

**Case Review Processes Utilized by DCBS**

	Internal/ External	Review requirements and scope	Case selection	Frequency	How is the review used Or Output of the group	legal mandate
<b>Annual Permanency Reviews</b>	External	It is a special type of post-dispositional proceeding designed to reach a decision concerning the permanent placement of a child	The cases of all children in OOH are required to have Annual Permanency Review Hearings as long as they remain in the custody of the Cabinet.	No later than 12 months from the date the child entered OOH and every twelve months thereafter.	Permanency reviews represent a review to determine what the permanency goal for a child shall be.	ASFA Federal Law and KRS 620.125
<b>Attorney Reviews</b>	External/ Internal	<p>Attorney reviews can take place at any point in the life of a case. The guardian at litem for the child, the attorney who represents the parents, the County Attorney or the DCBS attorney's.</p> <p>The GAL's and parent's attorneys review the case in order to determine how to proceed on a case and what strategies to use in order to represent the best interest of their client.</p> <p>The county attorney represents the state in the case. They determine what has occurred and they advise the DCBS worker of how they will approach the situation in court.</p> <p>The DCBS attorney represents the Cabinet in a Termination of Parental rights hearing. They review the case to insure that all of the standards are met by the agency to pursue this goal. The worker can also request at any point during the life of a case that the DCBS attorney review the case in order to determine what should be the next legal steps. The worker may also have legal questions around the circumstances in a case or sometimes the court orders the Cabinet to carry out orders that are beyond the scope of the work of the Cabinet. Also in very complex investigations they can advise the worker on how to proceed.</p>	<p>Any case may be appropriate for a review at the request of any party in the case.</p> <p>Involved at the temporary removal hearing, adjudication hearing and dispositional hearings.</p> <p>If court reviews occur, the attorneys are involved throughout court case.</p> <p>Reviews cases as part of the CAPTA hearings and for TPR hearings prior to changing a child's goal to adoption. Workers may seek a legal consultation at any point during an investigation of ongoing case.</p>	<p>Within 72 hrs.</p> <p>Within 45 days.</p>	they use this information to make a determination about what action they will take in court and what to request from the judge	
<b>CAPTA</b>	Internal	An individual found by the Cabinet to have abused or neglected a child may appeal the cabinet's finding through an administrative hearing in accordance with 922 KAR 1:480. Such hearings are commonly referred to as "CAPTA appeals", as the Child Abuse Prevention and Treatment Act (CAPTA) require such processes for States to maintain eligibility for funding under the act.	The SSW provides to any individual found to have abused or neglected a child a Request for Appeal of Child Abuse or Neglect Investigative Finding, form DPP-155, at the time the notice of substantiated findings is provided to the perpetrator as described in SOP 7B.1 Process Overview: Investigation/ FINSA.	The Cabinet or designee will notify the appellant in writing if the matter is subject to review through an administrative hearing.	<p>A substantiated investigation finding can be amended, modified, or reversed.</p> <p>An administrative hearing officer hears testimony and reads any documentation admitted into evidence, makes a finding that must be approved by Commissioner of DCBS. This final order can be appealed in Franklin County Circuit Court (paper review).</p>	922 KAR 1:480
<b>CASA: Court appointed special advocate program</b>	External	<p>KRS 620.500 (4) "Court appointed special advocate program" and "CASA program" mean a program by which trained community volunteers are provided to the court for appointment to represent the best interests of children who have come into the court system as a result of dependency, abuse, or neglect.</p> <p>SOP 7E 3.6 - The SSW assists as appropriate and makes the case file available to the CASA volunteer while the cas is active to ensure the advocacy of the child's best interest. CASA volunteers should be invited to family team meetings and case conferences.</p>	CASA does not exist in every court jurisdiction. For those jurisdictions that do have CASA, volunteers are appointed by the presiding judge to represent the best interest of the child. Case selection is at the discretion of the court.	<p>CASA is appointed by the court. Once CASA has been appointed the CASA volunteer shall: Submit a written report and recommendation to the judge for consideration in determining the best interest of the child at the dispositional hearing, dispositional review hearings, other hearings requested by the court, and at least one (1) report every six (6) months for as long as the case is assigned to a CASA volunteer;</p> <p>Participate in any treatment planning conferences and reviews involving the child to assess whether reasonable efforts are being made to provide services to the child and family and determine the appropriateness and progress of the child's permanent plan;</p>	<p>620.25(2) CASA volunteers submit a written report and recommendation to the judge for consideration in determining the best interest of the child at the dispositional hearing, dispositional review hearings, other hearings requested by the court, and at least one (1) report every six (6) months for as long as the case is assigned to a CASA volunteer;</p> <p>As prescribed in KRS 620.505 - All written court-appointed special advocate reports submitted pursuant to KRS 620.525 shall become part of the Cabinet's record of the child.</p>	N/A

