behavioral health functioning of child/youth, and~~
- ~~4. Parenting Stress Index – Short Form (PSI-SF) Ages 0-18; Assess parenting stress.~~

D. A Substance Use Disorder screening is part of the family assessment process. Adults in the home and children age 13 and older shall be screened, if the child is verbal and developmentally able to participate, 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. 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.

1. If an adult in the home has 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 screening is not necessary. For these individuals, a referral for more extensive diagnostic assessment, such as the Kansas Client Placement Criteria (KCPC), shall be completed.
2. If the provider 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.
3. 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>

5212 Child Welfare Case Management Provider Roles and Responsibilities

- A. Upon referral, the Child Welfare Case Management Provider (CWCMP) is responsible for direct service delivery to the child and family. **The CWCMP will be responsible for** recognizing the child and family's culture, with input by DCF. The CWCMP shall coordinate, assess, and evaluate services to address the needs of the children and families served by DCF. This responsibility extends until the child achieves the case plan goal or the child is released from the Secretary's custody for another reason, and the aftercare period expires. ~~(Refer to the Permanency Flow Chart Appendix 3O.)~~
- B. Per the Reintegration/Foster Care/Adoption Case Management Services Grant, the Child Welfare Case Management Provider shall:
1. Fully support the importance of safe, timely reintegration as the most desirable outcome for most children and families, while maintaining a concurrent focus on safety and well-being;
 2. Provide services to help families overcome challenges to reintegration, including plans to work with a family in their own home;
 3. Work with tribes to achieve reintegration and ensure compliance with the Indian Child Welfare Act;
 4. Involve families in child welfare design supporting reintegration;
 5. Utilize culturally respectful and responsive practices;
 6. Provide services supportive of families in a culturally responsive way;
 7. Comply with all federal, state and agency timelines for permanency;
 8. Utilize ongoing safety and risk assessment;
 9. Utilize DCF comprehensive assessments in the case planning process;
 10. Engage children, families, non-related kin and foster families in planning and decision making;
 11. **Provide a copy of the PPS 5138 Foster Care Bill of Rights to children in the custody of the Secretary and foster parent/kinship caregivers.**
 12. Utilize non-traditional search techniques to identify and engage the broadest family network;
 13. Prepare the family network to actively participate in the case planning process;
 14. Honor cultural, family and individual strengths and differences;

15. Prepare and support families, non-related kin and foster families for transitions, including placement, change of placement and reintegration;
16. Facilitate and support family and sibling visitation and maintenance of the children's connections;
17. Utilize worker visits to support and assess families;
18. Customize services to meet the needs of children and families;
19. Assure appropriate services are available and accessible in the community through collaboration with cross-systems and community partners including schools, medical and mental health communities, law enforcement, corrections, substance abuse and domestic violence agencies and other key public and private agencies;
20. Recognize hair and skin care are integral to self-worth of children and youth. Cultural identities of children and youth should be considered and honored, through a variety of activities related to hair and skin care. Consult the child, youth, parents or other relatives/kin connections regarding preferences, processes, tools and hygiene products recommended. Provide information to placement providers on options for local, online or other available resources for both professional hair and skin care and offer continuing education or training opportunities for caregivers and professional staff.
21. Implement foster care and reintegration services utilizing a single case manager, when possible, from referral to placement at home or termination of parental rights;
22. Provide aftercare services for 6 months following reintegration, adoption, permanent custodianship, or APPLA;
23. Cooperate with disability advocacy legal provider in obtaining Supplemental Security Income (SSI) eligibility for children in the custody of the Secretary.

5270 Aftercare Responsibilities of the Child Welfare Case Management Provider

The Child Welfare Case Management Provider (CWCMP) shall provide services and supports for 6 months following the achievement of reintegration, adoption, permanent custodianship, Another Permanent Planned Living Arrangement (APPLA), or youth/young adults who have aged out of care. Services are provided to assure safety and stability of the child and to assist all family members in connecting with community providers to improve family functioning and may include information and referral of other services, education (e.g., parenting skills, advocacy skills with school systems, etc.), clinical and therapeutic services, access to material resources and access to community-based supportive networks (e.g., support groups, recreational activities and respite care).

A. The CWCMP shall:

1. Implement a 6-month aftercare services program following case closure achieved through reintegration, adoption, permanent custodianship, APPLA, or youth/young adults who have aged out of care.
2. Make contact with all family members, including the child/youth/young adult, at least monthly in person and at least weekly telephone contact;
3. Staff all cases with the Reintegration or Adoption Case Manager at least thirty (30) days prior to the transition of the case as per PPM 3005;
4. Develop transition and time-limited aftercare plans in partnership with families;
5. Ensure availability and accessibility of services and support without disruption;
6. Engage the community in meeting the continuing needs of children and families. Aftercare services and support planning begins at the time of placement. DCF, its partners and the community shall continue to support youth and their family after reintegration occurs and until the family is self-sufficient and able to provide for its children's safety, permanence and well-being;
7. Utilize collaborative and collegial strategies to engage and motivate families;
8. Use client-directed assessment across life domains, ongoing safety assessment and planning, domestic violence assessment, suicide assessment and crisis planning;
9. Use cognitive and behavioral research-based practices and behavioral intervention skills development;

10. Provide and/or help the family access tangible goods and services which are directly related to achieving the family's goals, while teaching them to meet these needs on their own;
11. Coordinate, collaborate and advocate with state, local, public and community services and systems affecting the family;
12. Provide twenty-four hours, seven days per week, crisis on-call services;
13. Provide services within the family's homes and community;
14. Tailor services to family's needs, strengths, lifestyle and culture;
15. Create a packet of information, including a safety plan and culturally appropriate neighborhood resources, for to use after exiting aftercare services;
16. Provide ongoing emotional support and case management for families. Case management services are to include:
 - a. Assistance in completing the child's or youth/young adult's Medicaid application;
 - b. Referral for housing and food assistance;
 - c. Referral for financial assistance, assistance with childcare and other services;
 - d. Referral for substance use disorder and/or behavioral/mental health services;
 - e. Assistance with identifying external and internal support systems;
 - f. Assistance with the development of practical and realistic time management systems;
 - g. Provide ongoing parent education;
 - h. Coordination with the family and all service providers, including but not limited to DCF Independent Living;
 - i. Coordination with the family and the educational system, if applicable.

B. Aftercare Services for Children in DCF Custody

1. For children who remain in DCF custody, the Child's Permanency Plan with the case plan goal of maintenance at home shall be submitted to the DCF region, the court and other required parties within 30 calendar days of a child's reintegration. (See Section 3000 for additional information on case planning.)
2. The CWCMP shall continue to complete monthly child/worker visits and submit encounter data.
3. The CWCMP shall provide intensive in-home services for six months and continue to provide in person services, engage the family, and assess the safety of all children in the home.
4. If the child remains in DCF custody past the six months of aftercare, a case transfer staffing is required prior to the end of the six months. See Appendix 5M.
5. If custody is released before the end of six months, the CWCMP shall make concerted efforts to continue to provide intensive in-home services for the remainder of the six month time frame and develop an Aftercare Contact Agreement (PPS 3070) with the family to outline the services and

supports needed to maintain the placement and meet the needs of the child.

6. The CWCMP shall submit the Aftercare Contact Agreement (PPS 3070) within 5 working days.

C. Aftercare Services for Children Released from DCF Custody

1. When a child has reintegrated with their parent and released from DCF custody the CWCMP shall make concerted efforts to provide intensive in-home services for six months.

An Aftercare Contact Agreement (PPS 3070) shall be developed with the family to outline the services and supports needed to maintain the placement and meet the needs of the child.

2. When a child is adopted, the Aftercare Contract Agreement is signed at the meeting to complete the Adoptive Placement Agreement (APA). If there are questions or concerns about the Aftercare Plan the CWCMP shall confer with DCF to resolve them prior to APA.
3. Once the aftercare plan is developed, the CWCMP shall be actively engaged to meet with the child and family in person in the home on a monthly basis as outlined in the aftercare plan. Whether or not a meeting occurs, a monthly report, PPS 3071, shall be completed.
4. If the family expresses the need for additional services, a consultation with DCF is required.
5. When a youth/young adult is released from custody upon reaching the age of majority and anytime thereafter, the CWCMP shall complete the PPS 3070 A, Aftercare Contact Agreement for Young Adults, with the youth/young adult and make concerted efforts to provide intensive services for six months. Whether or not contact occurs, a monthly report, PPS 3071, shall be completed and provided to the Foster Care Liaisons and Independent Living team.

D. Assisting Families with Obtaining Medical Coverage in Aftercare

The Child Welfare Case Management Provider shall assist the family in accessing medical coverage and services for which they are eligible. This includes:

1. Assuring the child's Medicaid card is given to the permanency resource; and,
2. Assisting the parent/caregiver in adding the child to private insurance; or,
3. Submitting an application on-line at [KanCare](#) or paper application to the Clearinghouse for KanCare If submitting a paper application include "returning from foster care" at the top of the form; or,
4. Submitting an application to [KanCare](#) for an income eligible or SSI Medicaid; or,

5. Requesting Medicaid from DCF through an adoption assistance agreement.
6. Submitting an application on-line at [KanCare](#) or by paper application to the Clearinghouse for KanCare for children approved for permanent custodianship. If submitting a paper application include “returning from foster care” at the top of the form.

See Section 5900 for additional information.

5411 Permanent Custodianship under the Children in Need of Care

Permanent Custodianship provides the custodian and the child with the assurance the placement will not be disrupted, enables the custodian to exercise all the rights and responsibilities of a parent. All custodians are expected to provide for the child's education, support, medical care and maintenance. Changes in both state and federal statutes recognize guardianship as a means of achieving permanency for a child when re-integration with the birth family or adoption is not possible.

The Kansas Code for the Care of Children (K.S.A. 38, Article 22) authorizes the juvenile court to appoint a permanent custodian. This is a judicially created relationship between the child and the caretaker, and is self-sustaining without on-going oversight or intervention. The permanent guardian stands in loco parentis and exercises all the rights and responsibilities of a parent.

If after finding the parent unfit, the court subsequently determines a compelling reason exists why it is not in the best interest of the child to terminate parental rights, the court may award permanent custodianship to an individual. For certain children with parental rights terminated the Case Management Provider may request that custodianship be awarded to a specific individual when adoption does not appear to be an option for the child.

A. Advantages of Permanent Custodianship:

1. When adoption is not the plan, custodianship provides the caretaker and the child greater assurance that the placement will not be disrupted.
2. The custodian stands in loco parentis and exercises all the rights and responsibilities of a parent without state oversight or intervention.
3. It is not necessary for parental rights to be terminated in order to achieve permanent custodianship.

4. If parental rights are not terminated, parents may remain financially responsible for the support of the child.

The child may be eligible for some post-secondary education and training benefits funded through the Education and Training Voucher Program and the Permanent Custodianship Subsidy.

B. Disadvantages of Permanent Custodianship:

1. Foster care payments and other services are lost.
2. It denies the child the rights of an adopted child.
3. If placement dissolves, a child in need of care hearing is required.
4. If the family moves to another state, the KS medical card will end. The family would need to apply on their own in the new state and meet that new state's eligibility to receive the medical card.
5. Permanent Custodianship subsidy is generally less than Adoption subsidy.

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

5821 Entering a Foster Care Referral into FACTS

All children who have been in state custody at least 30 days regardless of goal type, must have the "Child Ever Adopted" field and "Prior Adoption Finalized Date" field completed on the ADOP screen. This is an AFCARS requirement (See PPM section 5881 for additional information).

All children who have been in state custody at least 30 days regardless of goal type, must have the Prior Guardianship/Custodianship" field and "Prior Guardianship/Custodianship Finalized Date" field completed on the GUCU screen. This is an AFCARS requirement. (See PPM section 5882 for additional information).

5838 Entering Information Regarding Finalization

A. Placement Information

When the adoption decree is received, ~~update only these data fields: change service source to adoptive home (ADH), and link the provider to~~ **an adoptive home (ADH)** provider number.

B. Adoption Information

On ADOP, enter the file stamp date on the Journal Entry (Adoption Decree) as the adoption finalization date and enter any adoption reimbursement amounts for non-recurring expenses.

C. Adoptive Family Structure Code

For AFCARS reporting, the family structure code of the adoptive placement must be entered. For public adoptions, link the ADH provider with the adoptive placement responsibility (FO08N) to secure family structure code.

For private adoptions, link the ADH with the AO05N responsibility.

D. Entering Custody Discharge Information

End the adoptive placement with a responsibility status closure code of "CM", reason of "AP" and effective date of the date DCF is released from custody. For the release of custody date, use the file stamp date on the Journal Entry (Adoption Decree). Close any remaining open case plan service actions and court activity with the date the child was discharged from custody (file stamp date on the Journal Entry (Adoption Decree)). The placement responsibility that the "AP" discharge reason code is entered on, SHALL be the last responsibility on the RESP screen that has data entry. Change the child's placement type to "R" for residence on MACL, and close out plans. Close the child's case or remove the child from the open case, if there are other siblings being served on that current case number. If the child is removed from the case number, the reason left code on MACL is adoption "ADP" with the date that child was discharged from custody.

5865 Pregnant or Parenting Foster Care Youth

If a youth in foster care is pregnant as per the PPS 3052 form or PPS ~~4310~~ 4311 form, enter the FC01N service action code with the service source code of FGC on the youth's open custody plan (SC, CC, ~~RC or EC~~). If the youth is in foster care and is parenting a child who is not in DCF custody as per PPS 3052 form or PPS ~~4310~~ 4311 form, enter the FC02N service action code with the service source code of FGC on the youth's open custody plan (SC, CC, ~~RC or EC~~). If the youth is in foster care and is parenting a child who is in DCF custody as per PPS 3052 form, enter the FC03N service action code with the service source code of FGC on the youth's open custody plan (SC, CC, ~~RC or EC~~). The end date is when the youth is no longer pregnant or parenting circumstances change as per the PPS 3052.

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 46 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. ~~The relationship of the adoptive parent to the child – step parent "S", relative "R", foster parent "F", foster parent and relative "B", step parent and relative "C", or other "O" shall be recorded. If the relationship of the adoptive parent to the child is both foster parent and relative, enter the code "B". If the relationship of the adoptive parent to the child is both step parent and relative, enter the code "C".~~ 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. 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.

5927 WARDS – Possible Applying To Be Payee for Eligibility for Outside Benefits

Youth who are in the custody of the Secretary and placed out of home for placement receive, or may be eligible for various benefits. DCF can initiate procedures with appropriate agencies to help clients receive benefits, and/or request to become payee of said benefits. Benefits are then used to offset the client's cost of care.

When a youth is in receipt of SSA/SSI and is ordered in custody and out of home placement, DCF is to apply to be the Representative Payee either by paper application or by phone interview with your local SSA contact.

When DCF becomes payee, these benefits are managed through the WARDS system to offset placement related costs. WARDS is a database; the system was named WARDS due to for the children in foster care being wards of the State. See the WARDS User's Manual, located in the help menu of within the WARDS application, system for detailed system instructions on how to navigate within.

A. Types of Benefits

The following is a list of benefits for which DCF can request to be payee for which a client on a youth in custody and out-of-home placement may be the beneficiary, and for which DCF can request to be made payee. The two or three letter acronyms starting each benefit type below are the acronyms used in the WARDS system.

1. SSA (Social Security Act benefits, officially named Retirement, Survivors, & Disability Insurance benefits) is income for the child generated from a disabled, retired, or deceased parent. Children receive primarily SSA survivor and disabled parent benefits. Social Security refers to these benefits as Title II (2) benefits.
2. SSI (Supplemental Security Income) is income received for the child due to being financially needy, blind, or disabled including behavioral and emotional disabilities. Social Security refers to these benefits as Title XVI (16) benefits.
3. VA (Veterans Administration) benefits are received by youth when a parent is an eligible veteran receiving a VA benefit.
4. RR (Railroad) benefits are received by youth when a parent is eligible for railroad benefits.
3. OTH (Other) benefits may include, but are not limited to retirement, disability, or survivor benefits from a private source.

1. Applying for Benefits

When it appears a child might be eligible, but is not currently receiving one of the SSI benefits listed above, the PPS or Child Welfare Case Management Provider staff shall apply for benefits on a child's behalf. The following is contact information for the major benefits for which clients may be eligible.

