

# **Children's Review Program**

## *ALP Completion for Accurate Level Assignment*

- This training is designed to assist you in completing the CRP-7 Application for Level of Care Payment (ALP). The CRP-7 replaced the CRP-001 and the CRP-003 that were used prior to 8/1/2014.
- A 1.25 credit hour on-line training for how to complete an Application for Level of Care Payment (ALP) form is also now available through Eastern Kentucky University's TRIS Web-based Training site: <https://www.training.eku.edu/alpforpccpcpwbt> .
- Copies of the CRP-7 form are available at <http://www.bluegrass.org/crp/> under Blank Forms. We recommend that you take a moment to access a copy of the CRP-7 before continuing so that you can follow along with the training.
- 922 KAR 1:360 relates to private child care placement, levels of care, and payment and establishes when and what is required by the Children's Review Program (CRP) and the private child caring and child placing agencies (PCCs/PCPs) for level assignment.
- In accordance with this regulation, the Children's Review Program initially assigns levels to children who enter the level of care system and on an ongoing basis while the child remains in PCC/PCP placement.
- The focus of this training will be on the ongoing level assignments (also called utilization reviews) and the information required from the PCCs/PCPs to complete those assignments. (Note that DCBS workers may also maintain a level of care on children in DCBS foster care by submitting the same forms required by the PCCs/PCPs.)

### **GENERAL INSTRUCTIONS**

- Always use a clean form/template when completing your ALP. Using a previous ALP saved with a child's information can lead to old and new information being mixed or repeated accidentally. When information is repeated from one ALP to the next, a CRP Clinical Reviewer cannot be sure if the information is current.
- All forms should be typed to ensure legibility.
- Complete each section with a sufficient amount of detail for the CRP Clinical Reviewer to understand the extent of a child's issues. Detailed information leads to more accurate level assignments.
- For sections that do not apply to a particular child, mark "NA" and proceed to the next section.
- Be sure to include any attachment that is referenced in the ALP. Failure to submit the attachment may lead to an inaccurate level assignment due to incomplete information.
- Programs are required to send a copy of the ALP to the child's DCBS worker at the time it is submitted to CRP.

## SECTION SPECIFIC INSTRUCTIONS

### SECTION A. CHILD IDENTIFYING INFORMATION

- Provide the first and last name of the child, the child's preferred name (especially if you refer to the child by that name when completing the ALP), date of birth, social security number, gender, and the date the youth was admitted to your program.

Child's Name (Last, First)	Preferred Name	D.O.B.	Social Security #	Gender	Date of Admission
Doe, William	Billy	1/6/2000	000-00-2000	MALE	2/4/2014

### SECTION B. SERVICE PROVIDER INFORMATION

- Identify both your **agency** and the specific **program/office**. If your agency has more than one program/office within the state, it is very important that you include the specific program or office that provides services for this child.
- Indicate the person completing the ALP, date of completion, telephone number (including area code) with extension, and fax number.

Agency		Program/Office Name		
Best Child Care		Owensboro TFC		
Person Completing Form	Date Completed	Telephone	Ext.	Fax Number
Jane Smith	5-1-2014	505-555-5555	55	505-555-5550

- Enter the “**Reporting Period Beginning**” and “**Reporting Period Ending**” dates that correspond to the ALP service dates covered by the report.
- For a private child-caring (PCC) residential placement, the ALP is due every 3 months. For private child-placing (PCP) foster care and independent living, ALPs are due every 6 months. If a child is admitted to a program during a reporting period, the “Reporting Period Beginning” will be the date of admission. Otherwise it will be 3 or 6 months prior to the ALP due date depending on your program type. The reporting period ends on the ALP due date. Additional information regarding due dates is included later in this training.
- An example of an ALP for a child in a residential placement with an admission date of 7/8/2013 and ALP due date of 3/1/2014 is:

Service Dates Covered by Report					
Reporting Period Beginning			Reporting Period Ending		
Month	Day	Year	Month	Day	Year
12	01	2013	03	01	2014
Reporting period begins 3 months prior to the ALP due date or on the admission date to the program, whichever is later.			Reporting period ends on the ALP due date.		

- An example of an ALP for a child in a residential placement with an admission date of 01/14/2014 and ALP due date of 3/1/2014 is:

Service Dates Covered by Report					
Reporting Period Beginning			Reporting Period Ending		
Month	Day	Year	Month	Day	Year
1	14	2014	03	01	2014
<i>Reporting period begins 3 months prior to the ALP due date or on the admission date to the program, whichever is later.</i>			<i>Reporting period ends on the ALP due date.</i>		

- An example of an ALP for a child in foster care with an admission date of 7/8/2013 and ALP due date of 6/1/2014 is:

Service Dates Covered by Report					
Reporting Period Beginning			Reporting Period Ending		
Month	Day	Year	Month	Day	Year
12	01	2013	06	01	2014
<i>Reporting period begins 6 months prior to the ALP due date or on the admission date to the program, whichever is later.</i>			<i>Reporting period ends on the ALP due date.</i>		

- An example of an ALP for a child in foster care with an admission date of 01/14/2014 and ALP due date of 6/1/2014 is:

Service Dates Covered by Report					
Reporting Period Beginning			Reporting Period Ending		
Month	Day	Year	Month	Day	Year
1	14	2014	06	01	2014
<i>Reporting period begins 6 months prior to the ALP due date or on the admission date to the program, whichever is later.</i>			<i>Reporting period ends on the ALP due date.</i>		

- For residential and independent living programs, mark “NA” for the “Foster Care Only” section and proceed to the next section.
- For foster care programs, include information in the “Foster Care Only” section about the child’s current foster family. If there have been any moves to other foster homes within the agency during the reporting period, excluding routine respite, list those foster homes along with the date and reason for the move (using the PCC Tracking Move Reasons located at: <http://www.bluegrass.org/CRP/blankForms/PCC%20Tracking%20Move%20Reasons.pdf> ).
- If the child has not changed foster homes during the ALP reporting period mark “NA” in response to that question and proceed to the next section.