**Case Review Processes Utilized by DCBS**

	Internal/ External	Review requirements and scope	Case selection	Frequency	How is the review used Or Output of the group	legal mandate
<b>Casey Round Tables</b>	Internal	DCBS in partnering with CASEY Family Programs have developed a very structured, in depth, non punitive case review for DCBS workers.	The cases are selected by each region for the RT review, selection criteria are those children in care 18-48 months with a goal of RTP.	By the end of 2010 we will have reviewed 243 cases statewide. Each region will choose 9 in the spring & 9 in the fall for a RT meeting.	To develop a permanency plan for specific children that can be realistically implemented. To establish life long connections and/or supports for these children. To stimulate thinking with our staff and develop/model clinical practice as we seek pathways to permanency for these children and other children. To identify and address barriers to permanency that might be changed through professional development, policy change, resource development, and the engagement of system partners.	SOP 7H KAR 1:420 KRS 620.050(12)
<b>Child Fatality and Near Fatality Investigation Consultations &amp; 60 Day Internal Reviews</b>	Internal	There is an established protocol in terms of field notification to the SRA & Central Office, as well as, consultations as needed on investigation or autopsy concerns, both in the region and with CO program specialist and nurse on medical issues. Investigators must receive regional approval on their findings. Regional attorneys are consulted as well on determination of findings. CO program specialist provides feedback throughout the investigative process as requested. The SSW is encouraged to participate in Local Child Fatality Response Teams (if available in their area) to assist in cross communication and sharing information between different agencies. 60 day internal reviews are held to discuss past hx, current issues and areas of improvement either at the local office or agency level. Data collected from these reviews is submitted to the Governor, General Assembly and State Child Fatality Review Team.	Fatalities involve situations where children have died as a result of abuse and neglect by a caretaker. Near fatalities involve children who are deemed in serious or critical condition by a physician due to abuse and neglect by a caretaker. 60 Day Internal Reviews occur on cases where abuse or neglect is substantiated and has resulted in a fatality or near fatality and there has been a previous FINS or investigation on the child or family.	Throughout the investigation as needed and prior to findings being approved. 60 days reviews occur one time if a case is appropriate.	CO and Regional consultations assist the investigator and FSOS in conducting thorough and timely investigations. An internal child fatality or near fatality review meeting is held within sixty (60) calendar days of receipt of the report of child fatality or near fatality when the Cabinet has substantiated abuse or neglect and there has been prior agency involvement with the child and/or family. Areas covered in these meetings include: Previous DPP involvement, the current investigation, recommendations for the family, existing practice to identify areas for improvement, and opportunities for staff training and development. Attendance in the internal child fatality or near fatality review meeting is required of the SSW investigating the child fatality or near fatality, FSOS, Regional Attorney, SRA or designee, SRA/SRCA, SSW/FSOS previously involved in the case, when applicable, The Central Office Child Fatality/Near Fatality Specialist; and (Optional) The Child Fatality or Near Fatality Nurse Administrator. Other agency staff may attend this review at the discretion of the SRA and/or Regional Attorney. Within ten (10) working days of the child fatality or near fatality internal review meeting, recommendations gleaned from the review are submitted as "Confidential Attorney Client Privileged Correspondence" to the Child Fatality Specialist who will distribute to the Cabinet's General Counsel, Director of Protection and Permanency, and Director of Service Regions. Recommendations are considered in Central Office in terms of what additional training is needed for frontline staff, policy changes or clarifications, needed services etc. A more comprehensive analysis of these trends and other data collected is submitted yearly in a formal report.	KRS
<b>Citizens Foster Care Review Board (CFCRB)</b>	External	Pursuant to KRS 620.270 children and youth in the temporary custody or who are committed to DCBS, regardless of placement, are subject to review by the Administrative Office of the Courts Citizen Foster Care Review Board.  IPR is an interactive interview process involving Citizen Foster Care Review Board volunteers, parents, care providers, service providers, Cabinet personnel and attorneys. After the IPR, the IPR board members' findings and recommendations are compiled by the field coordinator into a thorough report for the judge in the case.	The cases of all children in OOH are required to be reviewed by CFCRB.  Cases that would be sent to the Citizen Foster Care Review Board for review. CFCRB members, judges, and DCBS staff can also recommend cases for an IPR.	At least once every 6 months.  Cases are chosen for the regional IPR boards to coincide with their 6 month administrative review.	The CFCRB mission is to ensure that permanency remains a central objective of the courts and DCBS for at-risk children.  The IPR focuses on the parents' and child's case plans and what progress is being made to secure permanency for the child.	KRS 620.190 KRS 620.220 KRS 620.270 KRS 620.290 SOP 7E 3.7