1. Applying For SSI.

Child Welfare Case Management Provider (CWCMP) staff refers the child to Kansas Legal Services (KLS) for SSI consideration by filling out the Disability Determination referral form, Appendix 5U. The CWCMP staff shall provide a copy of the completed referral Appendix 5U form to the PPS Eligibility Specialist ~~WARDS worker~~. The PPS Eligibility Specialist ~~WARDS worker~~ is responsible for completing questions 1-6 on the referral form, then emailing back to Provider and including KLS (DCF to KLS EXAMPLE Referral Form).

Each region's Program Administrator has a listing of KLS contacts. The referral should be sent to the KLS office that serves the child's county of jurisdiction, which is not always the same as the county of residence.

- a. Upon receipt of the completed Appendix 5U form, If the client is IV-E eligible, the ~~WARDS worker~~ shall inform the PPS Eligibility Worker, upon receipt of the referral from CWCMP that an application for SSI benefits has been submitted. the Eligibility ~~Worker~~ shall change the client's payment eligibility to state funded (AG SSI) effective the date the referral was signed by the CWCMP, keeping administrative eligibility IV-E. Refer to PPM 5912.C for more details.
- b. The CWCMP staff shall send a completed copy of Appendix 5U to the regional DCF office PPS Eligibility Specialist. ~~WARDS worker~~.
- c. KLS will obtain the required signatures for the "Authorization of Release of Information" on the Disability Determination referral form, Appendix 5U, and request an appointment to review the file with the CWCMP staff. KLS may request all relevant medical information from the child's case file be mailed to KLS if travel to the file is not possible.
- d. KLS submits an application to the Social Security Administration and informs the CWCMP case manager who requested the referral and the PPS Eligibility Specialist ~~WARDS worker~~ of Social Security's decision. If PPS is informed of the decision directly from Social Security, the PPS Eligibility Specialist ~~WARDS worker~~ shall notify KLS and the CWCMP case manager of the decision.

- e. Appeals for denied SSI applications are also managed by KLS. If KLS determines it is not prudent to pursue an appeal, KLS will notify through e-mail the PPS Eligibility Specialist ~~WARDS worker regional PPS program administrator. The regional PPS program administrator or designee.~~ The PPS Eligibility ~~WARDS worker~~ will reply within 30 days as to whether PPS accepts the determination not to pursue an appeal or would prefer KLS continues with an appeal, giving justification for that preference.

Children and young adults age 18-21 not in DCF custody eligible for Independent Living Services or Family Services can also be referred to Kansas Legal Services. The PPS Independent Living Coordinator or designee responsible for making the KLS referral shall complete the Appendix 5U form.

2. Applying for Veteran ~~or Railroad~~ Benefits

~~Contact the Veteran's Administration (VA) at 1-800-827-1000 to see if the child is eligible for Veteran's benefits. The veteran's social security number is required in order for the VA to do a search.~~ DCF does not need to apply to be payee of ~~Veteran's nor Railroad benefits as these type benefits cannot be used to offset expenses.~~

3. ~~Applying for Railroad Benefits~~

~~Contact the U.S. Railroad Retirement Board at 1-877-772-5772 to see if the child is eligible~~

B. Becoming Payee

~~When~~ If a child is receiving benefits and placed into custody and out of home, DCF is to apply to be the payee of those benefits to offset placement related costs and ensure continued eligibility for Social Security Benefits. ~~it is determined a foster child on a new or existing case is receiving benefits as described in 5927.A (above), the WARDS worker shall assess whether DCF should request the agency become payee. Becoming Payee of:~~

Social Security Benefits (SSI or SSA)

a) **By phone:** Contact your local Social Security office and provide the child's name, SSN and DOB, and date child began DCF custody. Inform Social Security the client is state funded.

b) **Paper Application:** Complete a request to be selected payee applicant.

Benefits are to be made payable to: **DCF** Children and Family Services for (child's name).

ii. **Railroad Benefits**— Call the U.S. Railroad Retirement Board at 1-877-772-5772 to request to become payee.

a. **Veterans Benefits**— Veterans Administration Form 21-4138 needs to be completed with the following information. The form is located at <http://www.va.gov/vaforms/>. For more information on completing the form, see the WARDS User's Manual located in the help menu of the WARDS application.

1. **When Not to Be Payee for SSI Benefit:**

If the child's placement costs are under the SSI rate and the child is in a stable placement, then DCF should not request to be made payee. Typically, rates for placement with a relative, non-related kin, or basic family foster home are below the SSI rate. Let Social Security know the child is in DCF custody and out-of-home placement but due to their current cost of care, DCF does not wish to be made payee. Do this communication via Government to Government Services Online (GSO), using the PPS-5928 form.

If Social Security should later contact the WARDS Worker saying the child's benefit will be suspended because no one will be payee of the benefit, then DCF can agree to be payee.

2. **When to Become Payee:**

~~a. The CWCMP or DCF Foster Care Liaison have reason to believe the placement should not be Payee.~~

~~b. The child's placement cost meets or exceeds the SSI rate.~~

~~Following are contact numbers and the information to be provided to each of the major benefit agencies. DCF prefers benefits are direct deposited, but paper checks can also be received. DCF direct deposit numbers and DCF Payable's mailing address are listed in 5927.D (below).~~

C. Direct Deposit or Paper Checks

DCF prefers that benefits are direct deposited, but paper checks can also be received.

1. Direct Deposit

Have direct deposits go to:

Capitol Federal

Routing # 301171285

Account # (see below)

There are three accounts managed within WARDS. Each has a different account number. Contact the PPS Administration WARDS System Administrator, the Benefit Payee Program Manager, or WARDS Finance Manager for the actual account numbers. You will need to supply both the routing number and account number to set up direct deposit.

2. The three separate bank accounts involved are:

- a. non-RD (non-Regular or Dedicated) - Previously **obtained** Veteran Administration, Railroad **(DCF no longer requests to be payee of these types of benefits)**, and all other benefits are deposited into this account.
- b. Dedicated Account – Large SSI lump sum deposits that Social Security designated as needing to be deposited into a dedicated account go here.
- c. Regular Account – SSI and SSA benefits are deposited into this account.

2. Paper Checks

Have ~~Mail~~ paper checks ~~sent~~ to:

(This includes paper benefit checks received in the local DCF office.)

~~WARDS Accountant~~

~~DCF Payable Division~~

~~555 S. Kansas Ave.~~

~~Topeka, KS 66603~~

DCF Overland Park Service Center

Attn: Karmen Baldomino

8915 Lenexa Dr

Overland Park, KS

66214

D. ~~Setting up a~~ All WARDS documentation is to be categorized ~~Financial File and Case~~ within Perceptive Content (ImageNow) under PPS Forms:

1. The DCF PPS Eligibility Specialist ~~WARDS worker~~ shall ~~establish a separate financial file label and upload to contain~~ all transactions pertaining to the WARDS accounts ~~within Perceptive Content (KEES) under PPS Forms~~. Maintaining this file is important to the agency to prove accountability to the child, the Secretary of DCF, and an auditor. The file shall contain, but is not limited to:
 - a. All communications from the agency issuing the benefit.
 - b. All communications from DCF, including e-mails, letters, or phone calls documented in a log note.
 - c. Log Notes – System actions such as approving/disapproving deposits and expenses are automatically logged in the WARDS system. WARDS workers shall use the system's logging function to record other transactions with the WARDS accounts such as telephone calls. Log notes do not need

to be printed routinely; printing of log notes may be saved for audits or the worker's use.

- d. Original or copy of receipts for purchases made with WARDS dollars. Purchases over \$100 must have a receipt in the WARDS file. These receipts can be obtained through the CWCBS contractor.
2. When the DCF PPS Eligibility Specialist WARDS worker is notified DCF will be made payee of a benefit the worker shall enter the beneficiary's identifying information in WARDS on the Maintain | Client screen. Refer to the WARDS User's Manual, located in the help menu of the WARDS application, for details. Should PPS Administration receive information about a beneficiary before the regional office, the WARDS Accountant may have already entered the client information; the PPS Eligibility Specialist WARDS Worker shall confirm the information entered is correct.

5928 WARDS – Communication and Management of Social Security Benefits from Social Security Administration

This section deals with managing Social Security benefits. Social Security benefits have special rules and procedures.

A. Communicating with Social Security Administration

1. GSO (Government to Government Services Online) – Once DCF is payee, communication with Social Security Administration is primarily done through an online system managed by Social Security called GSO <http://www.socialsecurity.gov/gso/gsowelcome.htm>. Contact the WARDS Administrator at PPS Administration to have an application submitted for a GSO userid and password. The DCF eData Reporting Form (PPS-5928) is the document used to submit information to Social Security through GSO.
2. Telephone - Workers shall telephone Social Security with problems or questions or when the subject is not contained on the DCF eData Reporting Form (PPS-5928).

B. Mandatory Reporting of Changes to Social Security

When DCF is payee of Supplemental Security Income (SSI) or Social Security Act (SSA) benefits, regional office staff shall contact Social Security, via GSO and form PPS-5928 by the 10th of the following month, when any of the following occur:

The beneficiary:

1. dies;
2. moves (any placement change);
3. marries;
4. starts or stops working
5. has ongoing earned income;

6. has a foster care eligibility funding change;
7. drops out of school;
8. will turn 18 in the next 6 months;
9. is imprisoned;
10. is adopted (adoptive placement agreement signed or finalized);
11. no longer needs a payee; or
12. is released from DCF custody.

3. Lump Sum Benefits

Lump sum benefits are often received from Social Security for past benefits owed to the child or because the last payee saved some of the benefit they received and returned it to Social Security. There are different ways to handle a lump sum benefit.

1. **Dedicated Account:** Some lump sum benefits will be designated as needing to be put in a dedicated account. Social Security will inform DCF by letter when this is needed. Inform Social Security of the routing and account number for the WARDS Dedicated Account (contact PPS Administration WARDS System Administrator for assistance). Monies placed in the dedicated account do not count toward the child's SSI \$2,000 balance limit.
2. **Multi-Month Distribution of a Deposit:** Other lump sum amounts not designated as needing to be in a dedicated account can be applied to expenses spanning several months. Since DCF uses the Social Security benefit to reimburse ourselves for the client's cost of care, DCF is seen as a payee and a creditor. A creditor payee must obtain Social Security's approval prior to using lump sum benefits for self-reimbursement. (SSA POM Section GN 00602.030.) The GSO communication system and form PPS-5928, GSO Reporting Form, are used to request a multi-month distribution of a lump sum deposit. See instructions for Form PPS-5928, for details.

C. SSI While in Medical Placements

Youth placed in a State Hospital, Institution, or residential treatment facility (PRTF) receive a reduced SSI payment of \$30.00 per month. The reduced rate starts the first full month in one of these medical placements. The month the client is admitted (a partial month) PPS can receive the entire benefit. The \$30 is provided for the child's incidental expense for the month. Social Security must be notified, using GSO and form PPS-5928, when a youth enters and leaves a medical-type placement so the benefit can be adjusted. When in a medical placement for an entire month, if the SSI benefit is received by DCF at the full amount, the worker shall approve only \$30 of the benefit. Refer to the help menu of the WARDS application for details on approving deposits in WARDS.

D. SSI Balance Limits

Clients lose (aka suspension) SSI eligibility if their resources are over \$2,000. Resources for SSI purposes would include the total of balances in their regular and non-RD WARDS accounts (the “non-RD” account is where non-social security benefits are held (Excluding Stimulus monies). A balance in the dedicated account (lump sum benefits Social Security labels as “dedicated” are held in the dedicated account) do not count towards the \$2,000 limit. If a client’s SSI (SSA does not have a resource limit) WARDS balance is approaching \$2,000, regional office staff shall reduce the balance by deciding how to spend the money based on the needs of the client. Refer to PPM Section 5929 for information of how benefits can be spent. Refer to PPM Section 5928.E for information on PASS, an option to consider when the SSI client has no unmet needs so benefits cannot be spent down.

A report in WARDS called Balance Range (Reports |Clients | Client Balance Range) shall be run anytime a worker wants to know the balance of a client. The WARDS Finance Manager Administrator in PPS Administration runs this report monthly for clients who receive SSI and sends a copy to Social Security Administration and to each region.

~~Notify Social Security, using GSO and form PPS-5928, when a client’s account balance is:~~

- ~~1. Between \$1,250-\$2,000—add a comment to form PPS-5928 that Social Security will be contacted next month if the balance is not spent down.~~
- ~~2. Over \$2,000—add a comment to form PPS-5928 explaining when the balance will fall under \$2,000. Having the account over the limit may cause benefits to be suspended; Social Security will make that decision. If benefits are suspended, Social Security will let you know what needs to be done to reactivate the benefits once the WARDS account balance is back under the limit.~~

E. Conserving Funds

There are two ways to save Social Security benefits for a need of the beneficiary.

1. PASS (Plan for Achieving Self-Support) for Clients with SSI Balances
 - a. Qualifying

A PASS plan is appropriate when the following conditions are met:

- i. The client receives an SSI benefit; and
- ii. The client has all needs met; and
- iii. Their WARDS balance will exceed the \$2,000 limit within 90 days; and
- iv. The client has a plan for their future (i.e. attend college or start a business).

Money put into PASS is not considered as a resource when determining a client's eligibility for SSI. ~~Should a youth's resources exceed \$2,000 their SSI benefit could be suspended which results in a loss of benefit for the youth.~~ More information about PASS, and how to apply for it, can be found at [Plan to Achieve Self-Support \(PASS\)](#). The [PPS Eligibility Specialist](#) ~~WARDS worker~~ shall initiate discussions regarding a PASS with the DCF IL Coordinator and the CWCMP. The DCF IL Coordinator shall complete the needed form and documentation, making sure the [PPS Eligibility Specialist](#) ~~WARDS worker~~ has copies of anything submitted to Social Security.

b. If Approved

If the PASS is approved the [PPS Eligibility Specialist](#) ~~WARDS worker~~ shall do the following:

- v. Indicate on the Maintain | Clients screen the approved amount under SSI "Maintain Minimum Balance". This will prevent the WARDS system from using up to that approved amount to reimburse the agency for cost of care.
- vi. Send the request to the WARDS Finance Manager in DCF Payables when the PASS funds are needed by the client for their intended purpose.
- vii. Reduce the amount listed on SSI "Maintain Minimum Balance" by the amount of the purchased item.

2. Able Account

An ABLE Account allows an SSI recipient to save without losing their eligibility for SSI [WARDS \(ks.gov\)](#). Visit [Home | Kansas ABLE Savings Plan](#)

(savewithable.com) for more information on how to set up an account. Eligible individuals can open the account for themselves, or an authorized individual can open an account on their behalf. There are a few requirements that individuals with disabilities must meet to be able to have an account [Plan Benefits | Kansas ABLÉ Savings Plan \(savewithable.com\)](#). Contact the WARDS Administrator for approval prior to opening an ABLÉ Account.

3. Minimum Balance” for Clients with SSA Balances

Applying a “Maintain Minimum Balance” to a client’s SSA account in WARDS means that up to the amount determined for the identified need will not be used to reimburse DCF for expenses incurred while the client is in DCF custody. The reason for conserving funds needs to be carefully evaluated by the [PPS Eligibility Specialist](#) ~~WARDS worker~~ and the regional program administrator to determine if this is in the best interest of DCF and the youth in DCF custody.

A. Qualifying

- i. The client receives Social Security Act (SSA) benefits and no SSI benefits; and,
- ii. This need cannot be met through any other source.

B. Procedures

- i. Documentation – The [PPS Eligibility Specialist](#) ~~WARDS worker~~ shall obtain in writing from the region’s program administrator approval to conserve funds in WARDS. This documentation shall be kept in the WARDS financial file.
- ii. Maintain | Client Screen - On the Maintain | Client screen in WARDS, enter the amount to conserve as a “Maintain Minimum Balance” for SSA. DCF will not be reimbursed until this dollar amount is achieved in the WARDS account.
- iii. E-Mail the PPS Administration WARDS Finance Manager with expenses as they are needed for disbursement from the WARDS conserved funds.
- iv. Reduce the amount listed on “SSA Minimum Balance” by the amount of the purchased item.

