



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

**Matthew G Bevin**  
Governor

275 E. Main Street, 3E-A  
Frankfort, Kentucky 40621  
502-564-6852  
502-564-4653 (Fax)  
www.chfs.ky.gov

**Vickie Yates Brown Glisson**  
Secretary

**Contract Correspondence Transmittal (CCT)**

<b>CCT Number:</b> 16-04	<b>Date of Issue:</b> 4/8/16
<b>Issuance:</b> Division of Protection and Permanency, Assistant Director-Christa Bell <i>CBell</i>	
<b>Key Words/Phrases:</b> Revisions to the DPP-1294A Rehabilitative Services Monthly Contact Report	
<b>Attachments/Forms:</b>	

The purpose of this transmittal is to inform Private Child-Caring and Child-Placing staff of revisions made to the DPP-1294A Rehabilitative Services Monthly Contact Report.

Revisions were made to the location of contact section to avoid confusion between the previous selection; options of treatment facilities and the child/youth placement and to ensure the appropriate selections were being made. You will find the removal of the selection, "Medical/Mental Health/Treatment Facilities" and the addition of selections, "Community Outpatient Treatment", "ER/Hospital-Medical" and "Hospital/CSU-Mental Health".

Revisions were also made to the religious activity section to capture more specific information. Responses now include specifying what religious/non-religious activities the child attended or participated in and the specific religious materials given to the child.

The revised DPP-1294A form is available and attached. Updates to PCC TWIST/Tracking have also been made to reflect the above changes.

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.