Case Review Processes Utilized by DCBS

	Internal/ External	Review requirements and scope	Case selection	Frequency	How is the review used Or Output of the group	legal mandate
	Internal	<p>Complaint reviews can take place on a regional level, at Central Office, and through the Ombudsman's Office.</p> <ul style="list-style-type: none"> <li>• <u>Regional Complaint Reviews</u></li> </ul> <p>Per SOP 1A.10 An individual may submit a written request to the Service Region Administrator (SRA) or designee within 30 calendar days after the date of the Cabinet action or alleged act.</p> <p>Each region has their own internal complaint review process aside from the one prescribed in SOP 1A.10.</p>	<p>Encompasses any complaint that is made by that falls under the scope of the Division of Protection and Permanency with regard to that specific region.</p>	<p>Per SOP 1A.10 - As appropriate during an investigation or 30 calendar days after the date of the Cabinet action or alleged act.</p> <p>Complaints may be reviewed regardless of time frame to determine if there can be some type of resolution.</p>	<p>Per SOP 1A.10 (2) The SRA or designee provides a written response of the complainant within thirty (30) calendar days of receipt of the request for resolution.</p> <p>Each month, the SRA or designee submits a complaint tracking system report to the DCBS Commissioner or designee, which documents the: (a) number of service complaints; (b) the nature of each complaint; and (c) the region's response to each complaint.</p> <p>Aside from the process prescribed in SOP 1A.10 (2) the regions may have their own tracking system in an effort to review trends and improve quality services.</p>	
Complaint Review Process	Internal	<ul style="list-style-type: none"> <li>• <u>Central Office Complaint Reviews</u> <ul style="list-style-type: none"> <li>• Governor's Office</li> <li>• Secretary's Office</li> <li>• Commissioners Office</li> <li>• Ombudsman's Office</li> <li>• CHFS Listens</li> </ul> </li> </ul> <p>The Director's office within the Division of Protection and Permanency receives and filters through P&amp;P complaints from the Governor's office, Secretary's office, Commissioner's office and Ombudsman's office and through CHFS Listens. Prior to assigning any type of review the complaint should be accepted as a report of abuse, neglect, exploitation pertaining to a child or adult as prescribed in KRS 620.030 and 209.020. If the complaint needs to be screened through centralized intake the report will be forwarded to the appropriate region by the director's office or branch designee.</p> <p>If it is determined by the director's office that the complaint does not need to be forwarded to Centralized Intake then a report is assigned to the appropriate branch to review and complete as an assignment. All assignments are given with an assignment sheet and instruction advising what steps should be taken and the date the assignment is to be turned back in to the director's office.</p>	<p>Encompasses any complaint that is made by that falls under the scope of the Division of Protection and Permanency.</p>	<p>This can occur at any time a complaint is made.</p>	<p>Assignments are completed in an effort to review the complainant or concern to determine if it is justified and offer some type of resolution. If the complaint is not justified the goal is to provide a justification as to why the complainant's concerns are not valid and if possible offer other alternatives to finding a resolution.</p>	COA