F. Annual Accounting to Social Security Administration (Representative Payee Report)

When DCF is payee of a child's social security benefit, Social Security will mail yearly to DCF a Representative Payee Report which is filled out with the assistance of the Rep Payee Report in WARDS (refer to the help menu of the WARDS application for instructions on how to run this report). DCF shall use Social Security's on-line reporting site whenever possible to answer the questions asked on the Payee report. If the site is not available or attachments need to be sent with the report to explain certain answers, the Representative Payee Report shall be mailed in the envelope provided by Social Security.

Social Security's on-line reporting site can be found at [Internet Representative Payee Accounting Report](#). ~~Each DCF WARDS worker~~ [The PPS Eligibility Specialist](#) completing payee reports shall access the site and register for a userid and password. This userid and password are then used on the site to submit answers to Representative Payee Reports.

Please note that the on-line reporting site is different from the GSO account mentioned in PPM5928.A.1.

5929 WARDS - Benefit Management

This section contains information regarding events occurring while DCF is payee of a foster child's benefit. The DCF PPS Eligibility Specialist WARDS worker shall be familiar with the following information.

A. Approving Deposits and Expenses

1. Guidelines for Approving Deposits

DCF is eligible to receive a benefit deposit if the child was in DCF custody in an out of home placement at any time during the month. The following guidelines apply for determining how much of a benefit deposit can be approved.

- a. Return Home: Notify Social Security Administration via completion of an Edata Reporting Form (PPS 5928) and upload to GSO Website : [Government to Government Services Online Login \(ssa.gov\)](https://ssa.gov).

For the month a child returns home DCF Regional Office staff shall approve the entire benefit deposit for the month. Any benefit deposits received for months following a return home shall be disapproved.

- b. PRTF or Hospital Stay: Notify Social Security Administration via completion of an Edata Reporting Form (PPS 5928) and upload to GSO Website : [Government to Government Services Online Login \(ssa.gov\)](https://ssa.gov).

If a child is placed in a PRTF or Hospital Stay for the entire month, the state is only allowed to approve \$30 of the deposit for an SSI benefit. Other benefit types (SSA, VA, RR, etc.), do not have this limitation.

- c. OPPLA: Notify Social Security Administration via completion of an Edata Reporting Form (PPS 5928) and upload to GSO Website : [Government to Government Services Online Login \(ssa.gov\)](#).

Youth who achieve permanency through OPPLA are also released from custody. Any benefit deposits received the month of release shall be completely approved; any benefit deposits received the month after the release from custody shall be disapproved.

- d. Detention & AWOL: Notify Social Security Administration via completion of an Edata Reporting Form (PPS 5928) and upload to GSO Website : [Government to Government Services Online Login \(ssa.gov\)](#).

For SSI and SSA benefits, consult the local Social Security (SS) contact to determine if benefits can continue to be received. In some instances, social security benefits may continue while the child is in detention or is AWOL to be conserved for the child's return. Other benefits (VA, RR, etc.) can continue to be approved.

- e. Adoption subsidy pre-finalization: Notify Social Security Administration via completion of an Edata Reporting Form (PPS 5928) and upload to GSO Website : [Government to Government Services Online Login \(ssa.gov\)](#).

- i. For SSI benefit with IV-E funded adoption subsidy ONLY: Concurrent receipt of IV-E adoption assistance and SSI is permissible. Social Security will reduce the SSI amount by the monthly subsidy payment. The new adoptive parents may request to be payee.
- ii. For all other benefit types (SSA, VA, RR, OTH): The new adoptive parents may request to be payee of the child's benefit. If they choose to become payee, all Social Security deposits received after their request becomes effective should be disapproved and returned to Social Security or returned to the adoptive parent if the benefit is VA, RR, or OTH. A partial month offset may be approved from the deposit if the request became effective in the middle of a month.

f. Death:

In the case of death, an SSI check is payable for the month of death; any SSI checks received following the month of death shall be disapproved. For non-SSI beneficiaries, no check is received for the month of death, even if the child dies on the last day of the month. Disapprove any check received for the month of death or later for non-SSI benefits.

Notify Social Security Administration via completion of an Edata Reporting Form (PPS 5928) and upload to GSO Website : [Government to Government Services Online Login \(ssa.gov\)](https://ssa.gov).

1. Guidelines for Approving Expenses

All foster care expenses paid out through SCRIPTS shall be approved in the Handbook for Client Purchases (see PPS website). This includes adjustments, negative or positive, to previously paid amounts. The system automatically considers whether an expense exceeds the amount of SS benefit for the month in order to allow or disallow the expense to be reimbursed to DCF. The following guidelines apply when approving expenses in WARDS.

a. If no expenses display for the month, consider: No expenses displayed: If expenses are not showing up for a child, check the following:

- a. Has an initial deposit for the child been approved? Approving the first deposit of a child's WARDS account allows expenses to be loaded.
- b. Is there an approved deposit for the time period in question? Only expenses involved in the service dates of an approved deposit will appear in WARDS.
- c. Do the Rep Payee start/end dates (on the Maintain | Clients screen) include the months missing from the expense page? The Rep Payee start/end dates indicate when a case is active; even if a deposit is

approved, if the Rep Payee dates do not include the deposit's service month(s), the expenses will not load.

- d. Any ~~If there is a~~ minimum balance populated on the Maintain Clients window? ~~will need removed so~~ ~~If needed, remove the minimum balance~~ so expenses will display.

A. Monitoring Account Balances

By the 15th of each month, the PPS Eligibility Specialist ~~WARDS~~ Worker shall run the following reports to check balances on their cases:

1. Inactive Client List with Balance – This report provides a list of clients and their balances that do not have an open rep payee episode. Workers shall contact the WARDS Accountant to close any cases with a balance where DCF is no longer the Representative Payee.
2. Client Balance Range – This report provides a list of client balances falling within the filters applied. To check balances of clients who receive SSI, check the box “Only Clients Receiving SSI Benefits” and apply a filter where total balance is between \$2,000 - \$100,000. Workers shall look for ways to spend down the balance before the 1st of the next month.

C. Purchases Made from the WARDS Account

Any personal item the beneficiary needs can be purchased with money in a WARDS account once the client's cost of care has been paid (calculated by the WARDS system) and the item is not covered under the Foster Care Reintegration contract.

1. Waiving Cost of Care Reimbursement

Reimbursing DCF for cost of care can be waived by ~~the regional office program administrator~~ **the WARDS Administrator** should an extenuating circumstance exist, such as no other source is available to pay for a needed item. **PPS Eligibility Specialist** ~~workers~~ shall ~~document~~ **journal** this exception and approval in the WARDS **System** ~~financial file~~. (Refer to 5928.E.2 for details on conserving funds.)

2. Receipts and Approved Items

Receipts for purchased items are required. Benefits should be used only for items the client can take with them from placement to placement. Following are examples of personal items for which WARDS funds could assist **as reflected in the Guide for Representative Payees found at:**

http://srsshare.srs.ks.gov/PPS_EU/Foster%20Care%20Documents/WARDS%20and%20Social%20Security/SOC%20SEC%20REP%20PAYEE%20GUIDE.pdf

- a. clothing – coats, caps, gloves, swimming suits, shoes, or uniforms for school
- b. therapeutic equipment (if recommended by a doctor and not covered by any other source) – hearing aids, glasses, walkers, book holders, or wheelchairs
- c. health and hygiene items – cosmetics, dermatology treatments, or cosmetic dental treatments
- d. room furnishings – rugs, curtains, bedding items, pictures, posters, mirrors, or clothes hamper
- e. transportation – mileage or bus pass to visit family, go to amusement parks, State fairs, or summer camps
- f. hobby items – art supplies, photo albums, or cameras
- g. school items – supplies, class fees, activity tickets, yearbooks, instrument for school band or orchestra
- h. convenience items – tv’s, clocks, watches, iPods, Kindles, iPads, or laptops
- i. miscellaneous items – magazine subscriptions, telephone expenses for out of town calls, restaurant meals, or reasonably priced holiday present for the child to give.

Items the client cannot take with them when they move, or are not consumed by the client, shall not be purchased with WARDS account money. This would include, but is not limited to, anything built in, such as a wheel chair ramp, a dishwasher, wall-to-wall carpeting, or bus ticket for a family member. Reasonably priced holidays gifts for the client to give are the exception to this rule.

3. How to Make a Purchase

a. Choose a Method

Upon receipt from the CWCMP for a purchase request, the PPS Eligibility Specialist WARDS worker shall explain to the case manager the following options:

- i. The CWCMP, an agency, or an individual may purchase the item(s), and upon submission of the receipt(s), **reimbursement will be made only to the CWCMP.** Case managers The PPS Eligibility Specialist WARDS worker should ensure there is money available in the child's WARDS account prior to making the purchase.

NOTE: PPS Eligibility Specialist WARDS workers should impose a 'minimum balance' on the child's account when receiving a request from the case manager to reserve funds for a purchase. (See the WARDS User's Manual, located in the help menu of the WARDS application, for details on how to place a 'minimum balance' on an account.)

- ii. An allowance (limited to \$100 or less) is given to the client. The check will be made out to the client; the client and case manager (see NOTE 2) will need to sign the PPS 5929 acknowledging receipt of the check. Describe

what the client plans to purchase with the allowance on the PPS 5929.

NOTE 1: If the client is unable to sign for a check due to age or disability, this method should not be used. Use method C.3.a.i described above.

NOTE 2: Whoever hands the check over to the client needs to sign in the 'case manager' field on the PPS 5929. This could be someone else with the CWCMP agency or from DCF.

NOTE3: If the client is signing something other than the PPS 5929, the paper must contain the following information: client's name, the amount received, the intended purchase(s), the date the check was received, the case manager's signature (see NOTE 2), and the beneficiary's signature.

iii. A gift card is purchased for the client. Gift cards have the same requirements as an allowance—they are limited to \$100 or less and the case manager and client will need to sign the PPS 5929 acknowledging receipt of the gift card.

Any exceptions to these purchasing options purchases must be approved by the WARDS Program Administrator prior to a purchase being made. Documentation of the exception request and approval shall be through e-mail correspondence which will be saved with the completed PPS 5929 WARDS Account Spending Request form.

b. Request a Check

To request a check from WARDS, the PPS Eligibility Specialist WARDS worker shall complete the PPS 5929 WARDS Account Spending Request and e-mail the form to the WARDS mailbox at DCF.WARDS@ks.gov the WARDS Accountant, in DCF Payables unit, along with any receipt(s), if applicable. Receipts and/or client signatures are required for any purchase request.

D. Child Support Services Involvement

When a child receives benefits based on a parent's disability or retirement (regardless of whether the Social Security Administration or a private insurance company is the payer), the benefit can be applied to that parent's child support order, if one exists. Refer to the WARDS User's Manual, located in the help menu of the WARDS application, for details on how this process works within the WARDS system.

1. Legal Justification

From the case *Andler v. Andler*, it was determined disability or old age benefits "constitute a satisfaction of a child support order when paid to the divorced mother for the benefit of the minor children." [*Andler v. Andler*, 217Kan.538 (1975).] When the child is in DCF custody and DCF is payee of that benefit, the same applies.

2. Amount Child Support Services Can Receive

Child Support Services (CSS) is entitled to credit the parent's account the lesser of the total amount of the monthly accruing Child Support Order or the amount received from SSA, VA, or Railroad Retirement. CSS is responsible for crediting the parent for the support provided to the child.

E. Youth Over 18 Who Remain in Custody

Youth over 18 who remain in custody and out-of-home placement can become their own payee, but the youth must sign their benefit check over to DCF to be deposited into the WARDS account as recovery of their cost of care. Youth who are not able to manage their own benefit money should not become their own payee. This is a decision to be made by staff at the agency issuing the benefit.

F. Returning Money Held in WARDS

When a child in DCF custody is no longer in out-of-home placement and DCF should no longer be payee, the client's WARDS account shall be closed, meaning the balance brought to zero. The following are the responsibility of the PPS Eligibility Specialist ~~WARDS Worker~~:

1. Inform Issuing Agency – For Social Security benefits, the PPS Eligibility Specialist ~~WARDS worker~~ shall inform Social Security, via GSO and Form 5928, of the child's new placement. For Veterans Administration or the Railroad Board, phone or e-mail your contact of the child's new placement.
2. Last month of expenses – Approve/disapprove all pending deposits and expenses. Expenses appear in WARDS the month following the month they occur; the PPS Eligibility Specialist ~~WARDS worker~~ will need to wait until the month following the closure month to approve/disapprove all expenses.
3. Close Rep Payee Period – Enter a Rep Payee closure date on the Maintain | Client screen in WARDS.
4. Notify WARDS Accountant – Send a completed PPS5927 CLOSE OUT WORKSHEET PPS5927B NEW an e-mail to the WARDS mailbox at DCF.WARDS@ks.gov ~~WARDS Accountant~~ letting them know the following:
 - a. To Whom the Check should be made out following these guidelines:
 - i. Social Security benefits – Balances shall be paid to Social Security within 30 days of DCF no longer being payee. Social Security will then review the case and if in agreement, forward that balance to the new payee. Note, SSA does not always agree with the remaining balance due to the youth and in some instances an overpayment may be determined. In special circumstances, Social Security may permit DCF to transfer conserved funds directly to a new payee or to a capable beneficiary, if it serves the best interest of the beneficiary. The PPS Eligibility Specialist ~~WARDS worker~~ must request approval from the WARDS Administrator and Social Security to transfer the balance directly to a new payee or

beneficiary. Social Security will approve such transfers on a case-by-case basis.

- ii. Veterans, Railroad, and other benefits – Balances shall be sent to the new payee responsible for the child's day-to-day care.

b. Where the check should be sent

~~c. Why the account is closing~~

d. New address of client

~~e. The date the client reached permanency (DCF no longer payee)~~

f. Client's name

g. Client's ID#

~~h. Client's SSN~~

6111 Eligibility Requirement for Children for Permanent Custodianship Subsidy

Permanent custodianship subsidy may be considered if one of the following is met:

1. The child is age 14 and over, or
2. The child is part of a sibling group being placed together and one child is age 14 and over, or
3. The child has an approval for an exception from the Director of Prevention and Protection Services or designee for other extenuating circumstances making adoption not a reasonable option.

A. Permanent custodianship subsidy ends when:

1. a child is 18 unless still in high school, then the PCS may continue until the youth graduates or turns 21, whichever is first,
2. the child becomes emancipated, dies or otherwise ceases to need support,
3. the child no longer resides with the permanent custodian,
4. or the permanent custodian fails to complete and return the annual review.

B. The permanent custodianship subsidy is not an entitlement program and the child must meet all of the following criteria:

1. be in the custody of the Secretary of DCF with or without parental rights terminated at the time permanent custodianship is established;
2. a court order appointing a permanent custodian;
3. not receiving SSI, and

~~4. the permanent custodian meets eligibility to receive TAF as defined by EES (KEESM 2220 - Living with a Caretaker).~~

—C. At the time of exit, enter the Legalization Date. Enter Guardianship and Custodianship Completed By, GUCU/Child Relation, Family Structure, Siblings in Gu/Cu Home, and Primary and Secondary individual demographic information as indicated on the PPS 6185 form.

Children who are living with a guardian established through K.S.A. Chapter 59 (probate court) are not eligible for PCS.

6112 Type of Support and Amount of Permanent Custodianship Subsidy

A. Maximum Monthly Subsidy Payment

The maximum monthly subsidy payment cannot exceed \$300, for permanent custodianships granted on or after 7-1-06. It may be adjusted lower depending on the income and resources of the child. Children shall not receive subsidy if their countable income exceeds \$300 per month. Once the subsidy amount is established it does not change unless there is a change in the child's circumstances.

B. Medical Card

The medical card can be authorized as part of the Permanent Custodianship Subsidy (PCS) approval process.

When the approved PPS 6155 and PPS 6160 are received by the provider, the provider shall work with the family to submit their application to the Clearinghouse. This shall include:

1. PPS 6155, Referral for Payment, with signed approval from the PPS Administration PCS Program Manager, and
2. PPS 6160, Permanent Custodian Subsidy Agreement, with signed approval from the PPS Administration PCS Program Manager, and
3. The Journal Entry showing the date stamp of the Permanent Custodianship
4. Assisting the family in assuring the KanCare paper application is submitted by mail or by fax to KanCare. The following statement shall be hand-written on the top of the paper application, "Foster Care returning home, is Permanent Custodianship".
5. Refer to the KEESM manual, Appendix A, which outlines documents required to prove citizenship and identify.