FOSTER CARE ONLY <input type="checkbox"/> NA			
<b>Current Foster Family (Include First &amp; Last Name)</b>			
Martha and Jonathan Kent			
<b>If there have been any changes in foster home placement during this review period, excluding respite, specify below.</b> <input type="checkbox"/> NA			
<b>Reason for Move</b>	<b>From (Name of Foster Family)</b>	<b>To (Name of Foster Family)</b>	<b>Date of Move</b>
Aggressive to Peers	Roger and Clara Johnson	Martha and Jonathan Kent	4/27/2014

**SECTION C. CHILD’S SSW INFORMATION**

- Identify the child’s current DCBS Worker and the assigned county.

State Worker’s (First & Last Name)	County
John Smith	Breathitt

**SECTION D. CHILD STRENGTHS/PROGRESS**

- D1. Indicate the child’s current strengths and interests. These can change from review to review because children’s interests change and new strengths may manifest. It is important to be as specific as possible about the child’s strengths and interests in order to provide a more complete picture of the child.

<b>1</b>	<b>Identify this child’s strengths/interests.</b>
Child is capable of making friends with peers easily and likes to play basketball for the school. Child is a talented painter and plays the piano.	

- D2. If your program utilizes a phase/level system, indicate the child’s current phase/level along with the highest phase/level possible. Explain what the current phase/level indicates and any concerns regarding the youth’s phase/level progress. If your program does not use a progressive number system to identify phase/levels, but uses names (e.g., Red, Alpha, etc.), convert the names to numbers for the purpose of the ALP. The names alone cannot be interpreted by CRP Clinical Reviewers. If your program does not utilize a phase/level system, mark “NA”.

<b>2</b>	<b>Describe this child’s progress on your phase/level system. <input type="checkbox"/> NA</b>
Child is currently on “Progress Phase”. In numerical terms, this would be a phase 3 of 6. Child has been able to meet phases in expected time frames with only a few issues.	

- D3. Briefly identify the child’s current treatment goals and the child’s progress toward those goals. It is important to indicate the youth’s level of engagement or participation in therapy and how s/he has responded to treatment.

If your program has a treatment plan that already provides this information, attach the treatment plan and mark “Refer to Attached Treatment Plan”.

<b>3</b>	<b>List child’s current treatment goals and progress, including child’s participation in and response to treatment OR attach a copy of the child’s most recent treatment plan which provides information on progress toward goals.</b> <input type="checkbox"/> Refer to attached Treatment Plan
<p>Goal 1: Mary will recognize triggers that cause incidents of self-harming and utilize coping skills she has learned to stop self-harming behaviors. Status: Mary has recognized that talking to her mother, feeling ashamed, or thinking of being abused make her want to cut or scratch herself. Mary has had only 2 incidents of self-harming this reporting period compared to 8 last reporting period.</p> <p>Goal 2: Mary will raise her level of self-esteem through identifying interests and talents. Status: Mary has joined chorus this school year. She is naturally talented and constantly praised by her chorus teacher and her peers for her voice talent. Mary has also started helping out at the Senior Citizens Center and says she feels good about helping others which in turn makes her feel good about herself. There have been no incidents of Mary saying she is stupid or worthless since she started chorus and volunteering at the Senior Citizens’ Center.</p>	

**REQUIREMENT:** If this is the first ALP your program has completed for this child, you must attach the child’s integrated/comprehensive assessment. The only exception would be if the child has been in your program for less than 30 days at the time the ALP is due. In those cases, the assessment should be attached to the next ALP submitted.

## SECTION E. RISK BEHAVIORS

- If the child has had no risk behaviors during the reporting period, mark “NA” at the beginning of the section and move to the next section.
- For a child who has exhibited risk behavior(s) during the reporting period, provide details for each behavior exhibited including: what occurred, when it occurred (specific dates/frequency), victims (if applicable), and outcome of the incident (including any injuries, property destruction, physical managements, etc.). Mark “NA” for any behaviors that do not apply and skip to the next behavior.
- Do not include historical information; only include incidents that have occurred during the reporting period on this ALP. Incidents or issues that occurred outside the reporting period cannot be considered as part of the level assignment.
- When describing incidents, **do not use** terms such as ongoing, daily, weekly, monthly, etc. It is important for Clinical Reviewers to have specific information about time frames for behaviors in order to provide the most accurate level.
- Including Incident Reports for significant risk behaviors may be helpful if the incident cannot be easily summarized in the ALP. It is not necessary to include incident reports for minor injuries, minor rule infractions, etc.
- When including incident reports, be sure that the incident and date are referenced in the Risk Behaviors section of the ALP so that CRP Clinical Reviewers can readily locate the related report.
- Examples for the completion of each Risk Behavior section are provided below:

