**Contract Correspondence Transmittal (CCT)**

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| **CCT Number:** 12-13 | **Date of Issue:** December 17, 2012 |
| **Division/Branch:** Protection and Permanency | |
| **Key Words/Phrases:** Response to Providers’ Questions | |

Dear PCC/PCP Provider,

DCBS is issuing this transmittal in response to several providers’ questions.

1. Can PCP providers apply for Michelle P. waivers for children in their care?

No. Per the current PCC agreement, providers cannot apply for these services on behalf of children. If providers feel that a child is in need of additional services, the provider should contact the child’s DCBS worker. At this time, Michelle P. services are not available to children in PCC/PCP unless there is prior approval by the Director of Protection and Permanency. The purpose of this is to avoid a duplication of services.

1. Are there enough medically fragile beds to meet DCBS’s needs?

As of November 28, 2012, there are 113 children designated as medically fragile. Levels of care (LOC) for these children are as follows: LOC III – 32; LOC IV – 53; and LOC V - 27 [refer to CCT 10-10 issued on 11-10-10 for more specific details regarding how children are assigned levels of care].

Out of the 113 children, 43 are placed in PCP medically fragile homes. There are a total of 98 PCP medically fragile homes. There are currently more PCP (and DCBS) foster parents trained than children designated as medically fragile.

1. Do medically fragile foster parents have to attend the Cabinet’s training?

Per 922 KAR 1:310 Section 10, all medically fragile foster parents must complete 24 hours of cabinet training. Join Hands Together, offered by DCBS, continues to be the only cabinet-approved training for medically fragile foster parents.

DCBS is working on modifying the current medically fragile training so that certain components can be completed on-line, shortening the face-to-face portion of the training to one day. Providers will be notified via CCT once this has been completed.

1. Can DCBS report out on the new placement process to determine if it should be continued?

There is no data to report out. The purpose of the new placement process/database for the regional placement coordinators is so that DCBS can be kept abreast of evidenced based practices offered by each provider in order for DCBS workers to make best placement decisions [refer to CCT 12-02 issued on 1-27-12].

1. Why are referral practices not consistent across the state?

DCBS has one standards of practice (SOP) manual, and the referral process for placement in out-of-home care is outlined in SOP 4.9, 4.10 and 4.11.

1. Is DCBS aware that it is taking longer to get children just entering foster care enrolled in Medicaid?

DCBS was not aware that this was an issue. If the Agency has not received the child’s medical card, please contact the children’s benefit worker (CBW).

1. Can DCBS provide additional guidance on handling medical expenses prior to 19 year olds obtaining coverage from Anthem or Kentucky Access?

The Affordable Care Act that will go into effect in 2014 will provide Medicaid services to this population. In the meantime, refer to CCT 12-12 issued on 10-26-12.

1. Will DPP be issuing a CCT regarding the Supreme Court Rule that requires DCBS to provide the name and address of the foster parent to the court so that the court can provide notice to foster parents of hearings related to children in their care and have an opportunity to be heard?

DCBS will not be issuing a CCT. While information was disseminated in 2012, this guidance has been in place since 2010.  The courts/DCBS must ensure that the foster parent is notified. To ensure that PCP staff receive the hearing notices, PCP agencies should inform their foster parents of their expectations regarding foster parents relaying the information to the PCP case manager/social service worker upon notification from the court.

1. Do PCC/PCPs get reimbursed for all transportation mileage to/from school based upon information transmitted in CCT 12-03 [Education Mandates under Fostering Connections…]?

No. The Cabinet has interpreted “reasonable travel” to include the 40 miles covered under the current PCC agreement; therefore, PCC/PCPs will be reimbursed for mileage in excess of the 40 miles.

1. Are interpreter services covered in the per diem?

Yes. Providers need to be mindful of this when accepting placements because DCBS cannot pay additional funds, as this would be a duplication of service. In order to assist with meeting this need, DCBS in partnership with Department for Behavioral Health, Developmental and Intellectual Disabilities is offering training for the deaf and hard of hearing population. For more information regarding this training opportunity, contact [Michelle.Niehaus@ky.gov](mailto:Michelle.Niehaus@ky.gov).

1. Should DCBS workers receive a copy of the ALPs?

Yes. Per 922 KAR 1:360, the CRP-001 and CRP-002 (Authorization for Level Payments for child-caring facilities and child-placing agencies, respectively) ALPs must be sent to the DCBS worker in addition to the Children’s Review Program. This is stated on the bottom of page 2 of each of the documents referenced above.

If you have questions concerning this transmittal, please contact the PCC/PCP liaison via email at [Julie.Cubert@ky.gov](mailto:Julie.Cubert@ky.gov). Questions regarding PCC/PCP issues can be submitted at any time.

Sincerely,

Michael Cheek

Director