Kan Be Healthy Screens and all Medicaid rules are applicable.

The parent's family health insurance is applicable if parental rights are not terminated. Custodians are expected to include the child on their family medical insurance plans, if the coverage is available. If the permanent custodians move to a different state, the Kansas medical card shall be closed. The permanent custodian will need to apply for medical coverage in the state of residency. A medical card may or may not be issued for the child in that state.

C. Income and Resources of the Child

The relative and non-relative custodians may apply for Temporary Assistance to Families (TANF) on behalf of the child. EES will exempt the subsidy payment in determining the TANF benefit amount. All other applicable income for the child will be considered in determining both the subsidy and TANF payment.

Disregard \$186.00 per month of the child's income when determining eligibility for permanent custodianship subsidy.

Income to consider shall include but is not limited to:

1. Social Security Survivors Benefits (SSA);
2. Social Security Disability Insurance (SSDI);
3. Child Support;
4. Income for the child from a trust or annuity
5. Other benefits, e.g. railroad or veterans benefits.

Permanent custodians are expected to apply to be the payee for benefits on behalf of the child. If parental rights are intact, parents may need to agree to the transfer of payee. The amount of benefits affect the amount of subsidy and TANF payment.

6113 Exempt Income and Resources for Permanent Custodianship Subsidy

The following income and resources shall be exempt in determining eligibility for PCS:

- A. earned income of the child;
- B. inaccessible trusts of the child;
- C. income and resources of the permanent custodian and spouse;
- D. income and resources of the parent;
- E. TAF benefits received for the child.

6114 Eligibility Determination for Permanent Custodianship Subsidy

A limited amount of permanent custodianship funds are available. Prior approval from PPS Administration must be obtained before entering into a custodianship subsidy agreement with an individual or family.

A. The Child Welfare Case Management Provider shall:

1. Submit the PPS 6150 Request for Permanent Custodianship Subsidy, a letter from the prospective permanent custodian explaining why they want to be the custodian, and a letter from the child (if age 14 or over) confirming they are in agreement with the plan and the PPS 6185, Guardianship, Permanent Custodianship Permanency AFCARS Data form to the PPS Permanent Custodianship Specialist and the Regional DCF Office.;
2. After approval is received, complete the PPS 6160, Permanent Custodianship Subsidy Agreement, with the custodian (the custodian signs the agreement and DCF will sign when it is submitted to Prevention and Protection Services):
3. Obtain a copy of the Journal Entry of Permanent Custodianship or Letter of Custodianship from the court;
4. Determine that other applicable requirements are met;
5. Complete PPS 6155, Referral for Payment;
6. Submit all the above to the Regional DCF Office
7. Notify the Regional DCF Office staff if they become aware there is a change in address of a custodian.

7223 Subsidy Rates

- A. The maximum amount of subsidy for room and board is ~~\$700.00~~ 1,100 per month. Most plans are less than this as the amount offered will depend on the youth's income and resources. Earnings and social security, or SSI payments, are deducted in computing the amount of subsidy needed. Social Security or SSI payments and other public benefits will be considered in determining any subsidy offered to the young adult so that benefits are coordinated. The IL Coordinator shall discuss reporting of income and possible consequences of accepting subsidy on other benefits. The amount provided in subsidy will be reevaluated whenever the youth's situation changes or at a minimum of every six months. The subsidy provided for room and board is used to supplement the youth's earnings and to provide a minimum safety net while transitioning the youth to self-sufficiency. Room and board may include, but are not limited to, costs related to housing, food, transportation, hygiene items, cell phone, expenses shown in the PPS 7000A.
- B. The intent of the initial Independent Living subsidy for Room and Board is to match the Federal Poverty Level (FPL) to the extent possible, given the annual budget allocation available, to assist young adults in the transition from foster care to adulthood.
- C. Independent Living subsidy shall be provided on a tiered approach to help youth work towards self-sufficiency as they participate in the Independent Living program.
1. Tier 1: Months 1-12 100% of subsidy based on need (PPS 7000A)
 2. Tier 2: Months 13-18 90% of initial subsidy amount
 3. Tier 3: Months 19-24 80% of initial subsidy amount
 4. Tier 4: Months 25-36 70% of initial subsidy amount
- D. A youth's maximum subsidy is determined based on need, and subsequent tiers are derived from the maximum subsidy amount. However, due to a change in the youth's circumstances, the Independent Living Coordinator (ILC) may determine an upward adjustment in tiers is necessary to meet the youth's needs. The ILC shall document the basis for change on the PPS 7300 Independent Living Case Determination form.
- E. If a case is closed prior to age 21 after having received subsidy and the youth indicates a need for subsidy to be reopened, the starting tier will be determined based upon current need and resources.

7913 Other Payments for IL Youth

Payments may be made to support IL youth in their educational and training plan as determined by the Case Plan. Payments may also be made to support IL youth in their educational and employment plan, and mentors who receive a \$50.00 per month mentor fee, as determined by the Case Plan. For program information about mentors see PPM 7280.

There are some instances where payments for these services and/or goods will be made directly to the youth. When payments are made directly to the youth for services and/or goods, the youth shall provide a receipt of purchase or payment with a copy of the receipt to be kept in the DCF file for documentation. Purchase of Foster Care Transition Support services shall be accompanied by a written lease between the youth and foster family, specifying the beginning and end date of the service and agreement of the family to give the youth 30 days' notice before terminating the lease. See PPM 7212.

These payments shall be generated using the case and client numbers from a youth's KEES case. Payments shall be made using the vendor payment process (see the Handbook for Client Purchases for details on purchasing procedures). Payments shall be made using the following accounting codes:

1. IL Expenses and Mentor Fees: Speedchart ISD27812 and the appropriate INF45 code.
2. ETV Program: Speedchart ISD27821 and the appropriate INF45 codes.

An INF45 code listing can be found in the instructions for the PPS 2833 Client Purchase Agreement form. Definitions for INF45 codes for Youth IL Chafee Program Code 27812 and Youth IL ETV Program Code 27821 can be found at <http://dcfnet.dcf.ks.gov/Ops/FM/Pages/INF45.aspx>. Click on PPS Definitions.

For ETV, there is a ~~\$6,250~~ 5,000 all funds limitation per case planning year on expenses. ~~This is the federal maximum of \$5,000 and state match of \$1,250, for a total of \$6,250 per year.~~ Monthly tracking and reporting of individual youth expenses may be found on the Self-Sufficiency Information System and at the PPS SharePoint web site in the PPS Finance and Allocations section. Eligible students may receive ETV funds for a maximum of five years, whether or not the years are consecutive. Youth are eligible until they turn 26 years of age.

All youth applying for the Foster Care Tuition Waiver Program shall submit their application directly to the educational institution (financial aid department or registrar). See PPM 7260 Foster Child Education Assistance Act for program details.

10210 Contacts During the Investigation

A. Reasonable Efforts to Determine Safety

K.S.A. 39 – 1433(2) requires a face to face visit with the Involved Adult (IA). Telephone or letter contact is **not** sufficient. The face to face visit shall be made within the assigned response time to assess the Involved Adult's safety. Reasonable effort is made if the APS **Protection** Specialist attempted to contact the Involved Adult in a location where it is reasonable to expect the Involved Adult to be found. If the APS **Protection** Specialist is able to locate the Involved Adult, the face to face visit shall be made within the assigned response time. The APS **Protection** Specialist shall attempt at least two (2) times to locate the Involved Adult. The two (2) attempts must be made **in person and** within the assigned response time.

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

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

1. Unable to locate Involved Adult;
2. Involved Adult has left the state;
3. Referred to Law Enforcement and APS **Protection** Specialist has been directed by law enforcement or the county/district attorney not to proceed;
4. After two unsuccessful attempts to locate the Involved Adult.
5. If the Involved Adult refuses contact and/or refuses to cooperate.
6. Involved Adult fails to keep scheduled appointments;
7. Natural or man-made disasters which create conditions that make it unsafe to get to the Involved Adult. Attempt to contact as soon as conditions permits. If the immediate safety of the adult needs to be assessed, contact law enforcement to request assistance;
8. The Involved Adult is deceased.

C. Initial Contact/Safety Determination of the Involved Adult

Initial contact with the Involved Adult shall be made within the time frame assigned on the intake and in accordance with KSA 39-1433(a). During the interview with the Involved Adult the APS **Protection** Specialist shall:

1. Gather information in regard to the allegations contained in the report;
2. Assess the safety/risk of the Involved Adult;

3. Obtain information regarding any current services the Involved Adult is receiving from community agencies or more informal providers, such as family or friends;
4. Advise the involved adult the APS Protection Specialist is required to contact law enforcement if the APS Protection Specialist suspects a crime has occurred. If contacting law enforcement may increase the risk to the Involved Adult, discuss options with the supervisor prior to notifying law enforcement.
5. Provide the Involved Adult the Client Rights brochure, PPS 10205, if the allegation is self-neglect or the PPS 10208 for all other allegations and document in KIPS.

If APS Protection Specialist did not provide the appropriate brochure during the initial face to face contact, the brochure can be mailed, using the reported address or last known address of the Involved Adult or provided to them on a subsequent visit.

If the APS Protection Specialist is not able to make face to face contact with the Involved Adult and the address of the Involved Adult was provided in the report, the appropriate Client Rights brochure shall be mailed to the Involved Adult at that address.

If the reporter did not provide the address for the Involved Adult and the APS Protection Specialist has not been able to obtain an address, this information shall be documented in KIPS as the reason the Client Rights brochure was not provided to the Involved Adult.

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

D. Use of Authorized Collaterals for Safety Determination

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

Authorized collateral may be any one of the following:

1. Another DCF Protection Specialist
2. A law enforcement officer
3. Director of Nursing, Charge Nurse, or Licensed Social Worker for reports of abuse, neglect, and exploitation occurring when an Involved Adult is residing in a long-term facility.

4. Director of Nursing, Charge Nurse, or Licensed Social Worker for reports of abuse, neglect, and exploitation when the Involved Adult has been admitted to the hospital and/or a psychiatric hospital.

Once safety has been ascertained by one of the above collaterals, the assigned APS **Protection** Specialist shall follow up with the Involved Adult as soon as possible.

A. Contacting the Guardian/Conservator

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

1. If the APS **Protection** Specialist is unable to make contact with the guardian/conservator after making diligent efforts, and further efforts to do so would cause the initial contact with the Involved Adult to not be made within the required time frame, the APS **Protection** Specialist may proceed with face to face contact with the Involved Adult. If the guardian/conservator was not able to be contacted prior to the initial contact with the Involved Adult, the APS **Protection** Specialist shall continue to make diligent efforts during the course of the investigation to contact the guardian/conservator.
2. If the APS **Protection** Specialist does not find out until after contact is made with the Involved Adult there is a guardian/conservator, the guardian/conservator shall be notified after initial contact.
3. If the guardian/conservator is named as the alleged perpetrator the APS **Protection** Specialist shall contact their supervisor or legal for advice on how to proceed.

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

APS **Protection** Specialist shall:

1. Review the associated intake for additional information and address any new concerns not investigated in the original investigation.
2. Document activities in the investigation record.
3. Review the associated intakes(s) with supervisor or designee at case finding.

C. Death of Involved Adult during Investigation

When a report has been assigned and the Involved Adult dies following assignment of the report of abuse, neglect, or financial exploitation, the investigation shall be continued in the following instances:

1. The death may be related to the allegation, and the allegation was not self-neglect;
2. Collaterals or Alleged Perpetrator were interviewed by APS or law enforcement (or both) and a finding can be made;
3. Documentation (e.g. law enforcement, medical, banks) was obtained and a finding can be made or;
4. The Alleged Perpetrator was in a position of trust to the Involved Adult (e.g. Power of Attorney, Durable Power of Attorney, and Guardian/Conservator) or is employed as a caregiver.

The APS **Protection** Specialist shall also follow procedures for reporting critical incident (PPS 10212) upon learning of the death of the Involved Adult for reason which could be related to abuse/neglect at any time following case assignment.

10300 Case Findings

All case findings shall be staffed with a supervisor, regional assistant program administrator (APA) or designee and a finding made within thirty (30) or sixty (60) working days. Cases involving Abuse, Neglect and Self-neglect shall have findings completed within thirty (30) working days of the case assignment. Cases assigned for financial exploitation shall be made within sixty (60) working days of the case assignment.

A. Types of Findings:

1. The standard of evidence applied to all case findings is clear and convincing. Clear and convincing evidence is defined as the evidence which shows the truth of the facts asserted is highly probable.
 - a. Unsubstantiated – The facts or circumstances do not provide clear and convincing evidence to meet the K.S.A. definition of abuse, neglect, or financial exploitation.
 - b. Substantiated – The facts and circumstances provide clear and convincing evidence to conclude the Alleged Perpetrator's actions or inactions meet the K.S.A. definition of abuse, neglect, or financial exploitation.
2. In the rare event where there is clear and convincing evidence that the abuse/neglect/financial exploitation did occur but the evidence to substantiate on the Alleged Perpetrator is not clear and convincing, a substantiated finding can be made without an identified perpetrator.

B. Law Enforcement Involvement:

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

C. Allowable late finding reason:

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

ongoing criminal investigation, the time period for the investigation shall be extended, but the investigation and evaluation shall be completed within ninety (90) working days from the date of assignment.

2. If a finding is made prior to the conclusion of the criminal investigation, the investigation and evaluation may be reopened, and a new finding made based on any additional evidence provided as a result of the criminal investigation. A new finding (PPS 10300) shall be sent to the Alleged Perpetrator and Due Process shall be followed.

10315 Corrective Action Plans

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

A. Corrective Action Plan:

1. A CAP shall have final approval by the Regional APA, Program Administrator and/or Deputy Director prior to presenting the CAP to the alleged perpetrator (ALP) for signature.
2. A CAP shall be implemented and signed by the ALP **prior** to the finding of the investigation being completed.

~~A Corrective Action Plan (CAP) may be offered when prior to the finding, and the allegation is financial exploitation.~~

~~DCF legal agrees the finding is going to be substantiated, and the name of the Alleged Perpetrator would be added to the Adult Abuse, Neglect, and Exploitation (ANE) Central Registry if a CAP were not implemented and completed.~~

~~3. A CAP may be offered on a case by case basis, after consulting with the Adult Protective Services (APS) Supervisor and other Regional staff as appropriate must be approved by the Regional APA, Director and Deputy Director of APS.~~

3. The incentive for an Alleged Perpetrator to complete the CAP is his/her name will not be placed on the Adult ANE Central Registry and the finding will be amended from substantiated to unsubstantiated **after all funds have been repaid to the Involved Adult or designee.**
4. Corrective Actions Plans are individualized plans which shall be written with input from the Involved Adult and the Alleged Perpetrator.
5. A CAP may only be used for the purpose of restoring money or property.

B. A Corrective Action Plan is **not available** to an Alleged Perpetrator who is:

1. Employed by a Community Developmental Disability Organizations (CDDO) or an affiliate; or
2. A paid Medicaid provider. This includes Home and Community Based Services waiver attendants, employees of community service providers (CSPs), and Residential Care Facility or Adult Family Home staff.

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

1. If the Alleged Perpetrator is able to pay the money back;
2. If the financial exploitation deprived the Involved Adult of needed goods and/or services;
3. If the Alleged Perpetrator acknowledges why his/her action were was exploitative or abusive;
4. If there have been no prior instances of substantiated Abuse, Neglect, or Financial Exploitation on the part of the Alleged Perpetrator.