NA	Behaviors	Specific Dates of Occurrence	Details
<input type="checkbox"/>	<b>Animal Abuse</b>	3.8.2014	Child grabbed cat by the ears, lifted the cat off the ground, and then threw the cat against the door.
<input type="checkbox"/>	<b>AWOL (e.g., off premises, whereabouts unknown)</b>	5.4.2014	Child left program at 2 am and hitchhiked to Ohio. Child was picked up by a trucker on the state highway who reportedly had sex with the child. Child was gone for 14 hours before being returned by KY State Police.
<input type="checkbox"/>	<b>Defiance/Authority Issues</b>	4.1.2014 4.28.2014	Child was asked to go to time out; he refused and began cursing staff.  Child told his foster father to “go to hell”, raised his fist as if he were going to strike him and then walked off slamming his bedroom door.
<input type="checkbox"/>	<b>Delinquent/Criminal Behavior</b>	5.6.2014	Child stole a Kindle at the bookstore and charges were pressed by the store manager.
<input type="checkbox"/>	<b>Destroys/Vandalizes Property</b>	6.1.2014	Child became angry when his parent did not call and threw a hammer at the foster family’s car, shattering the driver’s side window.
<input type="checkbox"/>	<b>Fire Setting</b>	4.15.2014	Child attempted to light a candle under his bed with a lighter.
<input type="checkbox"/>	<b>Gang Affiliation/Interest</b>	5.1.2014	Child failed to come home from school on time. When foster parents went to locate him, they found him at the home of a suspected gang member.
<input type="checkbox"/>	<b>Homicidal Threats/Plans</b>	3.29.2014	Child threatened to kill his foster brother for touching his possessions. He said if he touched them again, he would get his foster father’s bow and arrow and shoot his foster brother in the head.
<input type="checkbox"/>	<b>Physical Harm to Others</b>	4.18.2014 4.20.2014	Child punched his roommate in the face and then knocked him to the ground.  Child slapped staff in the head several times with a sock filled with loose change causing staff to be taken to the emergency room. Staff was treated for a concussion and kept overnight.

<input type="checkbox"/>	<b>Non-Compliant with Treatment Services</b>	5.5.2014, 6.1.2014, 6.15.2014  4.15.2014, 4.16.2014, and 4.17.2014	Child refused to attend individual therapy on these dates.  Child refused to take his medications.
<input type="checkbox"/>	<b>Self-Abusive/Self-Mutilating Behaviors</b>	3.1.2014, 3.5.2014, 4.15.2014, 4.21.2014, 5.21.2014	Child banged his head against the door requiring staff intervention to prevent harm to self.
<input type="checkbox"/>	<b>Sexual Behaviors</b>	5.1.2014  6.1.2014	Child was caught masturbating while standing in front of the window facing the public street.  Child was caught hiding in the closet with a male peer and both were nude.
<input type="checkbox"/>	<b>Substance Abuse (Exclude tobacco use; include positive drug screens.)</b>	4.29.2014  03.12.14, 5.2.2014	Three empty vodka bottles were found under the child's bed.  Child tested positive for marijuana use.
<input type="checkbox"/>	<b>Suicidal Behaviors (e.g. attempts, ideation, threats)</b>	5.4.2014  5.28.2014	Child tied a rope around his neck and tried to jump off the bed with the other end wrapped to a ceiling fan. Child later stated that he was going to use the fan's remote to turn on the fan and let the rope tighten around his neck and pull him off the ground.  Child wrote a note saying that he wished people would just let him die.
<input type="checkbox"/>	<b>Other: Bullying Behaviors</b>	5.1.2014 - 5.3.2014  5.5.2014 – 5.7.14	Child made more than 50 posts on Facebook about how ugly a peer at school was and how she was going to "kick her butt" the next time she saw her.  Child convinced his peers to target one child. He and his peers ignored the victim, called him names, and made his life miserable for several days.

- For any risk behavior for which the child does not have a related treatment goal, indicate how your program is addressing the issue and/or how you anticipate the treatment plan will change.
- For physically aggressive behaviors not resulting in harm to others such as pushing or shoving, or threatening with a weapon (e.g., a knife), list under "other".

<b>For any behaviors identified above that are not addressed in Section D-3 (current treatment goals and progress), describe how your program is addressing the issue.</b>
Child's sexual behaviors are new. Child does not have a history of sexual behaviors. Child was provided education about appropriate sexual behaviors in public versus private and is being assessed for the need for specialized treatment for sexual issues.

**SECTION F. METHODS OF INTERVENTION USED DURING THIS REPORTING PERIOD**

- If the child has not required any of the specified interventions, mark “NA” at the beginning of the section and move to the next section.
- Provide a specific number of times each method/intervention was used during the ALP reporting period and explain whether the use of the method(s) has become more frequent since the last ALP.
- Physical Managements are defined as, “transports or individual or team holdings, excluding escorts” that occur during an incident that is reported on an Incident Report. Multiple techniques used during a physical management incident should be counted as only one physical management. Incidents requiring separate Incident Reports should be counted separately.
- Avoid the use of vague terms such as “ongoing”, “weekly”, “monthly”, etc. when describing frequency of the interventions.
- For a child who has had some interventions but not others, simply mark “NA” for the interventions not utilized.

