



**CABINET FOR HEALTH AND FAMILY SERVICES  
DEPARTMENT FOR COMMUNITY BASED SERVICES  
Division of Protection and Permanency  
COA Accredited Agency**

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**Contract Correspondence Transmittal (CCT)**

<b>CCT Number:</b> 15-15	<b>Date of Issue:</b> 12-14-15
<b>Issuance:</b> Division of Protection and Permanency, Assistant Director-Christa Bell <i>CBell</i>	
<b>Key Words/Phrases:</b> Changes to the DPP-1293 form to reflect the usage of the DSM V, clarification of professionals who may sign DPP-1293 and DPP-1294B forms and clarification regarding the selection of contact locations for the DPP-1294A form	
<b>Attachments/Forms:</b> DPP-1293	

The purpose of this transmittal is inform PCC/PCP staff of the revised DPP-1293 form, the changes made to the revised form, to provide clarification on authorized individuals who may sign the DPP-1293 or the DPP-1294B and to provide clarification regarding the selection of contact locations on the DPP-1294A.

**Changes to the DPP-1293 Form**

Please find attached the revised DPP-1293 Rehabilitative Services Plan of Care Approval Form, which has been amended by deleting the DSM-IV diagnoses check box options and providing space for indicating the appropriate DSM-V diagnosis(es). These revisions were necessary to comply with recent federal ICD-10 changes that require use of the DSM-V for diagnostic purposes. Please see CCT 15-10 for additional information on the federal ICD-10 changes and use of the DSM-V. PCC/PCP staff should begin using the revised DPP-1293 form immediately. The form is also available on the P & P SOP website: DPP-1293 Rehabilitative Services Plan of Care Approval Form.

**Professionals Who May Sign the DPP-1293 and DPP-1294B Forms**

The following professionals qualify as a rehabilitation service provider and are authorized to sign the DPP-1293 and the DPP-1294B Rehabilitative Services Monthly Progress Report:

Board eligible or board certified psychiatrist;

- Clinical psychologist (certified or licensed);
- Licensed Marriage and Family Therapist;
- Licensed Professional Clinical Counselor; or



- Qualified social worker:
  - Licensed Clinical Social Worker (LCSW);
  - Certified Social Worker (CSW);
  - Masters of Social Work (MSW); or
  - Masters of Science in Social Work (MSSW).

In addition, professionals signing the DPP-1293 and approving the DPP-1294B must have the following experience:

- The individual conducting the assessment and guiding the development of the ITP should have a Master's degree in a human services field plus:
  - Three (3) years of experience (pre and/or post Master's) working with children and families; or
  - Two (2) years of experience (pre and/or post Master's) working with children and families and hold a license or certification to provide therapy.

Please ensure that staff signing either the DPP-1293 or the DPP-1294B have the professional credentials as indicated above.

#### Location of Contact Selections on the DPP-1294A Form

In selecting the location of contact on the DPP-1294A form, please be aware "child/youth placement" should be selected for private providers, PCC/PCP placements. The selection, "Medical/Mental Health/Treatment Facilities" is for medical placements and should only be used when DCBS is not paying the PCC/PCP.

If you have any questions regarding this transmittal please contact Christa Bell at [Christa.Bell@ky.gov](mailto:Christa.Bell@ky.gov) or by telephone at (502) 564-6852.