D. To initiate a CAP, the APS Protection Specialist shall:

1. Determine what the needs are (for example, money or property to be restored).
2. Designate a timeframe for completion of the CAP. If the timeframe will exceed six (6) months, prior approval will be needed from the APS Program Administrator and Deputy Director. Document approval in the investigation record KIPS notes.
3. Complete the PPS 10250 (CAP) with the Alleged Perpetrator.
4. Establish a schedule for the Alleged Perpetrator to provide documentation to the APS Protection Specialist or designee. It is the Alleged Perpetrator's responsibility to provide proof of repayment documentation. Failure by the ALP to provide documentation may result in termination of the CAP plan.
5. The location of the payments by the ALP will be identified in the CAP. DCF cannot accept direct payments.
6. Scan Upload a copy of the PPS 10250 into the notes section of the KIPS record and document all contacts, letters, and other documentation provided by the Alleged Perpetrator.
7. Have a parent or guardian sign the PPS 10250 if the Alleged Perpetrator is under age 18 or if the Involved Adult has a guardian.
8. Provide a copy of the PPS 10250 to the Abuse Neglect and Exploitation Unit in the Attorney General's Office and to law enforcement within ten (10) working days of the completing the PPS 10250.
9. Review the CAP every thirty (30) days for compliance and document proof of repayment in the investigation record KIPS notes.

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

1. Within five (5) working days, complete and send the PPS 10315, Notice of Termination of Corrective Action advising the Alleged Perpetrator of the outcome of the CAP.
2. Amend the finding to unsubstantiated and the ALP's his/her name will not be placed on the Adult ANE Central Registry.

3. Provide a copy of the PPS 10315 to the Abuse Neglect and Exploitation Unit in the Attorney General's office and law enforcement.
 4. Scan Upload a copy of the PPS 10315 into the notes section of the investigation KIPS record.
- F. If the Alleged Perpetrator fails to complete the CAP, the APS Protection Specialist shall:
1. Within five (5) working days of the decision to terminate the CAP, complete and send the PPS 10315, Notice of Termination of Corrective Action, to the Alleged Perpetrator.
 2. Within five (5) working days of the decision to terminate the CAP, send the PPS 10315 to the ANE Unit in the Attorney General's office and the appropriate law enforcement agency.
 3. Scan Upload a copy of the PPS 10315 into the KIPS investigation record and document in KIPS.
 4. After the appeal period has elapsed and the ALP has not submitted a request for fair hearing, submit the PPS 10310 to the designated APS Adult ANE Central Registry designee and upload to the investigation record.
- G. If the Alleged Perpetrator does not complete the CAP within the agreed upon time frame, they may still pay the remaining balance of the funds and/or property. This payment shall be made prior to the deadline to request a fair hearing to appeal the substantiated finding and placement of the name on the Adult ANE Central Registry.

10330 Request for a Fair Hearing

K.S.A. 75-3306 mandates Department for Children and Families (DCF) provide a fair hearing “to any person who is an applicant, client, inmate, other interested person or taxpayer who appeals from the decision or final action of any agent or employee”. The fair hearing will be conducted in accordance with the Administrative Procedure Act, K.S.A. 77-501, et seq.

DCF fair hearings are conducted by the Office of Administrative Hearings (OAH). The Director of OAH assigns an appeal case number and a Presiding Officer to each request for fair hearing received.

If an appeal has been filed, the name of the alleged perpetrator for whom a substantiated finding has been made shall not be placed onto the Adult Abuse, Neglect, Exploitation **Central** Registry until the final decision upholding the substantiated finding has been made.

The alleged perpetrator has 30 days from the date of the Notice of Agency Decision (PPS 10300) to request a fair hearing. By statute, an additional three (3) days is added to the time allowed to file the request if the Notice of Agency Decision was mailed to the alleged perpetrator.

A. Requests for Fair Hearing:

1. A request for fair hearing shall be in writing and shall be submitted to either DCF or the Office of Administrative Hearings (Per K.A.R. 30-7-68 Appeals, Fair Hearings, et al.).
2. Submitted to DCF means the request is received by any DCF employee at any DCF office.
3. If the request for a fair hearing is initiated on a perpetrator under the age 18, it must be signed by the parent or guardian.

B. When the written request for fair hearing is submitted to DCF **the APS Protection Specialist or Designee shall:**

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

Office of Administrative Hearings

Mail: 1020 S. Kansas Avenue, Topeka, KS 66612

Fax: 785-296-4848

Email: oah@ks.gov

3. ~~The APS Specialist shall Review the KIPS investigation record to determine if the request has been received within 30 days after the date the Notice of Agency Decision was provided to the alleged perpetrator in person or 33 days if the Notice of Agency Decision was mailed.~~
4. ~~APS Specialist or shall Promptly provide notice of a request for a fair hearing to DCF regional attorney and indicate if the request was or was not received within the time frames in B.3.~~
5. Within one working day of receipt, request for a fair hearing shall be documented and attach the request in KIPS the investigation record. and a copy of the request placed in KIPS.
6. Within one working day of receipt, add the appeal to the investigation record in the Allegations Chapter to stop the ALP's name from automatically being entered onto the Adult ANE Central Registry during the appeal process and/or until OAH has made a final determination.

10331 Agency Response to a Request for Fair Hearing

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

A. Reviewing Request for Fair Hearing:

1. Each Region shall designate a reviewer. The designated reviewer shall be a Regional Attorney or designee. The Regional Attorney or their designee shall provide a recommendation to the APS Protection Specialist as to whether to uphold, modify, or reverse the action in question.
2. If the request for a fair hearing has been filed timely, the APS Protection Specialist shall provide a copy of the request to the Regional Attorney or designee.
3. The Regional Attorney or their designee shall promptly notify the APS Protection Specialist in writing of their recommendation.
4. The APS Protection Specialist and Supervisor, taking into consideration the recommendation of the Regional Attorney or their designee, shall review the investigation record, including the finding, to determine if facts warrant upholding, modifying or reversing the original finding.

B. If the agency decision is modified or reversed, the APS Protection Specialist or designee shall:

1. Send an amended Notice of Agency Decision (PPS 10300) to:
 - a. the Alleged Perpetrator,
 - b. Law Enforcement,
 - c. Abuse Neglect and Exploitation (ANE) and Medicaid Fraud and Abuse Division (MFCU) Units of the Attorney General Office, and
 - d. Quality Management Specialist mailbox: KDADS.CSSPRC@ks.gov or KDADS.MHPRCReports@ks.gov.
2. Notify the Involved Adult and/or guardian /conservator (if applicable) of modified agency decision using the PPS 10320B.
3. If applicable, send an amended PPS 10340 to the chief administrative officer of the KDADS licensed agency/facility at which the ANE abuse/neglect occurred. and to the Quality Management Specialist mailbox: KDADS.CSSPRC@ks.gov.

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

If the Alleged Perpetrator works, resides, or volunteers in a foster home regulated by DCF, indicate in the subject line of the email "this is a reversal of substantiated finding on a person who works, resides, or volunteers in a foster home regulated by DCF."

7. ~~Scan~~ Upload a copy of any amended PPS 10300, 10320B, and 10340's along with all notices sent to the above applicable parties to the investigation record. of the amended PPS 10300 and, if applicable, the PPS 10340 into the KIPS record.

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

1. The appeal shall remain pending until the Appellant submits a signed, written statement withdrawing the appellant's request for fair hearing. If the Appellant fails to timely submit a signed, written statement withdrawing the request for fair hearing, the hearing officer may dismiss the request for fair hearing.

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

1. Prepare the appeal summary which has been ordered by the Administrative Hearing officer.

2. ~~Mail or fax~~ Upload one copy of the appeal summary and attachments to the OAH e-filing system <https://oah.ks.gov/Account/Login> Presiding Officer and mail one copy of these documents to the Appellant or their representative if they have not signed up in the OAH e-filing system within fifteen (15) days of receipt of the fair hearing request. ~~If the documents are more than twenty (20) pages, they shall be mailed to the Presiding Officer.~~
3. Provide a copy of the appeal summary and attachments to the Regional Attorney if applicable.
4. Scan a copy of the appeal summary, into the notes section of the KIPS investigation record along with any additional documentation throughout the appeal period.
5. Continue to monitor the OAH e-filing system for uploaded documentation and communication regarding the status of the appeal throughout the appeal process.

10345 Actions Following Final Decision

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

- A. A decision is final when the time for further appeal has expired or the ruling at the highest level of appeal has been rendered.
 1. When the final decision is to reverse the substantiated finding, the APS Protection Specialist or designee shall follow procedure outlined in PPM 10331 (B).
 2. When substantiated finding decision is affirmed, the APS Protection Specialist or designee shall:
 - a. If applicable, send the PPS 10360 to state regulatory agency through which perpetrator is licensed/registered, if the perpetrator is a licensed, registered, or otherwise authorized service provider in this state.
 - b. Document and Upload scan a copy of the final ruling from Office of Administrative Hearings into the investigation record KIPS.
 - c. Review the investigation record Participant Chapter - alleged perpetrator participant to ensure all data fields have been completed and have accurate information, to include the DOB, SSN, spelling of name, etc.
 - d. Set the allegation status to complete in the investigation record under the Allegation chapter in KIPS.
 - e. Submit the PPS 10310 to the designated APS Adult ANE Central Registry contact and upload to the investigation record.

CARE Provider Evaluation Referral

In rare situations when parents or caregivers do not consent to the usage of the IRIS Referral System, or when concerted efforts to obtain consent from parents or caregivers have been unsuccessful, this referral form may be used.

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

The Integrated Referral and Intake System (IRIS) is not being utilized for one or more of the following reasons:				
<input type="checkbox"/> Parent and/or caregiver does not consent to usage of the IRIS Referral System				
<input type="checkbox"/> Concerted efforts to obtain consent from parents/caregivers have been unsuccessful				
<input type="checkbox"/> Report is a conflict of interest and needs to be confidential				
Assigned Date:		Date of Referral:		FACTS Event Number:
CASE DATA				
CHILD'S NAME	DATE OF BIRTH	AGE	GENDER	Injury/Reported Injury <input type="checkbox"/>
CHILD'S NAME	DATE OF BIRTH	AGE	GENDER	Injury/Reported Injury <input type="checkbox"/>
CHILD'S NAME	DATE OF BIRTH	AGE	GENDER	Injury/Reported Injury <input type="checkbox"/>
ALLEGED PERPETRATOR(S) <input type="checkbox"/> UNKNOWN				
NAME		RELATIONSHIP		
NAME		RELATIONSHIP		
PPS SPECIALIST NAME	PHONE NUMBER		COUNTY	
PPS SPECIALIST'S EMAIL ADDRESS			PPS SUPERVISOR'S EMAIL	
ALLEGATIONS: CATEGORY OF ABUSE/NEGLECT (Check all that apply)				
<input type="checkbox"/> PHYSICAL ABUSE		<input type="checkbox"/> PHYSICAL NEGLECT		<input type="checkbox"/> OTHER
REPORTED CONCERN				
ADDITIONAL INFORMATION OBTAINED FROM CONTACTS				
MEDICAL INFORMATION				
Has the child received medical attention for these allegations? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN				
If yes, treating physician's information: Name: _____ Hospital: _____				
Does the child have an injury or did the report indicate the child had an injury? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN				
Do you have any medical records for this incident yet? <input type="checkbox"/> YES (Attach to referral) <input type="checkbox"/> NO				
Do you have any pictures for this incident? <input type="checkbox"/> YES (Attach to referral) <input type="checkbox"/> NO				
Explain/describe any injuries or suspicion of injury, including location and any possible mechanism of injury. If there are no concerns of injury, are there any other medical concerns related to the allegation? Are there statements from a witness or from someone who has additional information?				

CARE Provider Evaluation Referral

~~In rare situations when parents or caregivers do not consent to the usage of the IRIS Referral System, or when concerted efforts to obtain consent from parents or caregivers have been unsuccessful, this referral form may be used.~~

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

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

(Child's Name) Permanency Plan

Section 1 Demographics							
Child Name:		DOB:		Court Case #:		CO:	
FACTS Case #:			FACTS Client ID:				
Mother's Name:		Father's Name:		Other Caregiver Name:			
Local DCF Office:			Assigned DCF Staff:				
Provider:			Assigned Provider Staff:				
Case Planning Conference Date:							
Section 2 Assessment Information (Initial and on-going. Update each at every case planning conference.)							
Summary of Assessments (Initial and On-going)							
Family/Individual Strengths and Resources:							
Safety Concerns/Reason Child Cannot Return Home:							
Risk Concerns:							
Permanency Goal (check one of the following):							
<input type="checkbox"/>	Maintain at home	<input type="checkbox"/>	Reintegration	<input type="checkbox"/>	Adoption	<input type="checkbox"/>	Permanent Custodianship <input type="checkbox"/> with relative <input type="checkbox"/> with non-relative
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	APPLA
Concurrent Plan (if applicable and Reintegration also goal):				<input type="checkbox"/>	Adoption	<input type="checkbox"/>	Permanent Custodianship
				<input type="checkbox"/>		<input type="checkbox"/>	APP LA
Section 3 Objectives and Activities (Include at least one and no more than 3 permanency objectives, incorporating family strengths.)							
Permanency Objective # _____							
What behavioral change is expected:							
<u>Activity #</u>	Measurable Short-Term Activity to Achieve Objective	Court Ordered	Responsible Person	Target Date	Progress Since Last Case Plan	Achieved Date	

(Child's Name) Permanency Plan

Permanency Objective # _____

What behavioral change is expected:

Activity #	Measurable Short-Term Activity to Achieve Objective	Court Ordered	Responsible Person	Target Date	Progress Since Last Case Plan	Achieved Date

Permanency Objective # _____

What behavioral change is expected:

Activity #	Measurable Short-Term Activity to Achieve Objective	Court Ordered	Responsible Person	Target Date	Progress Since Last Case Plan	Achieved Date

Section 4 Interaction/Visit Plans – Attached in PPS 3053 and 3054

Section 5 Appropriateness of Placements

Attach print out of current placement and all placements since last case plan. For each placement, document if it was safe, meets the needs of the child, least restrictive, consistent with the best interest of the child, in close proximity to parents (if reintegration is the CP goal), and how proximity to home school and appropriateness of the child's educational setting was considered.

Place	Is/Was Placement	Does/Did	Is/Was Placement Least	Is/Was	Is/Was	Is/Was
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(Child's Name) Permanency Plan

ment #/ Date	Safe?	Placement Meet the Needs of the Child?	Restrictive?	Placement In Close Proximity to Parents?	Placement In Close Proximity to School?	Educational Setting Appropriate?
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Explanation For Any No Answers:

Reason for Moves and Child's Reactions to Move:

How maternal and paternal relatives were considered for placement since the last case plan:

Note specific recommendations for placement (such as Qualified Residential Treatment Program [QRTP], placement in Substance Use Disorder facility with parent):

If the child has been assessed for or placed in a QRTP, attach the PPS 3060 QRTP Case Plan Requirements.

Section 6 Child/Youth Well-Being Plan

Summary of how child is doing since last Case Plan (include authorization for sleepovers, self-care, physical restraint, driving, or high risk activities when applicable.). Note child's opportunities to engage in age and developmentally appropriate activities.

Need					Description	Response/Service to Address	Received Timely Treatment on this date
Medical	<input type="checkbox"/>	yes	<input type="checkbox"/>	no			
Dental	<input type="checkbox"/>	yes	<input type="checkbox"/>	no			
Vision	<input type="checkbox"/>	yes	<input type="checkbox"/>	no			
Mental Health	<input type="checkbox"/>	yes	<input type="checkbox"/>	no			

(Child's Name) Permanency Plan

Developmental Disability	<input type="checkbox"/>	yes	<input type="checkbox"/>	no			
Alcohol/Drug Treatment	<input type="checkbox"/>	yes	<input type="checkbox"/>	no			
Social and Emotional	<input type="checkbox"/>	yes	<input type="checkbox"/>	no			
Educational	<input type="checkbox"/>	yes	<input type="checkbox"/>	no			
Placement	<input type="checkbox"/>	yes	<input type="checkbox"/>	no			
ICWA Determination	<input type="checkbox"/>	yes	<input type="checkbox"/>	no			

Section 7 Prevention Plan for Pregnant/Parenting Foster Youth NA

Foster care prevention strategy for any child, not in custody, born to the youth (check one):
 Safely maintain the child with the foster youth | Live temporarily with a kin caregiver | Live permanently with a kin caregiver

Service needs (check all that apply): Mental Health | Substance Use | Parent Skill Building | Kinship Navigation
 List the specific services or programs to be provided to the youth to ensure the youth is prepared (if pregnant) or able (if parenting) to be a parent.