Method		Number of Times Utilized	Has the frequency changed during this reporting period? If Yes (Y), explain.	
<input checked="" type="checkbox"/> NA	Use of Time-out (Do not include self-time-out)		<input type="checkbox"/> Y <input type="checkbox"/> N	
<input type="checkbox"/> NA	Physical Management (Do not include escorts or assists)	4	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Child required 2 more physical managements than the last 3 month reporting period due to more physically aggressive behaviors.
<input type="checkbox"/> NA	Calling outside assistance (e.g. police, on-call agency staff)	2	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Child became extremely physically aggressive and needed additional agency support to escort him to seclusion on one occasion; police were contacted on another occasion when child AWOLed. No outside assistance was needed during the last review period.
<input type="checkbox"/> NA	Seclusion	1	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Child was placed in seclusion once during the review period. He had no incidents of seclusion during the previous six months.
<input type="checkbox"/> NA	Other (explain): <u>Door alarms and sound monitors</u>	Every night during review period starting on June 4.	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Door alarms and monitors were installed due to the child being up at night on a regular basis and frequently leaving the house. These are activated every night at bedtime.

- If the child requires other supervision that is greater than expected for a child of his/her age or developmental level, describe the level of supervision required and its purpose.

<p><b>Does this child require any special supervision above normal programming or developmental norms?</b> <input checked="" type="checkbox"/> Y <input type="checkbox"/> N  <b>If “Yes”, describe below the type of supervision and how often it is required or attach the current supervision plan.</b></p> <p>Child must be supervised more than other children his age. Child is 16 years old and must be in a controlled environment where anything sharp is locked up due to previous self-harming behaviors.</p>
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## SECTION G. MEDICAL ISSUES

- Provide information about the youth’s height and weight. If specific information is unavailable, include estimates.
- If the child has no significant medical issues (serious or chronic conditions), mark “NA” at the beginning of the section and move to the next section.
- Provide information only for significant medical issues (serious or chronic conditions). Routine visits to the dentist, eye doctor, pediatrician, etc. should not be listed.
- For significant medical issues, include the frequency of appointments, amount of time foster parents/agency staff spend at appointments, medical treatment interventions managed by foster parents/agency staff, etc.

<b>Describe any significant medical issues for which the child has received treatment during this reporting period and explain each condition and how caregiver time and resources were utilized. Provide the child’s current height and weight.</b>		
Child has a renal disease and his kidneys no longer function normally. Child requires 3-4 trips to the dialysis center each week where he remains 4-5 hours each visit. Child’s foster mother spends at least 8 hours on these days traveling and waiting for child during dialysis. Child’s diet has to be closely monitored as well as his port for dialysis.	<b>Height</b>	<b>Weight</b>
	5’ 6”	128 lbs

## SECTION H. PREGNANT YOUTH

- If the child is not pregnant, mark “NA” at the beginning of the section and move to the next section.
- Otherwise, provide the requested information regarding the pregnancy.

1	<b>What is the anticipated due date (month/day/year)?</b>	January 30, 2015
2	<b>Describe any current or potential pregnancy complications and the services being provided to address this youth’s prenatal care.</b>	
	Child’s blood pressure has been running high and she had a miscarriage one year ago. Child sees an OB/GYN twice monthly and has her blood pressure checked daily.	

## SECTION I. MEDICATIONS

- If the child is not prescribed medications, mark “NA” at the beginning of the section and move to the next section.
- Otherwise, list each medication the child is prescribed, checking for accuracy in spelling. Indicate the specific purpose of each medication for this child, since some medications have multiple purposes.

<b>List the child’s current medications:</b>					
#	Medication	Purpose	#	Medication	Purpose
1	Vyvanse	ADHD	6		
2	Prozac	Depression/Anxiety	7		
3	Claritin	Allergies	8		
4	Yasmin	Birth Control	9		
5			10		

## SECTION J. MENTAL HEALTH ISSUES

- If the child does not have a mental health diagnoses or mental or behavioral health issues, mark “NA” at the beginning of the section and move to the next section.

J1. Include the child’s working diagnosis:

- Use the most current edition of the Diagnostic and Statistical Manual (DSM) of the American Psychiatric Association, currently the DSM-5
- Do not mix diagnoses from previous and current editions of the DSM.
- Do not use abbreviations or acronyms.

<b>1</b>	<b>List the child’s current diagnoses based on the latest edition of the Diagnostic and Statistical Manual (DSM) of the American Psychiatric Association.</b>
	317 Intellectual Disability, Mild 314.01 Attention-Deficit/Hyperactivity Disorder, Combined presentation

J2. Submit any psychological evaluations that occurred during this reporting period. Documentation such as IQ testing or an IEP should be submitted if this is the first time your agency is including a diagnosis of an intellectual or developmental disability for a child.

J3. If the diagnosis has changed since the last review, indicate the reason.

<b>3</b>	<b>Has there been a change in diagnosis during this reporting period?</b> <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <b>If Yes, explain the reason for the change in diagnosis.</b>
	Child’s Mild Intellectual Disability was confirmed by the 5/2014 psychological evaluation attached.