Case Review Processes Utilized by DCBS

	Internal/ External	Review requirements and scope	Case selection	Frequency	How is the review used Or Output of the group	legal mandate
Complaint Review Process	External	<p>• <u>Ombudsman's Office Complaint Reviews</u> Statutory Authority KRS 194A.030(8) The complaint review process is outlined by Administrative regulation 920 KAR 1:030</p> <p>Role and Responsibilities:</p> <ul style="list-style-type: none"> <li>• To receive and investigate complaints</li> <li>• Answer inquiries regarding programs and services</li> <li>• To recommend corrective action where appropriate</li> <li>• To prompt Cabinet officials to resolve problems clients have with the agency and its programs.</li> <li>• To advise the Secretary relative to service delivery problems which have been identified by the office of Ombudsman.</li> </ul> <p>SOP 1A.10 The complainant can also contact the Cabinet's Office of Ombudsman if the matter was not previously reviewed by that office.</p>	The Complaint Review Branch receives complaints from the public, legislators, attorneys, etc. The branch will review and discuss the complaint and determine if an investigation by the complaint review specialist is necessary.	When the Ombudsman has determined that an investigation by their office is necessary.	<p>A citizen assistance specialist will discuss the complaint with the caller in an effort to resolve the problem. If an investigation is necessary by the Ombudsman /complaint specialist the process may take longer. After investigating the complaint, the complaint specialist will determine if the complaint is justified. If the complaint is justified the complaint specialist will work with the complainant and the Cabinet to find a fair solution. If the complaint is not justified the citizen assistant specialist will take the time to explain why.</p> <p>The Complaint Review Branch handles calls and correspondence concerning programs within the Department for Community Based Services. The branch issues reports to DCBS concerning complaint trends and patterns and recommends corrective action.</p>	KRS 194A.030 (8) 920 KAR 1:030
Comprehensive Assessment and Training Services	External	<p>The Comprehensive Assessment and Training Services (CATS) project provides timely, multidimensional, comprehensive assessments of families and children identified by the Department for Community Based Services (DCBS) that meet specific eligibility criteria. This assessment provides an evaluation of the child and family strengths and vulnerabilities within five major domains: 1) family/social; 2)emotional/behavioral/psychological/physiological; 3) attachment; 4) life history/traumatic events; developmental/cognitive/academic. For each of these domains, quantitative and qualitative data are gathered using overlapping methodologies; structured observations, structured interviews, psychometric testing and a content analysis of the medical, legal and DCBS record. A multidisciplinary team of psychiatrists, pediatricians, social workers and psychiatric nurses then synthesizes the data into findings, conclusions and recommendations. The final evaluation is distributed to the DCBS worker and the judge who has jurisdiction of the case prior to the dispositional hearing.</p>	This service is designed to be used with some of the agency's most difficult OOHC cases.	any case that is accepted by the clinic will only be comprehensively reviewed by	<p>CATS staff reviews all agency case information and interviews P&amp;P staff and families.</p> <p>Once the report is completed, CATS and others identified by the service region administrators oversee the initial implementation of the recommendations, direct the initial treatment and assist in the development of the case plan. The CATS Clinic operates as a "living laboratory" where the latest assessment and treatment technology is tested and refined. The new technology is then transferred into the field to many different consumers. This may require significant training of the family members (biological, kinship care or adoptive) in addition to training the DCBS staff in how to continue to intervene in ways most likely to lead to stabilization and improvement of family. Training to meet the child and family needs is provided by CATS, DCBS and other regionally identified staff and partners. Individual and group therapy is provided to adoptive families and children that have been identified in the assessment process as having significant issues related to attachment and unresolved trauma.</p>	SOP
Court Reviews	External		Every Case	At least yearly, but can happen more frequently at the request of the ssw and/or court	The review is used to ensure case goal objectives are being met, or not met. The review is also used to child(ren) achieve permanency.	Court Improvement Project

**Case Review Processes Utilized by DCBS**

	Internal/ External	Review requirements and scope	Case selection	Frequency	How is the review used Or Output of the group	legal mandate
<b>CQI Case Review</b>	Internal	The CQI Process and CQI Review System, when used properly are ideal for case improvements and the development of best practices that improve Cabinet outcomes. By strengthening these processes and empowering staff to improve casework, the Cabinet will be in a far better position to meet our federal outcome requirements.	Four cases per team are randomly selected monthly from our SACWIS system for review.	Level 1- four cases randomly selected per FSOS. Level 2- 18 cases per region randomly but from level 1 list. Level 3- 32 cases statewide randomly but from the level 2 list	While initially developed for Accreditation purposes, the new CQI Case Review system goal is to improve outcomes by focusing on the coaching/mentoring/monitoring process through review and supervision.	KRS 620.040 (7) G2.6.02
<b>Division for Protection and Permanency Review</b>	Internal	The Division of Protection and Permanency receives requests to review both investigations/assessments and/or ongoing cases at the request of the Governor, Cabinet Secretary, Commissioner or from regional and frontline staff.	As requested or required.	Varies	This type of review is often prompted either by a constituent complaint, or agency staff who are dealing with a complex situation and need guidance on next steps. Reviews range from the very formal which involve TWIST and hard copy case reviews to less informal phone consultations.	None
<b>FSOS Case Review</b>	Internal	In addition to regular supervision, the SSW meets for scheduled face-to-face reviews with the FSOS at least once monthly.	Every active case must be reviewed	Monthly	The purpose of individual case level supervision is to use the knowledge and expertise of the supervisor to guide the casework being completed by their staff, and ensure that staff are completing tasks/objectives as delineated in the assessment, case plan, and as instructed by the supervisor.	SOP 7E.4.10 SOP 1A.4 922 KAR 1:350
<b>Local Multidisciplinary Teams on Child Sexual Abuse</b>	External	The purpose of the multidisciplinary team shall be to review investigations, assess service delivery, and to facilitate efficient and appropriate disposition of cases through the criminal justice system. Membership of the multidisciplinary team shall include but shall not be limited to social service workers employed by the Cabinet for Health and Family Services and law enforcement officers. Additional team members may include Commonwealth's and county attorneys, children's advocacy center staff, mental health professionals, medical professionals, victim advocates, educators, and other related professionals, as deemed appropriate by local teams.	Review child sexual abuse cases referred by participating professionals, including those in which the alleged perpetrator does not have custodial control or supervision of the child or is not responsible for the child's welfare	Local teams meet regularly varying from monthly to quarterly. A sexual abuse report may be reviewed once or multiple times depending on how the MDT chooses.	Each local team develops a protocol on how they will respond and provide consultations on child sexual abuse investigations. P&P investigators benefit from the consultation as they receive input from various different professionals on what additional information may be needed during sexual abuse investigations in order to substantiate, court preparation for the child(ren) what services are available to assist the child and family. Some teams provide staffings on serious physical abuse investigations as well. Each county is required to have a team, but many do not formally meet for a variety of reasons (lack of core leadership, members are inconsistent in coming, time and staffing limitations etc.)	P.L. 96-272 Sec. 475. (5) & (6) KRS 620.180