Section 8 Case Plan Participation

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

Child Signature: ~~If age 14 or older, my signature means that I was given and had explained: Appendix 7D, Do you Know Your Rights as a Kansas Foster Youth; my health rights; and my annual credit check (For those children in out of home placement.)~~ For a child under the age of 10, a copy of the PPS 5138 Foster Care Bill of Rights shall be provided to the child and to the parent / foster parent / relative / kinship caregiver. If age 10 or older, my signature means I was provided a copy of the PPS 5138 Foster Care Bill of Rights. If age 14 or older and placed out of home, I acknowledge I was explained my health rights and provided a copy of my annual credit check.

Child's Input/Comments:

	Printed Name	Signature	Participation Code	Date Signed
Child				

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

Potential Consequences of Nonparticipation in Case Plan Objectives and Activities:

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Parent Signatures: I have participated in the development of this plan. I understand this signed case plan may be released to participants in this plan and they may share information among the participants necessary to implement the plan. **If my child is under the age of 10, I have been provided a copy of the PPS 5138 Foster Care Bill of Rights on their behalf.**

Parents' Input/Comments:

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(Child's Name) Permanency Plan

	Printed Name	Signature	Participation Code	Date Signed
Parent				
Parent				
Parent				
Parent				
Participation Codes: IP – participated in person, BP – participated by phone, NI – provided input				
Other Participant Signatures: Indicate Name, Agency, Title, and Participation Codes.				

Printed Name	Signature	Agency	Title (Note if 3 rd party)	Date Signed	Participation Codes
Participation Codes: IP – participated in person, BP – participated by phone, NI – provided input					

(Child's Name) Permanency Plan



Permanency Plan for Child in DCF Custody
 Administrative Requirements

This form may be filled out prior to the case planning conference.

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

Permanency Plan for Child in DCF Custody
Administrative Requirements

This form may be filled out prior to the case planning conference.

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



TO DCF Specialist		Provider Case Manager Agency	
Date / Time		Child's Legal County	
<input type="checkbox"/> Release of Custody	<input type="checkbox"/> Initial	<input type="checkbox"/> Corrected Copy	<input type="checkbox"/> AWOL
<input type="checkbox"/> Hospital	<input type="checkbox"/> Placed at Home		
<input type="checkbox"/> Planned Move	<input type="checkbox"/> Respite	<input type="checkbox"/> Venue Change	<input type="checkbox"/> Reinstatement
<input type="checkbox"/> In-Transit			
SECTION I			
Name of Child		DOB	
FACTS Client ID #	FACTS Case #	Court Case #	
SECTION II			
Provider Staff Assigned	Worker Phone #		
SECTION III			
Previous Placement Name and Address	From	To	
Reason for Move			
Deleted Placement	Deleted Rate	Deleted Add on Rate	
SECTION IV			
Date of Current: <input type="checkbox"/> Placement <input type="checkbox"/> Service	Placement Name and Physical Address		
Placement Mailing Address			
Phone Number	Respite / Hospitalization	Start	End
CLARIS Case #			
FACTS Service Action Code			
FACTS Service Source Code			
<input type="checkbox"/> Child has no siblings in Out of Home Care			

Notes:	
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<input type="checkbox"/> "Same" District & School Name	
<input type="checkbox"/> Attending same school per instructions (SCO1N)	Attending same school reason: <input type="checkbox"/> Same school as before placement <input type="checkbox"/> Same school with grade level change <input type="checkbox"/> Parent moved <input type="checkbox"/> Same school as permanent placement (APA, PCA) <input type="checkbox"/> Same school, IL <input type="checkbox"/> Does not meet same school criteria <input type="checkbox"/> Not yet school age
<input type="checkbox"/> School Changes	
District and School Name child is leaving	
District and School Name child is entering	
Has youth (in Foster Care) ever given birth or fathered a child?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is child placed with them?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
ICWA Inquiry Made?	<input type="checkbox"/> Yes <input type="checkbox"/> No
ICWA Applies?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Verified Date of Determination	
If ICWA applies, has tribe been legally notified?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name of Tribe	

SECTION V

Cessation of Monthly Payment and/or Closure	Date	Cessation of Monthly Payment and/or Closure	Date
<input type="checkbox"/> Returned Home & Released from DCF Custody		<input type="checkbox"/> Transfer to KDOC	
<input type="checkbox"/> Returned Home & NOT Released from DCF Custody		<input type="checkbox"/> Child Death Date	
<input type="checkbox"/> Custodianship & Released from DCF Custody		<input type="checkbox"/> Released from DCF Custody- Emancipation	

<input type="checkbox"/> Adoptive Placement Finalized		<input type="checkbox"/> Released from DCF Custody- Living with Other Relative	
<input type="checkbox"/> Transfer to Tribal Court		<input type="checkbox"/> Released from DCF Custody- Runaway	
<input type="checkbox"/> Venue Change (referral date to new CW/CBS Provider)		<input type="checkbox"/> Released from DCF Custody- Transfer to Other Agency Reason:	
		<input type="checkbox"/> Released from DCF Custody- While Placed at Home	

SECTION VI

Change of status for sibling(s) remaining in the home

Name of Sibling	DOB	Client ID # (if known)	Add	Remove	Delete	Effective Date
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	



ADOPTION ASSISTANCE AGREEMENT

Child's Name: _____ DOB: _____

The Kansas Department for Children and Families, (hereinafter referred to as DCF) and the adoptive parents (legal name of parent(s), hereinafter referred to as the adoptive parent(s):

_____ And _____
hereby agree to enter into an adoption assistance agreement for (birth name): _____

born on _____ and placed in the adoptive home on _____
pursuant to an adoption placement agreement.

Check the appropriate box below:

- This agreement is being executed on this date, prior to the finalization of the adoption, for the purpose of adoption assistance and/or medical services for the said child under the provisions of the Social Security Act and the Kansas adoption assistance law. This agreement is supplemental to an adoption placement agreement.
- This agreement is being executed on this date, pursuant to a renegotiation of a current adoption assistance agreement between the said adoptive parent(s) and the State of Kansas for said child, for the purpose of adoption assistance and/or medical services for the said child under the provisions of the Social Security Act and the Kansas adoption assistance law.

This agreement remains in effect regardless of the state of residence of the adoptive parent(s). If needed service is specifically named with an agreed upon amount in the adoption assistance agreement is not available in the new state of residence, Kansas remains financially responsible for providing the service.

If the adoption of said child is not finalized, this agreement is null and void.

The above named child has been determined to eligible for **one** of the following programs:

- Title IV-E (Federal) Adoption Assistance.** If you move to another state, procedures shall be implemented to issue a medical card from the new residence state. This signed adoption assistance agreement, upon the placement of the child in the adoptive home, establishes the eligibility of the child for Title XIX Medical assistance regardless of the state of residence of the adoptive parent(s). The state of residence may provide more or less coverage than the Kansas program.
- State Only Adoption Assistance:** If you move to another state, and the state is a member of the Interstate Compact on Adoption and Medical Assistance (ICAMA), procedures shall be implemented to issue a medical card in the new state of residence. The new state of residence is not required to issue a medical card. If the state of residence issues a new medical card it may provide more or less coverage than the Kansas program. If the state does not issue a new medical card, DCF will continue to issue a Kansas medical card and assist you in locating medical providers willing to participate in the Kansas medical assistance program.

I. Adoptive Parent(s) Agree:

- a. To participate in the aftercare plan developed with the Child Welfare Case Management Provider;
- b. To participate in an annual review by completing and returning the review form within 30 days of receipt;
- c. To submit documentation of the child's continued need for adoption assistance and our ability to meet the child's needs.
- d. For a child who has attained the minimum age for compulsory school attendance under state law, to enroll the child as full time student; provide home schooling or independent instruction in accord with state law during the school year until the child has completed high school or be prepared to document a medical condition of the child rendering the child incapable of completing this requirement for each year the child is unable to participate in an educational program.
- e. If the child will not have completed high school on or before the child's 18th birthday, 60 days prior to the child's 18th birthday, submit documentation the child is still attending and making progress in high school.
- f. If adoption assistance is desired beyond the child's 18th birthday, submit, 60 days prior to the child's 18th birthday, current documentation from a physician, hospital, clinic or other qualified licensed medical practitioner of the child's physical or mental disability to support need for continued adoption assistance.

ADOPTION ASSISTANCE AGREEMENT

Child's Name: _____ DOB: _____

- g. If the adopted child is added to my (our) private health insurance, provide DCF the policy number and name of the insurance company.
- h. To notify DCF within 30 days of any changes, not limited to, in address, marriage of the child or adoptive parent, absence of the child from the home for any reason for more than 30 days, death of the child or adoptive parent, or legal emancipation of the child.
- i. To notify DCF within 30 days when the child is no longer receiving any financial support from us.
- j. That any benefits available to the child, i.e. social security, SSI, veterans, maybe considered in determining the amount of Adoption Assistance Monthly Payments (if applicable) For state only funded adoption assistance the monthly amount shall be reduced dollar for dollar for any SSI benefit the child receives. I (we) agree to inform DCF within 30 days of any changes in benefits or resources of the child
- k. To renegotiate the adoption assistance monthly payment to a lower amount if the child enters into out of home care for more than 30 days and the adoptive parents are not paying for the out of home care.
- l To provide DCF a copy of the adoption decree and the child's new social security card within 30 days of receipt.
- m. That failure to report changes as agreed may result in investigation for possible fraud. The investigation may result in a demand for repayment of adoption assistance and referral for criminal prosecution

I (we) understand that based on the information provided, the amount of adoption assistance may be reduced if I (we) concur. I (we) understand that any increase or decrease in the amount of monthly assistance will be based on documented changes in the child's special needs or family circumstances and agreement between adoptive parent(s) and DCF. A new adoption assistance agreement shall be signed to reflect any changes negotiated between I (we) and DCF.

II. DCF agrees to provide:

Type of Assistance	Approved	Specifics/Restrictions	Amount
Medicaid	<input type="checkbox"/> Yes <input type="checkbox"/> No	Kan Be Healthy screens are required in order to receive maximum benefit. Some services may require prior authorization. Services as authorized through the Medicaid State Plan	Established Medicaid Rates
Non-Recurring Expense Payable Upon Finalization of the Adoption	<input type="checkbox"/> Yes <input type="checkbox"/> No	Not to exceed \$2,000. May include Attorney Fees, Court Costs, Travel, Lodging, other	
Special Service Payment	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Monthly Assistance Payment	<input type="checkbox"/> Yes <input type="checkbox"/> No		

III. Additional Resource Information:

- a. Tax Credit Information:
 - i. Federal tax information can be located at: <http://www.irs.gov/taxtopics/tc607.html>
 - ii. Kansas tax information can be located at: <https://www.ksrevenue.gov/prtaxcredits-adoption.html>
<http://www.ksrevenue.org/taxcredits-adoption.htm>
- b. Eligibility for Independent Living Services
 If the child is adopted at or after age 16, contact the State's Independent Living Program Manager to access services for which the child may be eligible such as post-secondary financial assistance
- c. Post-adoption services: Kansas Post-Adoption Resource Center (KPARC), AdoptUSKids

IV. Duration of the Agreement:

- a. Termination of the contract shall occur under one of the following circumstances:
 - i. Adoptive parent(s) request or agreement.

ADOPTION ASSISTANCE AGREEMENT

Child's Name: _____ DOB: _____

- ii. Adoptive parent is no longer legally responsible for the child (when parental rights have been terminated or when the child becomes an emancipated minor, marries, or enlists in the military)
 - iii. Adoptive parent is no longer financially responsible for the child
 - iv. Adoptive parent is no longer financially supporting the child. (examples of support may include family therapy, tuition, clothing, maintenance of special equipment in the home, or services for the child's special needs)
 - v. Child reaches the age of 18 and documentation for continuation of adoption assistance has not been provided by the said adoptive parents.
 - vi. The child is 18 and has graduated from high school.
 - vii. Child reaches the age of 21 years, provided that prior approval has been given each year to extend the assistance plan beyond the child's 18th birthday because of the child's documented physical or mental disability, or because the child is still in high school.
- b. b. DCF will provide the adoptive parents 30 days written notice of plans to close the adoption assistance case or denial of any request to extend the assistance beyond the child's 18th birthday. The notice will provide basis for decision, and inform the family, in writing, of their right to request an agency fair hearing.

V. Adoption Assistance will begin: _____

Adoptive Parent:	DCF Regional Adoption Assistance Expert:
_____ Printed Name	_____ Printed Name
_____ Signature	_____ Signature
_____ Date	_____ Date
Adoptive Parent:	DCF Supervisor
_____ Printed Name	_____ Printed Name
_____ Signature	_____ Signature
_____ Date	_____ Date
Contact Information for adoptive parent(s)	Contact Information for Regional Adoption Assistance Expert
_____ Address: Mailing, City, State and Zip	_____ Address: Mailing, City, State and Zip
_____ Phone number	_____ Phone number
_____ E-Mail	_____ E-Mail

ADOPTION ASSISTANCE AGREEMENT

Child's Name: _____ DOB: _____

Signed copy of this agreement given/sent to the adoptive parents on: _____

By: _____



ACUERDO DE ASISTENCIA DE ADOPCIÓN

Nombre del niño: _____ Fecha de nacimiento: _____

El Departamento de Niños y Familias de Kansas, (en lo sucesivo denominado DCF) y los padres adoptivos (nombre legal del/los padre(s), en lo sucesivo denominado como el/los padre(s) adoptivo(s):

_____ Y _____
por la presente acuerdan entrar en un acuerdo de asistencia de adopción de (nombre de nacimiento):

_____ nacido en _____ y colocado en el hogar adoptivo en _____ de conformidad con un acuerdo de colocación de adopción.

Marque la casilla correspondiente a continuación:

- Este acuerdo se está ejecutando en esta fecha, antes de la finalización de la adopción, con el propósito de asistencia de adopción y / o servicios médicos para dicho niño bajo las disposiciones de la Ley de Seguridad Social y la ley de asistencia para la adopción de Kansas. Este acuerdo es complementario a un acuerdo de colocación de adopción.
- Este acuerdo se está ejecutando en esta fecha, de conformidad con una renegociación de un acuerdo actual de asistencia de adopción entre dicho(s) padre(s) adoptivo(s) y el Estado de Kansas para dicho niño, con el propósito de asistencia de adopción y/o servicios médicos para dicho niño bajo las disposiciones de la Ley de Seguridad Social y la ley de asistencia para la adopción de Kansas.

Este acuerdo permanece vigente independientemente del estado de residencia de el/los padre(s) adoptivo(s). Si el servicio necesario se nombra específicamente con un monto acordado en el acuerdo de asistencia para la adopción no está disponible en el nuevo estado de residencia, Kansas sigue siendo financieramente responsable de proporcionar el servicio.

Si no se finaliza la adopción de dicho niño, este acuerdo es nulo y sin efecto.

Se ha determinado que el niño mencionado anteriormente es elegible para **uno** de los siguientes programas:

- Asistencia de adopción del Título IV-E (Federal).** Si se muda a otro estado, se implementarán procedimientos para emitir una tarjeta médica del nuevo estado de residencia. Este acuerdo de asistencia de adopción firmado, al colocar al niño en el hogar adoptivo, establece la elegibilidad del niño para la asistencia médica del Título XIX, independientemente del estado de residencia del/los padre(s) adoptivo(s). El estado de residencia puede proporcionar más o menos cobertura que el programa de Kansas.
- Asistencia de Adopción Solo Estatal:** Si se muda a otro estado y el estado es miembro del Pacto Interestatal sobre Adopción y Asistencia Médica (ICAMA), se implementarán los procedimientos para emitir una tarjeta médica en el nuevo estado de residencia. El nuevo estado de residencia no está obligado a emitir una tarjeta médica. Si el estado de residencia emite una nueva tarjeta médica, puede proporcionar más o menos cobertura que el programa de Kansas. Si el estado no emite una nueva tarjeta médica, DCF continuará emitiendo una tarjeta médica de Kansas y lo ayudará a localizar proveedores médicos dispuestos a participar en el programa de asistencia médica de Kansas.