J4. Describe any trauma the child has disclosed or been exposed to during the reporting period.

<b>4</b>	<b>Has the youth disclosed, or been exposed to, any additional trauma during this reporting period?</b> <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <b>If yes, please describe.</b>
	Child disclosed sexual abuse by an uncle that occurred when she was 9 years old. A report has been made to the Cabinet.

## SECTION K. ADDITIONAL INTERVENTIONS

- If the child has not had any additional interventions which required an overnight stay, mark “NA” at the beginning of the section and move to the next section.
- Otherwise, list any interventions which required a least one overnight stay in a location other than the child’s primary residence. It is important to provide the name of the service provider and the reason and dates for each intervention utilized. ***Routine respite should not be included.***

<b>Complete the following for any services/interventions that occurred during the reporting period that required the child to stay in another location overnight (do not include home visits, etc.)</b>			
Service	Name of Service Provider	Reason	Dates
<b>Psychiatric Hospitalization</b>	The MH Hospital	Suicidal ideation, physical aggression	5.1.2014 – 5.15.2014
<b>Crisis Stabilization</b>	Acute Stabilization Center	Self-abusive behaviors	4.1.2014 – 4.3.2014
<b>Respite</b>	Foster Home Agency A	Previous foster home asked that the child and his siblings be moved due to their ongoing arguing and fighting. They were placed temporarily in this home until another foster home became available.	6.1.2014 – 6.2.2014
<b>Other:</b> <u>Moved to more restrictive cottage temporarily</u>	ABC Agency	Recent aggression and defiance	6.6.2014 -6.13.2014

## SECTION L. SERVICES PROVIDED

- If the child has not had any services provided, mark “NA” at the beginning of the section and move to the next section.
- Accurately record the number of sessions provided for each service during the ALP reporting period. Note that a session should only be counted for one service. For example, the same session cannot be counted as both a case management and an individual therapy session.
- Clearly identify the person(s) providing treatment for each service, including their degree/license and their affiliated agency.
- Make sure to record all services provided to the child through your program and other agencies during the ALP reporting period. Case management services apply primarily to foster care. Residential programs are not required to provide information on case management services.
- Independent Living should include the services mandated by regulation.
- If a service you provide is not specifically listed on the service grid, list this service under “Other”.

<b>Provide details of any mental health services this child has received during this reporting period.</b>				
<b>Service*</b>	<b># Sessions</b>	<b>Name of Agency/ Program Providing Service</b>	<b>Provider Name(s)</b>	<b>Identify Degree &amp; License, if applicable</b>
<b>Case Management</b>	28	Foster Agency A	John Smith	BSW
<b>Individual Counseling</b>	12	Foster Agency A	Mary Johnson	MA/LPCC
<b>Family Counseling</b> <b>Identify participating</b> <b>members based on their</b> <b>relationship to the child</b> <b>(e.g., adoptive mother and</b> <b>stepfather, biological</b> <b>father, siblings, aunt,</b> <b>foster parents):</b> <u>Biological mom &amp; dad</u>	3	Foster Agency A	Sam Adams	MA/ Licensed Psychological Associate
<b>Group Counseling</b>	10	County Comp Care – DBT Group	Amy Smith	LCSW
<b>Psychiatric</b> <b>(e.g., medication</b> <b>management)</b>	3	The Psychiatric Center	Henry Harris	M.D.
<b>Substance Abuse</b>	8	Well Being Center	David Everyman	MSW/CADC
<b>Sexual Offender</b> <b>Treatment</b>	12	Foster Agency A	Karen Help	Ph.D./Licensed Psychologist
<b>Sexually Reactive</b> <b>Treatment</b>	5	Foster Agency A	Karen Help	Ph.D./Licensed Psychologist
<b>Independent Living (Ages</b> <b>12+)</b>	10	Foster Agency A	Walter Franklin	B.A.
<b>Other (e.g. speech,</b> <b>physical therapy,</b> <b>occupational therapy,</b> <b>pregnant/parenting</b> <b>classes, IMPACT):</b> <u>Psychoeducational</u>	50	Foster Agency A	Walter Franklin	B.A.

\*Note that each session should only be counted for one service. For example, the same session cannot be counted as both a case management and an individual therapy session.

- If a service is required by the PCC agreement and it is not being provided as required, the reason should be included in this section. For example, if a child’s permanency goal is Return to Parent or Permanent Relative Placement and family counseling sessions have not taken place, explain why the sessions have not occurred. Also, if an exemption has been approved by DCBS and the child is not required to have mental health treatment, this should be clearly documented in this section.

**If the child has not received the number or types of services as required by the PCC agreement or specified in the child’s treatment plan, indicate the service and reason it was not provided.  NA**

Example 1:  
Family counseling sessions took place every two weeks for the first 8 weeks of this review period. Since then, due to a new development in the investigation that brought this child into care, there has been a court order suspending all contact between child and his family.

Example 2:  
Child is non-verbal and has an IQ of 48. As of 1.2.2014, DCBS has exempted this youth from mental health treatment.