Case Review Processes Utilized by DCBF

	Internal/ External	Review requirements and scope	Case selection	Frequency	How is the review used Or Output of the group	legal mandate
Individual Health Plan (IHP)	External/ Internal	<p>Upon notification of the medically fragile determination by the Medical Support Section (medical condition documented by physician), the Medically Fragile Liaison notifies the Commission for Children with Special Health Care Needs (CCSHCN). The Regional Medically Fragile Services Liaison schedules an initial Individual Health Plan (IHP) meeting within thirty (30) calendar days of the child's placement or designation as medically fragile. To assist with the child's planning, the Region's medically Fragile Liaison invites the members of the Medically Fragile Service Team which includes, but is not limited to:</p> <ul style="list-style-type: none"> <li>(a) Birth Parents;</li> <li>(b) Resource Parents;</li> <li>(c) Medical Providers;</li> <li>(d) Service Providers;</li> <li>(e) SSW</li> <li>(f) R&amp;C SSW, when applicable;</li> <li>(g) FSOS;</li> <li>(h) Designated Commission for Children with Special Health Care Needs (CCSHCN) nurse;</li> <li>(i) Private Child Placing (PCP) agency staff, when applicable; and</li> <li>(j) Any other appropriate family member.</li> </ul>	SSW consults with Central Office Medical Staff on each case which is individually considered and is based on the child's health condition.	Initial IHP meeting is held within 30 days of child's placement, and subsequent meetings are conducted every 6 months, to assess ongoing needs and continued Medically Fragile status.	<p>The IHP meetings are conducted to assess ongoing needs and continued Medically Fragile status. The Medically Fragile Service team may use Medically Fragile Report to:</p> <ul style="list-style-type: none"> <li>(a) Develop/prepare the child's IHP;</li> <li>(b) Reviews current medical services and updates the IHP;</li> <li>(c) Incorporates the current and potential medical and rehabilitative needs of the child, and awareness of long-term needs of the child into the child's care and treatment; and</li> <li>(d) Identifies additional services to meet the child's needs.</li> </ul>	SOP 7E.4.10
MSW Case Consultation	Internal	<p>Supervision is an integral part of ensuring that appropriate and timely services are being assessed, offered, and provided to the vulnerable families and children served by DCBS and is provided on both Request and Provide cases. The purpose of individual case level supervision is to use the knowledge and expertise of the supervisor to guide the casework being completed by their staff, and ensure that staff are completing tasks/objectives as delineated in the assessment, case plan, and as instructed by the supervisor.</p>	The Region requires that Supervision on all cases occur no less than once per quarter.	no less than once per quarter.	<p>The Supervision includes a review and discussion of the:</p> <ul style="list-style-type: none"> <li>Application of current policy and procedures;</li> <li>Case to ensure that the SSW matched all needs and services to all family members;</li> <li>Identification of additional assessments, services, tasks, or linkages needed to be provided to any family member;</li> <li>Individual tasks for the SSW or FSOS; and</li> <li>Timeframes required for additional assessments, services, tasks, or linkages to be completed.</li> </ul> <p>After completion of the Supervision, the individual providing the Supervision and/or FSOS documents on the Request individual supervisory consultation form or the Provide individual supervisory consultation form, the complete details of the consultation, including but not limited to: Strengths of the case; Areas for improvement; and Required tasks or actions and timeframes for each party.</p>	COA G7.5 - 7.6 KAR KRS SOP 1A.4 SOP 10.7