I. El/Los Padre(s) Adoptivo(s) Aceptan:

- a. Participar en el plan de cuidado posterior desarrollado con el Proveedor de Administración de Casos de Bienestar Infantil;
- b. Participar en una revisión anual completando y devolviendo el formulario de revisión dentro de los 30 días posteriores a la recepción;
- c. Presentar documentación de la necesidad continua del niño de recibir asistencia de adopción y nuestra habilidad de satisfacer las necesidades del niño.
- d. Para un niño que ha alcanzado la edad mínima para asistir obligatoriamente a la escuela según la ley estatal, inscribir al niño como estudiante de tiempo completo; proporcionar educación en el hogar o instrucción independiente de acuerdo con la ley estatal durante el año escolar hasta que el niño haya completado la secundaria o esté preparado para documentar una condición médica del niño que lo haga incapaz de cumplir este requisito por cada año que el niño no pueda participar en un programa educativo.
- e. Si el niño no habrá completado la secundaria en el cumpleaños número 18 del niño o antes, 60 días antes del cumpleaños número 18 del niño, presentar documentación de que el niño todavía asiste y está progresando en la secundaria.

ACUERDO DE ASISTENCIA DE ADOPCIÓN

Nombre del niño: _____ Fecha de nacimiento: _____

- f. Si se desea asistencia de adopción después del cumpleaños número 18 del niño, envíe, 60 días antes del cumpleaños número 18 del niño, documentación actual de un médico, hospital, clínica u otro profesional médico calificado con licencia, sobre la discapacidad física o mental del niño para respaldar la necesidad de una continua asistencia de adopción.
- g. Si el niño adoptado se agrega a mi (nuestro) seguro médico privado, proporcionar al DCF el número de póliza y el nombre de la compañía de seguros.
- h. Notificar al DCF dentro de los 30 días de cualquier cambio, no limitado a, domicilio, matrimonio del niño o padre adoptivo, ausencia del niño en el hogar por cualquier motivo por más de 30 días, muerte del niño o padre adoptivo, o emancipación legal del niño.
- i. Notificar al DCF dentro de los 30 días cuando el niño ya no recibe ninguna ayuda financiera de nuestra parte.
- j. Que cualquier beneficio disponible para el niño, es decir, seguro social, SSI, veteranos, puede considerarse para determinar el monto de los Pagos Mensuales de Asistencia de Adopción (si corresponde) Para la asistencia de adopción financiada únicamente por el estado, la cantidad mensual se reducirá dólar por dólar por cualquier beneficio de SSI que reciba el niño. Yo (nosotros) acepto (aceptamos) informar al DCF dentro de los 30 días de cualquier cambio en los beneficios o recursos del niño.
- k. Renegociar el pago mensual de asistencia de adopción a un monto menor si el niño ingresa a cuidado fuera del hogar por más de 30 días y los padres adoptivos no pagan por el cuidado fuera del hogar.
- l. Proporcionar al DCF una copia del decreto de adopción y la nueva tarjeta de seguro social del niño dentro de los 30 días posteriores a la recepción.
- m. El hecho de no informar los cambios según lo acordado puede dar lugar a una investigación por posible fraude. La investigación puede dar lugar a una demanda de reembolso de la asistencia de adopción y la remisión para un enjuiciamiento penal.

Yo (nosotros) entiendo (entendemos) que, según la información proporcionada, la cantidad de asistencia de adopción puede reducirse si yo (nosotros) estamos de acuerdo. Yo (nosotros) entiendo (entendemos) que cualquier aumento o disminución en la cantidad de asistencia mensual se basará en cambios documentados en las necesidades especiales del niño o en las circunstancias familiares y el acuerdo entre los padres adoptivos y DCF. Se firmará un nuevo acuerdo de asistencia de adopción para reflejar cualquier cambio negociado entre yo (nosotros) y DCF.

II. DCF acepta proporcionar:

Tipo de Asistencia	Aprobado	Detalles/Restricciones	Cantidad
Medicaid	<input type="checkbox"/> Sí <input type="checkbox"/> No	Se requieren evaluaciones de Kan Be Healthy para recibir el máximo beneficio. Algunos servicios pueden requerir autorización previa. Servicios según autorización a través del Plan Estatal de Medicaid	Tasas de Medicaid Establecidas
Gastos No Recurrentes a Pagar al Finalizar la Adopción	<input type="checkbox"/> Sí <input type="checkbox"/> No	No debe exceder \$2,000. Puede incluir Honorarios de Abogados, Costos Judiciales, Viajes, Alojamiento, otros	\$150x6hrs luego \$300 por cada niño adicional, costos judiciales y certificado de nacimiento
Pago de Servicio Especial	<input type="checkbox"/> Sí <input type="checkbox"/> No		
Pago Mensual de Asistencia	<input type="checkbox"/> Sí <input type="checkbox"/> No		

III. Información Adicional de Recursos:

- a. Información de Crédito Fiscal:
 - i. La información fiscal federal se puede encontrar en: <http://www.irs.gov/taxtopics/tc607.html>
 - ii. La información fiscal de Kansas se puede encontrar en: <https://www.ksrevenue.gov/prtaxcredits-adoption.html>
<http://www.ksrevenue.org/taxcredits-adoption.html>
- b. Elegibilidad para Servicios de Vida Independiente

ACUERDO DE ASISTENCIA DE ADOPCIÓN

Nombre del niño: _____ Fecha de nacimiento: _____

Si el niño es adoptado a los 16 años o después, comuníquese con el Administrador del Programa de Vida Independiente del Estado para acceder a los servicios para los cuales el niño puede ser elegible, como asistencia financiera postsecundaria

c. Servicios pos-adopción: Centro de Recursos Pos-Adopción de Kansas (KPARC), AdoptaUSKids

IV. Duración del Acuerdo:

- a. La terminación del contrato ocurrirá bajo una de las siguientes circunstancias:
 - i. Solicitud o acuerdo del/los padre(s) adoptivo(s).
 - ii. El padre adoptivo ya no es legalmente responsable por el niño (cuando los derechos de los padres han sido terminados o cuando el niño se convierte en un menor emancipado, se casa o se enlista en el ejército)
 - iii. El padre adoptivo ya no es financieramente responsable por el niño
 - iv. El padre adoptivo ya no está apoyando financieramente al niño. (ejemplos de apoyo pueden incluir terapia familiar, matrícula, vestimenta, mantenimiento de equipos especiales en el hogar o servicios para las necesidades especiales del niño)
 - v. El niño alcanza la edad de 18 años y la documentación para continuar con la asistencia de adopción no ha sido proporcionada por dichos padres adoptivos.
 - vi. El niño tiene 18 años y se graduó de secundaria.
 - vii. El niño alcanza la edad de 21 años, siempre que se haya otorgado aprobación previa cada año para extender el plan de asistencia más allá del cumpleaños número 18 del niño debido a la discapacidad física o mental documentada del niño, o porque el niño todavía está en secundaria.

- b. DCF proporcionará a los padres adoptivos un aviso por escrito con 30 días de antelación para cerrar el caso de asistencia de adopción o para denegar cualquier solicitud para extender la asistencia más allá del cumpleaños número 18 del niño. El aviso proporcionará una base para la decisión e informará a la familia, por escrito, de su derecho a solicitar una audiencia justa a la agencia.

V. La Asistencia de Adopción comenzará: _____

Padre Adoptivo:	DCF Experto Regional en Asistencia por Adopción:
_____ Nombre en letra de molde	<u>Whitney Yarmer</u> Nombre en letra de molde
_____ Firma	_____ Firma
_____ Fecha	_____ Fecha
Padre Adoptivo:	Supervisor DCF
_____ Nombre en letra de molde	<u>Meghann Keimig</u> Nombre en letra de molde
_____ Firma	_____ Firma
_____ Fecha	_____ Fecha
Información de Contacto de el/los padre(s) adoptivo(s)	Información de Contacto del Experto Regional en Asistencia para la Adopción

ACUERDO DE ASISTENCIA DE ADOPCIÓN

Nombre del niño: _____ Fecha de nacimiento: _____

_____ Dirección: De correo, ciudad, estado y código postal	_____ Dirección: De correo, ciudad, estado y código postal
_____ Numero de teléfono	_____ Numero de teléfono
_____ Correo electrónico	_____ Correo Electrónico

Copia firmada de este acuerdo entregado/enviado a los padres adoptivos el: _____

Por: _____



B. Completar SÓLO si es elegible para la ETV

Si el joven/joven adulto tiene previsto participar en un plan de ETV mientras asiste a una institución o programa de formación postsecundaria, ¿se adjunta el formulario PPS 7001 Plan del programa de ETV? El PPS 7001 se revisará, actualizará y aprobará en cada plan del caso o cuando cambien las circunstancias. La verificación de ETV debe ser por parte del Coordinador de IL del DCF.	<input type="checkbox"/> Sí	<input type="checkbox"/> No
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C. Participantes en el Plan de autosuficiencia

Al firmar este plan, estoy indicando que estoy de acuerdo con el cumplimiento de este plan tal y como está escrito. Entiendo que si no cumplo o no avanzo hacia los objetivos identificados en este plan y no mantengo la comunicación con mi Coordinador de IL, puede resultar en una demora y/o denegación de pagos y/o servicios. También entiendo que el incumplimiento continuado o la falta de progreso por mi parte hacia mis objetivos de autosuficiencia puede dar lugar al cierre de mi caso de Vida independiente.

Firma del joven/adulto joven: _____ **Fecha:** _____

Firmas	Fecha	Firmas	Fecha
*Supervisor de IL:		*Coordinador de IL del DCF:	
Mentor(a):		Otro participante:	
Al firmar arriba, verifico la elegibilidad y apruebo los servicios para este joven/adulto joven.		*Al firmar arriba, verifico la elegibilidad y apruebo los servicios para este joven/adulto joven.*	



Plan de presupuesto mensual
 para la Vida Independiente

Nombre del joven:		Fecha en que se completó:	
Adjuntar al PPS 7000 Plan de autosuficiencia. Deberá ser revisado, actualizado y aprobado en cada plan del caso o cuando cambien las circunstancias.			

A. Ingresos y recursos			B. Gastos		
			<i>*Sólo incluya la parte que el joven es responsable de pagar</i>		
Empleo:	Salario bruto / mes	\$	Vivienda:		
	Impuestos federales y estatales y otras retenciones	\$	Seguro de alquiler:	\$	
	Salario neto / mes	\$	Alquiler/Hipoteca:	\$	
			Otro (especificar):	\$	
			Total de gastos de vivienda:		\$
			Gastos de subsistencia:		
			Electricidad:	\$	
			Gas / Propano:	\$	
			Agua / Alcantarillado	\$	
			Cable / Internet:	\$	
			Basura:	\$	
			Comida:	\$	
			Celular:	\$	\$
			Total de gastos de subsistencia:		\$
			Cuidado personal (Ropa, higiene, pañales):		\$
			Centro de cuidado infantil:		\$
			Manutención de niños:		\$
¿Ingresos o apoyo financiero adicionales? <input type="checkbox"/> Sí <input type="checkbox"/> No	En caso de que sí, la cantidad recibida mensualmente: (Ej. Padres/abuelos, amigo/a)	\$	Transporte: (1/12 para gastos anuales*)		
			Matrícula, impuestos*:	\$	
			Reparaciones*:	\$	
			Gasolina:	\$	
			Seguro de automóvil:	\$	
			Pase de autobús, viajes/otros:	\$	
			Total de gastos de transporte:		\$
Asistencia para la manutención de los niños: <input type="checkbox"/> No corresponde		\$	*Gastos anuales/planificados divididos por 12 para obtener la cantidad mensual del presupuesto.		
Asistencia para alimentos: <input type="checkbox"/> No corresponde		\$	Atención a la salud (incluya las primas, los copagos, medicamentos recetados, etc.):		\$
Asistencia en efectivo: <input type="checkbox"/> No corresponde		\$	Deudas (pago mensual):		
SSI/SSDI: <input type="checkbox"/> No corresponde		\$	Día de pago/Título:	\$	
Ayuda a la vivienda / Vale de vivienda: (Plan 8 u otra ayuda) <input type="checkbox"/> Sí <input type="checkbox"/> No		\$	Auto:	\$	
Asistencia para el cuidado de los niños: <input type="checkbox"/> No corresponde		\$	Escuela:	\$	
Total de ingresos y recursos			Tarjeta de crédito:	\$	
			Otro (especificar):	\$	
			Total de deudas:		\$
			Recreación:		\$
			Ahorros:		\$
			Otro (especificar):		\$

Plan de presupuesto mensual para la Vida Independiente

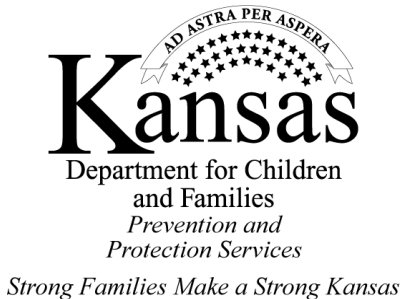
mensuales antes de la ayuda financiera de IL:	\$		\$
		Total de gastos mensuales:	\$
Gastos para comenzar solicitados:	Fecha de utilización:	Cantidad anterior utilizada:	
Reparación de automóvil (8126)			\$
Artículos del hogar (8122)			\$
Depósito del alquiler (8100)			\$
Total de gastos para comenzar utilizados:			\$

Al firmar abajo, acepto:

- Proporcionar copias de los recibos, presupuestos, contratos de alquiler y otra documentación que solicite mi Coordinador de Vida Independiente para ayudar a la prestación de mi ayuda mensual.
- Cumplir con mi plan de educación/empleo. Si no cumpla con mi plan, mi apoyo mensual proporcionado por el Programa de Vida Independiente del DCF terminará y no podré recibir fondos de este programa.

Firma del joven:		Fecha:	
Firma del coordinador de IL del DCF:		Fecha:	
¿Se entregó una copia de este presupuesto mensual completado al joven? <input type="checkbox"/> Sí <input type="checkbox"/> No		Fecha:	

(El apoyo financiero proporcionado por el Programa IL del DCF debe documentarse en el SSIS con los recibos de las compras en el expediente del caso IL).



Nombre del joven:	Fecha:
Fechas del plan de ETV: (Especificar año abajo) Del: 1° de julio,	Al: 30 de junio,
Número de años de participación en el programa ETV antes de este año del plan según el Sistema de Información de Autosuficiencia (SSIS):	
<i>Deberá ser revisado, actualizado y aprobado en cada plan del caso o cuando cambien las circunstancias.</i>	

Sección 1: Plan educativo del joven y medidas identificadas				
Institución de educación post-secundaria:	Trayectoria educativa:			
	<input type="checkbox"/> Certificación	<input type="checkbox"/> Licenciatura (Bachelor)		
Especialidad o campo de estudio:	<input type="checkbox"/> Formación	<input type="checkbox"/> Maestría (Master)		
	<input type="checkbox"/> Título de asociado (Associate)	<input type="checkbox"/> Otro		
Medidas de acción:				
¿Visitó el recinto universitario?	<input type="checkbox"/> Sí	<input type="checkbox"/> No	<input type="checkbox"/> Necesita	<input type="checkbox"/> No corresponde
¿Tuvo la consulta inicial con el asesor académico/consejero?	<input type="checkbox"/> Sí	<input type="checkbox"/> No	<input type="checkbox"/> Necesita	<input type="checkbox"/> No corresponde
¿Completó la solicitud de admisión?	<input type="checkbox"/> Sí	<input type="checkbox"/> No	<input type="checkbox"/> Necesita	<input type="checkbox"/> No corresponde
¿Realizó el examen o exámenes de nivel?	<input type="checkbox"/> Sí	<input type="checkbox"/> No	<input type="checkbox"/> Necesita	<input type="checkbox"/> No corresponde
¿Rellenó la Solicitud de Ayuda Federal Gratuita para Estudiantes (FAFSA)?	<input type="checkbox"/> Sí	<input type="checkbox"/> No	<input type="checkbox"/> Necesita	<input type="checkbox"/> No corresponde
¿Entregó la carta de verificación de la custodia al departamento de ayuda financiera?	<input type="checkbox"/> Sí	<input type="checkbox"/> No	<input type="checkbox"/> Necesita	<input type="checkbox"/> No corresponde
¿Recibió el Coordinador de vida independiente una copia de la carta de concesión de la FAFSA?	<input type="checkbox"/> Sí	<input type="checkbox"/> No	<input type="checkbox"/> Necesita	<input type="checkbox"/> No corresponde
¿Entregó una copia del horario del semestre al Coordinador de vida independiente?	<input type="checkbox"/> Sí	<input type="checkbox"/> No	<input type="checkbox"/> Necesita	<input type="checkbox"/> No corresponde
¿Se ha obtenido el Plan 504 y se ha entregado en el centro educativo post-secundario?	<input type="checkbox"/> Sí	<input type="checkbox"/> No	<input type="checkbox"/> Necesita	<input type="checkbox"/> No corresponde
¿Tiene alguna referencia de los Servicios de Rehabilitación Profesional?	<input type="checkbox"/> Sí	<input type="checkbox"/> No	<input type="checkbox"/> Necesita	<input type="checkbox"/> No corresponde
¿Se han entregado copias del acuerdo de vivienda al Coordinador de vida independiente? (Ejemplo: contrato de alquiler firmado, contrato de residencia, contrato de alquiler o fondos de transición de la familia de acogida).	<input type="checkbox"/> Sí	<input type="checkbox"/> No	<input type="checkbox"/> Necesita	<input type="checkbox"/> No corresponde

¿Se entregaron copias de las notas de los semestres anteriores al Coordinador de vida independiente?