**SECTION M. EDUCATION**

- Include child’s current grade level. If a child has completed a grade level but has not started the next, list the grade the child will be in when he/she returns to school.
- Identify the type of school the child attends. If a child is in an on-site school at a residential treatment program, check “Treatment Program (On-site School)” even if this school is part of the public school system.
- If the child is receiving special education services, list the child’s primary disability classification. Avoid acronyms to prevent any confusion. If the child receives no special education services, mark “NA” for this question.
- Remember to include a copy of any new psychoeducational/psychological testing or IEP if completed during the reporting period and not previously submitted to CRP.
- In the related section, give a brief description of the child’s academic progress and any behavioral issues the child experiences in the school setting. Include any other relevant school or educational information in the “Other” section. Include any 504 services where appropriate.

Current Grade	School Setting	Special Ed./Other Services Provided <input type="checkbox"/> NA Identify primary disability & describe the services provided.
6	<input type="checkbox"/> Pre-school/Head Start <input checked="" type="checkbox"/> Public/Private School <input type="checkbox"/> College <input type="checkbox"/> Alternative School <input type="checkbox"/> Day Treatment <input type="checkbox"/> Homebound <input type="checkbox"/> Partial Hospitalization <input type="checkbox"/> Treatment Program (On-site School) <input type="checkbox"/> G.E.D <input type="checkbox"/> Vocational <input type="checkbox"/> Other:	Emotional Behavioral Disability; child spends 3 hours each day in an EBD classroom.
<b>If the school has completed an evaluation of this child or if a new IEP has been developed during this reporting period, include a copy of the report.</b>		
<b>Describe current progress or lack of progress for each item.</b>		
<b>Academic Functioning/Grades</b>	Youth currently has As in all classes, except science. Youth struggles in science and has a D in the class right now.	
<b>Behavior Problems (e.g. truancy, defiance)</b>	Despite good grades in most classes, youth tends to skip classes once a week and is argumentative with teachers about homework. He tries to bully smaller children at the school by pushing on them and threatening to beat them up each week if they don’t do what he says.	
<b>Other (explain):</b> Tutoring	Youth constantly forgets to bring his science book to his weekly afterschool tutoring sessions. He often falls asleep while being tutored and responds with “I don’t care”.	

## SECTION N. DAILY LIVING/SOCIAL SKILLS

- Provide brief descriptions that detail social and daily living issues for child.

<b>Describe the child’s interactions/relationships with others as they relate to healthy boundaries and ability to develop bonds.</b>
Child is able to have healthy relationships with peers. Child can be clingy to adults at times and cross boundaries by trying to give hugs without asking or borrowing things from adults without asking for permission. Child treats other foster children with respect and often is the leader in initiating games.
<b>Provide a summary of the child’s ability to maintain his/her personal hygiene/appearance and complete chores/tasks independently, as appropriate to age and developmental level.</b>
Child takes showers daily without prompting. He has good oral hygiene. Child has several chores such as laundry, vacuuming, and dusting and he does them on schedule.

## SECTION O. DEVELOPMENTAL CONCERNS

- If the child does not have any developmental issues, mark “NA” at the beginning of the section and move to the next section.
- If the child exhibits any developmental or suspected developmental delays, describe the delays and explain how they impact the child’s ability to participate in treatment.

<b>Describe any developmental concerns, including issues with communication, mobility, feeding, drinking, and toileting issues. The reporter should take into account developmentally appropriate skills for child’s chronological age and developmental level.</b>
Child is non-verbal and uses an iPad to communicate his basic needs. Child utilizes a walker with little assistance. He needs help cutting up his food and can only use a straw to drink. Assistance is still needed with toileting due to limited ability to move his arms and wrists.
<b>Based on the developmental concerns identified above, describe the child’s capacity to participate in his/her treatment.</b>
Child is not able to participate in individual therapy sessions, but has been responsive to the reward/consequence system set up by the behavior analyst.

## SECTION P. PARENTING YOUTH

- If the youth does not have any children, mark “NA” at the beginning of the section and move to the next section.
- Otherwise, identify all of this youth’s children and provide information for each regarding age, living situation, and contact with the youth in placement.
- Include information about the youth’s ability to parent and any related concerns.

<b>Identify youth’s children.</b>			
Child’s Name	Age	Does the youth currently live with this child?	If the youth is not living with this child, what is the current contact or visitation plan?
Arthur Smith	6 mos.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Burt Smith	4 yrs	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Child is placed with his grandmother; youth visits this child once a week.
<b>Describe this youth’s current parenting responsibilities and skills, including strengths and potential risk factors.</b>			
Youth was 13 years old when she had her first child, Burt, and did not bond well with him; Burt’s maternal grandmother provided most of his caretaking and he calls his grandmother “mom.” Youth has recently decided to allow Burt to be adopted by her mother but would like to continue to have visitation with him. Youth expresses the desire to be a good parent to her second child but needs to work on basic parenting skills.			

**SECTION Q. LEGAL CONSIDERATIONS**

- If the child has no legal issues, mark “NA” at the beginning of the section and move to the next section.
- Otherwise, provide a description of any ongoing or unresolved legal issues for this child.

<b>Describe any ongoing unresolved legal issues for this child.</b>
Child was arrested for shoplifting on 5.2.2014 and sentenced to complete 40 hours of community service at a local animal shelter over the next 4 months. Child also has a Beyond Control charge filed by the school, which will be heard on 8.4.2014.