Case Review Processes Utilized by DCBF

	Internal/ External	Review requirements and scope	Case selection	Frequency	How is the review used Or Output of the group	legal mandate
<b>Objective 3rd Party Review</b>	External	P.L. 96-272 Sec. 475. (5) & (6). This is a procedure for assuring that (5) (A) each child has a case plan designed to achieve placement in the least restrictive (most family like) setting available and in close proximity to the parents' home, consistent with the best interest and special needs of the child, (5) (B) States that the status of each child is reviewed periodically but no more than once every six months by either a court or by administrative review in order to determine the continuing necessity for and appropriateness of the placement, the extent of compliance with the case plan, and the extent of progress which has been made toward alleviating or mitigating the causes necessitating placement in foster care, and to project a likely date by which the child may be returned to the home or placed for adoption or legal guardianship. (6)The review is open to participation of the parents of the child, conducted by a panel of appropriate persons at least one of whom is not responsible for the case management of, or the delivery of services to either the child or the parents who are the subject of the review.	Required on every case where a child remains in OOHC.	Every 6 months when a child remains in OOHC.	To determine the continuing necessity for and appropriateness of the placement, the extent of compliance with the case plan, and the extent of progress which has been made toward alleviating or mitigating the causes necessitating placement in foster care, and to project a likely date by which the child may be returned to the home or placed for adoption or legal guardianship. PL 96-272 (5) (B).	SOP
<b>Pediatric Forensic Medicine Consult</b>	External	CHFS contracts with Kosairs Children's Hospital , Division of Forensic Medicine (DFM) to provide medical consultations to P&P investigators in order to determine if an injury appears non-accidental (inflicted) vs. accidental.	<ul style="list-style-type: none"> <li>• Active physical abuse or neglect investigations, involving a child with a physical injury or physical exam finding that is suspicious for injury may be appropriate for referral if local medical resources are either not available or are unable to determine if the injury/finding is likely to have been the result of maltreatment;</li> <li>• Active investigations involving a reported method of injury that may not be</li> </ul>	As appropriate during a CPS investigation.	The SSW consults with the Regional Commission for Children with Special Health Care Needs (CCSHN) nurse regarding the need for additional consultation and what local resources may be available. If regional resources are not readily available, the SSW contacts the Central Office Medical Support Section. If after consultation with the regional CCSHN or Central Office nurse, it is agreed that a referral	KRS 199.565

Case Review Processes Utilized by DCBS

	Internal/ External	Review requirements and scope	Case selection	Frequency	How is the review used Or Output of the group	legal mandate
Planned Permanent Living Arrangement (PPLA)	Internal	The goal of Planned Permanent Living Arrangement (PPLA), also known as Another Planned Permanent Living Arrangement, is appropriate when determined by DCBS and the SSW that: (a) Efforts have been made and documented in the case record to place the child for adoption or with a suitable and willing relative and the child has been placed on a national adoption register; or (b) Other permanency goal options have been exhausted and are no longer appropriate due to the specific circumstances of the child; (c) The DCBS, SRA or designee has reviewed, approved and documented that a goal of PPLA is in the best interest of the child; (d) The court has determined that another planned permanent living arrangement is in the best interest of the child; (e) The child has formed psychological ties with those with whom the child lives and adoption and guardianship have been discussed with the caregiver and are not viable alternatives. The caregiver and DCBS enters into a court-sanctioned written agreement regarding DCBS's intention for the child to remain with the caregiver to provide a permanent living arrangement for the child; and (f) For all children under sixteen (16) years of age, approval is required from the Commissioner or designee, prior to establishment of a goal of planned permanent living arrangement.	All cases involving a child 16 and under require approval from the Commissioner or designee prior to the establishment of a goal of PPLA	All cases involving a child 16 and under require approval from the Commissioner or designee prior to the establishment of a goal of PPLA	The review is used to determine if the goal of PPLA is appropriate for the child	COA: G8.5.04 S21.6 S21.6.02 KAR 1.140 KRS 620.180 SOP 7C.10.6
Resource Home Reviews	Internal	The R&C worker completes a review within thirty (30) calendar days of notification of a factor that may place unusual stress on the family or create a situation that may place a child at risk.	The R&C worker conducts if: (a) A family member dies; (b) A family member becomes disabled; (c) A Resource Home parent's ability to provide care for a DCBS child due to a sudden onset of a health condition; (d) Change in marital status	within thirty (30) calendar days of notification of a factor that may place unusual stress on the family or create a situation that may place a child at risk.	The reviews are conducted by Recruitment and Certifications staff and used to ensure that children placed in DCBS foster homes are cared for in a safe and stable environment.	COA S21.10.05 KAR 1:350 KRS 620.500 - 620.550 SOP 7E 3.6 SOP 3A.6.3