Sí

No

Necesita

No corresponde

Las tareas específicas para completar estos requisitos se identificarán en el Plan de autosuficiencia PPS 7000.

Sección 2: Gastos estimados asociados al plan del programa de educación y/o formación por año

¿Acepta la escuela la exención de pago de la matrícula(*KS Board of Regents- Institución pública*)? Sí No NA- No apto

Categoría de gastos	\$ Importe
Matrícula y tasas (<i>No introduzca el importe cubierto por la exención de matrícula, si procede.</i>)	\$
Libros y materiales	\$
Alojamiento y comida	\$
Cuotas especiales	\$
Cuidado infantil	\$
Equipo técnico	\$
Tutoría	\$
Transporte	\$
Ropa	\$
Cuestiones médicas	\$
Varios (permisibles a tenor de ETV)	\$
A. Total de los costos	\$

Los importes serán verificados por la escuela.

Sección 3: Concesiones económicas asociadas al plan del programa de educación y/o formación por año

Tipo de concesión	\$ Importe	Verificado con la escuela		
Pell Grant	\$	<input type="checkbox"/> Sí	<input type="checkbox"/> No	<input type="checkbox"/> No corresponde
Subvención complementaria para la educación (SEOG)	\$	<input type="checkbox"/> Sí	<input type="checkbox"/> No	<input type="checkbox"/> No corresponde
Total de becas concedidas (<i>añadir desde abajo</i>)	\$	<input type="checkbox"/> Sí	<input type="checkbox"/> No	<input type="checkbox"/> No corresponde
Total de préstamos estudiantiles	\$	<input type="checkbox"/> Sí	<input type="checkbox"/> No	<input type="checkbox"/> No corresponde
<i>Perkins Loan</i>	\$			
<i>Préstamo subvencionado</i>	\$			
<i>Préstamo no subvencionado</i>	\$			
<i>Préstamo privado</i>	\$			

Programa de trabajo durante el estudio	\$	<input type="checkbox"/> Sí	<input type="checkbox"/> No	<input type="checkbox"/> No corresponde
Otro (Identificar)	\$	<input type="checkbox"/> Sí	<input type="checkbox"/> No	<input type="checkbox"/> No corresponde
B. Total de las concesiones económicas	\$			
C. Total de la necesidad económica (A – B = C) <i>A. Costo total – B. Total de concesiones económicas = C. Total de la necesidad económica</i>	\$			
Cantidad autorizada por el Coordinador de vida independiente del DCF (Los fondos ETV están sujetos a disponibilidad.)	\$			
Solicitudes de beca completadas: Al menos 3 (Indique a continuación)	Importe concedido, si procede	Verificación proporcionada al Coordinador de vida independiente del DCF (Si se ha concedido una excepción, marque "No corresponde" a continuación).		
1.		<input type="checkbox"/> Sí	<input type="checkbox"/> No	<input type="checkbox"/> No corresponde
2.		<input type="checkbox"/> Sí	<input type="checkbox"/> No	<input type="checkbox"/> No corresponde
3.		<input type="checkbox"/> Sí	<input type="checkbox"/> No	<input type="checkbox"/> No corresponde
<p>El Supervisor de vida independiente ha concedido una excepción al mínimo de 3 becas. (Por ejemplo, el joven tiene previsto realizar un curso de auxiliar de enfermería certificado y no hay becas disponibles para ello o el joven ha recibido una beca completa para asistir a la escuela. Explique a continuación las circunstancias que justifican una excepción. Omíta lo siguiente si no se aplica una excepción.)</p>				
<input type="checkbox"/> Excepción concedida, explique el por qué:				

Sección 4: Ayuda financiera autorizada por el Coordinador de vida independiente (Al final del año fiscal, adjunte un informe de gastos SSIS ETV.)

Al firmar este plan, me comprometo a proporcionar verificación de 3 solicitudes de beca y completar todos los documentos y pruebas de admisión requeridos para la escuela o el programa de formación elegido. Proporcionaré a mi coordinador de IL del DCF copias de todas las cartas de concesión de ayuda financiera, a copia de mi calendario semestral y una copia de mis informes de notas del semestre.

Firmas	Fecha	Firmas	Fecha
Adulto joven:		Coordinador de IL del DCF :	
Mentor:		Supervisor de IL del DCF:	



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Nombre del joven/adulto joven:

Fecha en que se completó:

Formulario completado por: Joven/adulto joven Coordinador de IL Joven/Adulto joven y Coordinador de IL

Fecha de entrada en la base de datos:

Dominio	1 (En crisis)	2 (Vulnerable)	3 (Seguro)	4 (Estable/desarrollando capacidades)	5 (Potenciado)	Puntuación	¿Alcanzó la meta? (Sí/No)
Vivienda/refugio	Sin hogar o amenazado de desalojo, incluyendo viviendas precarias, durmiendo a la intemperie o en casa de otras personas ("couchsurfing"). Quedándose en una vivienda no destinada a la convivencia.	En una vivienda de transición, temporal o deficiente; y/o el pago actual del alquiler/hipoteca es inasequible (más del 30% de los ingresos).	En una vivienda estable que es segura pero sólo marginalmente adecuada.	La vivienda es segura, adecuada y está subvencionada.	La vivienda es segura, adecuada y no está subvencionada.		
Empleo	Sin empleo.	Temporal, a tiempo parcial o estacional; salario inadecuado, sin beneficios.	Empleado a tiempo completo; salario inadecuado; pocos o ningún beneficio.	Empleado a tiempo completo con salario y beneficios adecuados.	Mantiene un empleo permanente con ingresos y beneficios adecuados.		
Ingresos	Sin ingresos.	Ingresos inadecuados y/o gastos espontáneos o inadecuados.	Puede satisfacer las necesidades básicas con una subvención; gasta con sensatez.	Puede satisfacer las necesidades básicas y gestionar las deudas sin ayuda.	Los ingresos son suficientes, están bien gestionados; tiene ingresos opcionales y es capaz de ahorrar.		
Comida	No hay comida ni medios para prepararla. Depende en gran medida de otras fuentes de alimentos gratuitos o de bajo costo.	La unidad familiar recibe cupones/ayuda alimentaria.	Puede satisfacer las necesidades alimentarias básicas, pero requiere asistencia ocasional.	Puede satisfacer las necesidades alimentarias básicas sin asistencia.	Pueden optar por comprar cualquier alimento que la unidad familiar desee.		
Cuidado infantil	Necesita una guardería, pero no hay ninguna disponible/accesible y/o el niño no es elegible.	Las guarderías son poco fiables o inasequibles, la supervisión inadecuada es un problema para las guarderías disponibles.	Hay guarderías subvencionadas a precios asequibles, pero son limitadas.	Hay guarderías fiables a precios asequibles, no se necesita subsidio.	Capaz de seleccionar un servicio de cuidado de niños de calidad. O El joven no está criando activamente a un niño.		
Embarazo/ Paternidad o Maternidad	Esperando/Criando un bebé con pocos o ningún recurso para cubrir las necesidades esenciales.	No puede satisfacer las necesidades diarias de los niños y no tiene acceso a los recursos necesarios para satisfacer las necesidades esenciales.	Depende de los recursos para satisfacer las necesidades esenciales de los hijos.	Capaz de satisfacer la mayoría de las necesidades y conectado a los recursos de la comunidad para las necesidades de los padres.	Capaz de satisfacer todas las necesidades de los niños y, si está embarazada, de recibir atención prenatal y no carecer de recursos. O La joven no está embarazada ni es madre activa de un niño.		
Educación para adultos/ Lectoescritura	Los problemas de lectoescritura y/o la ausencia de un diploma de secundaria/GED son graves obstáculos para el empleo.	Inscrito en un programa de lectoescritura y/o GED y/o tiene suficiente dominio del inglés para que el idioma no sea una barrera para el empleo.	Ha obtenido el título de secundaria/GED.	Necesita/busca educación o capacitación adicional para mejorar su situación laboral y/o resolver sus problemas de lectura y escritura para poder desenvolverse eficazmente en la sociedad.	Ha completado la educación/capacitación necesaria para ser empleable. No hay problemas de lectura y escritura.		
Cobertura de seguro médico	No hay cobertura médica con necesidad inmediata.	No hay cobertura médica y hay grandes dificultades para acceder a la atención médica cuando se necesita. Algunos miembros de la unidad familiar podrían estar en mal estado de salud.	Algunos miembros (por ejemplo, los niños) tienen cobertura médica.	Todos los miembros pueden recibir atención médica cuando la necesiten, pero puede suponer una carga para el presupuesto.	Todos los miembros están cubiertos por un seguro médico asequible y adecuado.		
Habilidades para la vida	Incapaz de satisfacer las necesidades básicas como la higiene, la alimentación, las actividades de la vida diaria.	Puede satisfacer algunas pero no todas las necesidades de la vida diaria sin ayuda.	Puede satisfacer la mayoría de las necesidades de la vida diaria, pero no todas, sin ayuda.	Capaz de satisfacer todas las necesidades básicas de la vida diaria sin ayuda.	Capaz de proveer más allá de las necesidades básicas de la vida diaria para sí mismo y su familia.		
Vida social/ Apoyos	Falta de apoyo necesario de la familia o los amigos. Está siendo explotado o corre un riesgo	La familia/amigos pueden ser de apoyo, pero carecen de la capacidad o los recursos para ayudar; los	Cierto apoyo de la familia/amigos; los miembros de la familia reconocen y tratan de	Cuenta con fuerte apoyo de la familia o los amigos. Los miembros de la unidad	Tiene una red de apoyo sana/en expansión; la unidad familiar es		

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	considerable de ser explotado o aprovechado por otros.	miembros de la familia no se relacionan bien entre sí; posible maltrato o explotación.	cambiar los comportamientos negativos; están aprendiendo a comunicarse y apoyar.	familiar se apoyan mutuamente en sus esfuerzos.	estable y la comunicación está siempre abierta.		
Transporte	No tiene acceso al transporte, ni público ni privado; podría tener un automóvil que no funciona.	Hay transporte disponible, pero poco fiable, imprevisible, inasequible; podría tener automóvil pero sin seguro, licencia, etc. Automóvil que necesita reparaciones.	El transporte está disponible y es fiable, pero es limitado y/o incómodo; los conductores tienen licencia y están mínimamente asegurados.	El transporte es generalmente accesible para satisfacer las necesidades básicas de desplazamiento.	El transporte está disponible y es asequible; el automóvil está adecuadamente asegurado.		
Dominio	1 (En crisis)	2 (Vulnerable)	3 (Seguro)	4 (Estable/desarrollando capacidad)	5 (Potenciado)	Puntuación	Alcanzó la meta? (Sí/No)
Participación de la comunidad	No aplicable debido a la situación de crisis; en modo "supervivencia".	Aislado socialmente y/o sin habilidades sociales y/o necesita mejorar las habilidades sociales o existen barreras para participar.	Tiene la capacidad y el conocimiento para participar pero no está interesado o motivado en este momento y/o tiene barreras como el transporte, problemas de cuidado de los niños, etc.	Cierta participación en la comunidad (grupo de asesoramiento, grupo del recinto universitario, grupo de apoyo y/o grupo de la iglesia).	Participa activamente en la comunidad (varios niveles de participación y/o asumir funciones de liderazgo).		
Legal	Multas pendientes, órdenes de detención o asuntos legales no resueltos.	Cargos actuales/juicio pendiente, incumplimiento de la libertad condicional.	Cumple plenamente con los términos de la libertad condicional.	Ha completado con éxito la libertad condicional en los últimos 12 meses, sin que se hayan presentado nuevos cargos.	No ha tenido implicación en la justicia penal en más de 12 meses y/o no tiene antecedentes penales.		
Salud mental	Peligro para sí mismo o para los demás; pensamiento suicida recurrente; experimenta graves dificultades en la vida cotidiana debido a problemas psicológicos.	Síntomas recurrentes de salud mental que pueden afectar al comportamiento, pero que no suponen un peligro para sí mismo ni para los demás; problemas persistentes de funcionamiento debido a los síntomas de salud mental.	Puede haber síntomas leves, pero son transitorios; sólo hay una dificultad moderada en el funcionamiento debido a los problemas de salud mental.	Síntomas mínimos que son respuestas previsibles a los factores estresantes de la vida; sólo un ligero deterioro del funcionamiento.	Los síntomas están ausentes o son escasos; el funcionamiento es bueno o superior en una amplia gama de actividades; no hay más que problemas o preocupaciones cotidianas.		
Abuso de sustancias	Cumple los criterios de abuso/dependencia grave; los problemas resultantes son tan graves que puede ser necesario vivir en una institución o la hospitalización.	Cumple los criterios de dependencia; preocupación por el consumo y/o la obtención de drogas/alcohol; conductas de abstinencia o de evasión del abandono evidentes; el consumo provoca la evasión o el descuido de actividades vitales esenciales.	Consumo en los últimos 6 meses; evidencia de problemas sociales, laborales, emocionales o físicos persistentes o recurrentes relacionados con el consumo (como comportamiento disruptivo o problemas de vivienda); los problemas han persistido durante al menos un mes.	El cliente ha consumido durante los últimos 6 meses, pero no hay evidencia de problemas sociales, laborales, emocionales o físicos persistentes o recurrentes relacionados con el consumo; no hay evidencia de consumo peligroso recurrente.	No ha consumido drogas/alcohol en los últimos 6 meses.		
Seguridad	El hogar o la residencia no son seguros; el nivel de peligro/daño inmediato es extremadamente alto; posible implicación de CPS. Violencia doméstica o abuso/negligencia presentes en el hogar.	La seguridad está amenazada/se dispone de protección temporal; el nivel de peligro/daño es alto. Violencia doméstica, abuso/descuido potencialmente experimentados en el hogar.	El nivel actual de seguridad es mínimamente adecuado; la planificación continua de la seguridad es esencial.	El entorno es seguro, pero su futuro es incierto; la planificación de la seguridad es importante.	El entorno es aparentemente seguro y estable.		
Discapacidades	Síntomas agudos o crónicos que afectan la vivienda, el empleo, las interacciones sociales, etc.	A veces o periódicamente tiene síntomas agudos o crónicos que afectan la vivienda, el empleo, las interacciones sociales, etc.	En muy pocas ocasiones tiene síntomas agudos o crónicos que afectan la vivienda, el empleo, las interacciones sociales, etc.	Asintomático: condición controlada por servicios o la medicación.	No se ha identificado ninguna discapacidad.		

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Crédito	Quiebras/ejecuciones hipotecarias/deshucios/deudas de casas de empeño o de juego.	Juicios/perjuicios pendientes; no puede pagar las facturas actuales.	Necesita una reparación de crédito/recuperación de crédito, deudas pendientes mínimas, préstamos de día de pago.	Reconstruyendo el crédito. Está pagando las facturas a tiempo, el crédito se va construyendo.	Presupuesto manejable, crédito intacto y sin problemas con los acreedores/deuda.			
Barreras a la vivienda de alto riesgo (Circule todas las que correspondan):	<i>Delincuente sexual Bancarota Persona Delictiva Menor en colocación OOH Cargos por drogas Condenas por delitos graves Problemas de crédito</i> <i>Sentencias civiles</i>							
						Puntuación total de la matriz		