**SECTION R. DCBS PERMANENCY GOAL & CURRENT DISCHARGE PLAN**

- R1. Mark child’s permanency goal as identified by DCBS.
- R2. If parental rights have been terminated, list the date if known. If TPR has not occurred, check NA.
- R3. Describe any services your agency provides to support and promote the child’s family connections and permanency. If TPR has occurred, provide any details not included in the response to #2. List any other family members or others that you are working with to support the child’s family connections and permanency. Include their relationship to the child. Clearly identify those that are part of the permanency plan.
- R4. Indicate the current discharge plan and the reason for any change since the last report.
- R5. Provide the child’s projected discharge date from the current placement.

<b>1</b>	<b>Select the child’s current DCBS permanency goal.</b> <input checked="" type="checkbox"/> Return To Parent <input type="checkbox"/> Adoption <input type="checkbox"/> Legal Guardianship <input type="checkbox"/> Emancipation <input type="checkbox"/> Permanent Relative Placement <input type="checkbox"/> Planned Permanent Living Arrangement
<b>2</b>	<b>If parental rights have been terminated during this reporting period, provide the date of termination.</b> <input checked="" type="checkbox"/> NA
<b>3</b>	<b>Describe the services and treatment interventions that your agency is providing to support and promote this child’s family connections and permanency. If no services are being provided, explain.</b> The permanency plan is to return the child to the home of her mother and stepfather. Youth is transported to the DCBS Office in the family’s home county every two weeks for supervised visitation. Youth may talk to parents on the phone under supervision 3 times a week and email them under supervision. Family therapy is scheduled every two weeks and the mother sporadically attends.
<b>4</b>	<b>Describe the current discharge plan and indicate the reason for any change during this reporting period.</b> The permanency plan is for the child to return to parent (mother). However, the child will continue to work on independent living skills and begin submitting job applications as she approaches her 18 <sup>th</sup> birthday. Child may extend her commitment when she turns 18 and move to an independent living program if things have not improved with her mother. She would like to attend a vocational program to be trained as a Certified Nursing Assistant.
<b>5</b>	<b>What is the child’s projected discharge date?</b> Child is scheduled to discharge from this program on 9.1.2014.

**SECTION S. VISITATION/CONTACT INFORMATION**

- If the child has no visits that have occurred, mark “NA” at the beginning of the section and move to the next section.
- Otherwise, include both on and off-site visits with state workers, family, friends, etc. Include the length of the visit and a brief description of the visit.
- Case management visits or other services provided by the current placement agency should not be included in this section; they should be listed in Section L (“Services Provided”).

<b>Report any visitation by persons outside the current placement agency (e.g., DCBS worker, relatives, etc.) including the dates and results of the visits.</b>				
<b>Date/Length of Visit</b>	<b>Name of Person Visiting with Child</b>	<b>Relation to Child</b>	<b>Location of Visit</b>	<b>Result of Visit (Give a brief description)</b>
5.1.2014 – 05.03.2014	Molly Smith	Biological Mother	Mother’s home	No issues reported.
5.8.2014	Molly Smith	Biological Mother	Residential Program A	Mother argued with staff about youth’s clothes and youth was embarrassed.
5.10.2014	Mary Johnson	DCBS Worker	DCBS Office	DCBS worker told the youth that sibling visits would start next month and youth was very happy.

**SECTION T. INDEPENDENT LIVING**

- If the youth does not participate in independent living skills or is not employed mark “NA” at the beginning of the section and move to the next section.
- T1. If the youth is employed or has been employed during the review period, provide information about that employment including the youth’s level of responsibility and independence along with the date of hire and duties. If the youth is not employed or has not been employed during the reporting period, mark NA.

<b>1</b>	<b>Identify youth’s current employment and any employment the youth may have had during this reporting period. Include dates of hire and employment, position/duties, and performance level.</b> <input type="checkbox"/> NA
	Youth began working at Wendy’s on 4.1.2014 and has worked an average of 20 hours per week since being hired. Youth is interested in being a manager and would like to take advantage of the college tuition program through Wendy’s. Manager reports that youth has performed well and sees him as having potential.

- T2. If the youth is currently in an independent living setting or has been during the reporting period, provide information about the youth’s level of responsibility and independence and identify any concerns. If the youth is not currently in an independent living setting and has not been during the reporting, mark NA.

<b>2</b>	<b>For youth in independent living programs, describe this youth’s current living arrangement and identify any issues or concerns.</b> <input type="checkbox"/> NA
	Youth shares an apartment with another male peer in this program. They share utility expenses and are responsible for budgeting for their own groceries. Youth has been unable to keep the same cell phone (pay and go) since he has lost his phone twice in the last 6 months, and is often late on payments.

## SECTION U. ADDITIONAL CONSIDERATIONS

- Use this section to provide additional information that was not included in any of the previous items. If no additional information is provided, mark NA.

<b>Provide any additional information and recommendations for services.</b>
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Child is a foster youth representative for this agency and attends monthly meetings to talk about issues in foster homes, foster children's issues/needs, and ways to improve the system. He has been doing this for two years and is a good leader and mentor for younger children in our program.
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## SIGNATURE LINE

- The individual submitting this form should sign this line, including their credentials and the date.