Case Review Processes Utilized by DCBS

	Internal/ External	Review requirements and scope	Case selection	Frequency	How is the review used Or Output of the group	legal mandate
Specialized Investigations	Internal	<p>SOP 7B.8 - Specialized investigations involve the following individual(s) or setting(s):</p> <ul style="list-style-type: none"> <li>• DCBS or Private Child Placing (PCP) Foster and Adoptive Homes;</li> <li>• Crisis Stabilization Units;</li> <li>• Registered Family Child Care Homes or Licensed Child Care Facilities;</li> <li>• Registered (Subsidized) or Family Child Care Providers;</li> <li>• Department for Community Based Services (DCBS) Employees</li> <li>• School Employees</li> <li>• Supports for Community Living (SCL);</li> <li>• Community Mental Health and Mental Retardation Center (CMHC);</li> <li>• Psychiatric Residential Treatment Facilities (PRTF);</li> <li>• Psychiatric Hospitals;</li> <li>• Camps; and</li> <li>• Day Treatment Facilities</li> </ul>	<ul style="list-style-type: none"> <li>• Partnering with the Office of Inspector General (OIG): When OIG is involved in an investigation, DCBS staff and OIG staff share information regarding the agency or facility history and the investigation. Whenever possible the investigation is coordinated and conducted jointly.</li> <li>• In joint investigations, the SSW and OIG staff may prepare a final report. The SSW may comment and make recommendations that may be incorporated into the joint investigation report. If the OIG staff and the SSW do not agree on issues of concern; collaboration between the two is encouraged. Findings are justified in the CQA documentation and service recordings connected to the investigation.</li> <li>• Prior to a finding of substantiation due to systemic issues against a Director, Program Director, Administrator or other designated management staff, the SSW: Consults with the FSOS; If the FSOS agrees with the SSW's recommendation; consults with the regional attorney and documents the consultation in TWIST; and if the regional attorney agrees with the recommendation, the SSW notifies the Director of Protection and Permanency's office at (502) 564-6852 that a consultation needs to occur for a determination of the finding against management staff. Final approval on a substantiation must be approved by the Director's Office.</li> <li>• When there is indication of systemic neglect within the school, the SSW informs the FSOS, who then informs the SRA of designee. The SRA or designee, upon review and affirmation of suspected systemic neglect informs the Commissioner in writing, outlining what efforts have been made to address the concerns with the school system. Approval by the Commissioner is required prior to pursuing systemic neglect against a school administrator.</li> <li>• When investigating an (SCL) - Supports for Community Living or (CMHC) Community Mental Health/Mental Retardation Center the SSW and DMR staff confers on the investigation to the extent possible prior to issuing any</li> </ul>	<ul style="list-style-type: none"> <li>• The Investigating SSW reviews prior reports on a facility, DCBS or PCP foster/adoptive home to determine any systematic patterns of behavior or issues that may need to be addressed. Particular attention should be given to previous aftercare plans developed at the end of an investigation or FINSA to consider any ongoing issues or concerns.</li> <li>• Consultation with the Central Office Child Safety Branch is highly recommended during an investigation that involves systemic issues in a specialized setting, or if an allegation involves a Director, Program Director, Administrator or other designated management staff.</li> <li>• Prior to conducting an exit interview with the administrator or designee, the SSW and OIG staff (as applicable) discuss their findings, any needed follow-up actions and which agency is assigned to the follow-up privately prior to conducting an exit interview with the administrator or designee.</li> <li>• If abuse, neglect, or dependency is substantiated in a DCBS foster/adoptive resource home, a Resource Home Review of the home is completed, unless the home is being closed. A Resource Home review may also be completed to address any concerns or policy violations identified through the course of the investigation, even if the allegations are not substantiated.</li> </ul>	<ul style="list-style-type: none"> <li>• To develop Prevention and/or Aftercare Plans</li> <li>• OIG may use the case review to help develop SOD - Statement of Deficiencies.</li> <li>• To determine whether or not to suspend DCBS referrals; placements with DCBS foster homes; or when terminating an agreement or contract.</li> </ul>	<p>922 KAR 1:310 The Cabinet shall respond to allegations of abuse, neglect, or exploitation of a child in accordance with 922 KAR 1:330</p> <p>SOP 7B.8 SOP 3A.6.3</p>
Swift Reviews	Internal	<p>Report completed quarterly, by the appointed Swift chair in every region, to provide the status of the Swift teams goals and objectives, and identify all adoption proceedings during that quarter for each child committed to the Cabinet. The report specifically includes the number and location of all committed children placed for adoption, all options available to those children, experience and activity for each case, successful adoptions and locations, status of all cases the teams have participated, identity of all agencies involved in the adoptions process, and initiatives for the Swift adoption process for the upcoming quarter. This process is utilized to decrease the length of time necessary to complete the adoption process.</p>	<p>Encompasses all children who have a goal of adoption.</p>	<p>quarterly</p>	<p>The SWIFT Adoption report is sent to the Governor, Legislative Research Commission and the Chief Justice of the Kentucky Supreme Court. The report is intended to further improve the timeliness of adoptive placements by decreasing the length of time necessary to complete the adoption process.</p>	<p>KRS 199.565 SOP 1A.10(2) SOP 1.4.9</p>

Case Review Processes Utilized by DCBS

	Internal/ External	Review requirements and scope	Case selection	Frequency	How is the review used Or Output of the group	legal mandate
Utilization Review Consult	Internal	The Utilization & Review Consult (URC) is a collaborative group approach designed to engage and ensure informed decision-making when considering child removal, placement disruptions resulting in higher level of care placement, and other critical need situations. A URC could also be utilized for a youth age seventeen (17) to discuss placement services and alternatives prior to them reaching adulthood. URC provides for group decision making, which provides an additional support to staff in making the best decisions regarding families and children.	a) Prior to filing a petition to request DCBS custody and removal of a child from the home with placement in OOHC or with a relative; (b) When a child's placement is disrupting resulting in a more restrictive placement; or (c) To consult on critical need cases, which may include other placement disruptions.	(a) Prior to filing a petition to request DCBS custody and removal of a child from the home with placement in OOHC or with a relative; (b) When a child's placement is disrupting resulting in a more restrictive placement; or (c) To consult on critical need cases, which may include other placement disruptions.	The URC conference may take place via phone, in person, or as a structured FTM/FFTM. Teams members must include the gatekeeper who co-ordinates the process, the worker and/or FSOS, and one regional manager. Other regional staff or attorney may be included as needed. Topics covered include (a) Necessity of child placement (b) Person or entity requesting the move (c) Reason for requested move (d) Services that have been provided/offered (e) Risk/safety factors that may be serious enough to justify the placement under consideration (f) Services and supports that need to be in place to prevent the possible removal, change of placement, and/or possible future disruption such as prevention planning with an available relative(s), followed by the use of Kinship Care services, Family Preservation Program or other intensive in-home services; (g) The child's current placement situation including: (1) Appropriateness of the placement for the child; (2) Present and potential safety/risk concerns; (3) Problems in the placement; (4) Services or supports that need to be implemented to prevent the change of placement and/or future disruption; and (5) Any special needs or medical issues of the child. (h) The proposed placement situation including: (1) Services or supports that need to be implemented to prevent the change of placement and/or future disruption; (2) Clear and identified benefits for the child; (3) Consideration of the best interest of the child; and (4) Ability to provide the service needed to meet the needs of the child. Decisions made through the URC conference will be acted upon in a timely manner by all necessary parties. The URC participants will designate who completes the DPP-20 Utilization Review Consult Form during the URC consult. If the URC conference did not include a MSW member, the URC Form will need to be reviewed and approved by a MSW staff person. The FSOS retains a copy of this form and the original is maintained by a regional "Gatekeeper". The DPP-20 is not to be filed in the child or family's case record. The SSW completes documentation in TWIST that the URC was conducted.	COA SOP 1A.7
Additional Case Reviews utilized by some regions	Internal	High Risk Checklist	Centralized Intake sends a copy of all these referrals to a Specialist to monitor. The assigned SSW are asked to complete a checklist on all these referrals within 48 hours and send them to the assigned specialist.		Specialist follows up with the SSW as appropriate	N/A
	Internal	Regional Nurse Consults	SSW completes a referrals to Regional Nurse for review of medical records, notes, etc.			N/A
	Internal	Quarterly Permanency Team Reviews	The Permanency Team reviews every case in OOHC quarterly with the FSOS	Quarterly		N/A
	Internal	ASFA Review	Meeting held with SRAAs, SRA if available, OOHC Specialist, and Regional Attorney to discuss progress of cases regarding permanency	Quarterly		N/A
	Internal	ASFA/Permanency Staffing	Reviews cases with children in care typically less than 8 months to determine	Quarterly or as often as possible	Designed to ensure permanency options are considered much	N/A
	Internal	Transitional Planning meetings	Held for 17 year olds with staff and independent living coordinator to explore options and develop permanency plan for when child becomes 18 (extended commitment or ages out)		Permanency planning	N/A
	Internal	Regional Consultation Committee (RCC)	All cases	Twice monthly for rural counties and twice monthly for Fayette County	Designed to review sibling separations, difficult cases, and any case as requested.	N/A
	Internal	CPS Specialist/SRAA Reviews	Cases may be reviewed for any reason at the request of the case manager, FSOS, SRAA or SRA.	As requested.		N/A
	Internal	FSOS review of all cases	All open cases	Monthly		N/A
	Internal	Sibling Return Review	Before FSOS' start overnight visitation for siblings they are to request a sibling review	Used prior to overnight visitation between siblings		N/A
	Internal	Case Closure	All cases prepared for closure			N/A