## DUE DATES AND REQUIREMENTS

- According to 922 KAR 1:360 the PCC/PCP submits required reports for the utilization review (UR) in time for the reports to be received by CRP within thirty (30) days prior to or on the utilization review due date.
- Because there is a 30 day window in which reports can be submitted, exceptions are not made for late reports. A program submitting an ALP may wish to call after 24 business hours, if CRP's web application does not show the ALP as being received. Information submitted after the receipt date will not be included as part of the UR; therefore, make sure that all documentation is included with the ALP at the time of the submission.
- Contact CRP (859.455.7452) to verify the ALP due date upon admission of any new child.
- The program in which a child is placed at the time of the ALP due date is responsible for submitting that ALP.
- For a utilization review to be completed, the PCC/PCP must submit to CRP an Application for Level Payment (ALP) **and** any applicable Child Behavior Checklist (CBCL) or Reiss Scales for Children's Dual Diagnosis.
- ALPs will not be processed if a CBCL or Reiss is due at the same time as the ALP and the CBCL or Reiss has not been submitted within 30 days of the ALP due date.
- For a **private child care residential placement** (PCC), the ALP is due every 3 months.
  - ✓ A level is not assigned with the first ALP submission (after 3 months in placement). The first level will be assigned after 6 months in placement and every 3 months thereafter.
- For a **private child care foster care placement** (PCP), the ALP is due every 6 months.
  - ✓ A level will be assigned every 6 months.
- For **independent living programs**, the ALP is due every 6 months.

## CHILD BEHAVIOR CHECKLIST (CBCL)

- There are two versions of the CBCL: The Child Behavior Checklist for Ages 1½-5 (CBCL/1½-5 ) and the Child Behavior Checklist for Ages 6-18 (CBCL/6-18):
  - ✓ The CBCL/1½-5 is a blue paper form and must be submitted by mail (faxed and e-mailed copies will not be accepted). These should be mailed in time to be received by CRP before the due date.
  - ✓ The CBCL/6-18 must be completed on line through CRP's web application.
- CBCLs are due every six months for children 4-18 years of age with an IQ of 70 or above and must be received by CRP along with the ALP before a level can be assigned. Please note that a CBCL/1½-5 is due every 6 months for a child younger than 4 years of age only if that child has a level of care.
- A CBCL is due with every foster care ALP but only with every other residential ALP.
- The CBCL/6-18 is no longer required once a child reaches the age of 19.

## REISS SCALES FOR CHILDREN'S DUAL DIAGNOSIS (Reiss)

- For a child (ages 4-21) who has a documented IQ below seventy (70), the Reiss Scales for Children's Dual Diagnosis (rather than a CBCL) is due at the time of the first utilization review due date and every twelve (12) months thereafter.
- CRP will only accept the Reiss on a child when CRP has a copy on file of a psychological report or an IEP that provides testing results indicating that the child's IQ is less than 70. If you believe a child in your care meets criteria for a Reiss rather than the CBCL, contact CRP.

## ACCESSING DUE DATES ONLINE

- Due dates for the ALP, CBCL, and Reiss for each child can be found on-line at <https://kyapp.bluegrass.org/crp/>.
- You must be an authorized user to view a child's information on this site. For more information about becoming a user contact Tye Reece at [jtreece@bluegrass.org](mailto:jtreece@bluegrass.org) or at (859) 455.7452, Ext. 228.

- **Example of CRP Website with Due Dates:**

**PCC Youth Information List**

**This is the list of children currently placed with XYZ.**

All

XYZ

\*If you are requesting a reassignment, the last CBCL received must be within the last 30 days.

SSN	Name	Program	Level of Care	Next ALP Due	Last ALP Received	Next CBCL/Reiss Due	CBCL/Reiss	CBCL Report
*****	Child 1	XYZ	5	03/09/2016	12/09/2015	12/09/2016	Reiss	View Report
*****	Child 2	XYZ	4	01/29/2016	10/29/2015	01/29/2016	CBCL	View Report
*****	Child 3	XYZ	EXPIRED	09/23/2012	03/28/2012	05/20/2016	CBCL	View Report
*****	Child 4	XYZ	4	03/25/2016	12/23/2015	03/25/2016	CBCL	View Report
*****	Child 5	XYZ	4	01/23/2016	11/04/2015	01/23/2016	Reiss	View Report
*****	Child 6	XYZ	5	03/04/2016	None Received	06/04/2016	CBCL	View Report
*****	Child 7	XYZ	4	04/03/2016	12/31/2015	04/03/2016	Reiss	View Report
*****	Child 8	XYZ	4	03/16/2016	12/16/2015	06/16/2016	CBCL	View Report
*****	Child 9	XYZ	In Process	01/08/2016	10/07/2015	10/08/2016	Reiss	View Report
*****	Child 10	XYZ	IN PROCESS	04/01/2016	12/31/2015	01/01/2017	Reiss	View Report

**HELPFUL HINTS**

- Review all information prior to submitting for date errors, duplication of previously reported items, and to ensure all areas have been updated and accurately reported.
- Review documents to ensure that information is consistent between the ALP and other sources of information or explain the discrepancies. In cases where there are inconsistencies, for example, if a child’s diagnosis is different on the ALP than on the treatment plan, provide an explanation.
- If you do not see an updated level of care assignment on CRP’s web application within three days from the date of faxing or five days from the date of mailing utilization review materials, contact Children’s Review Program.

**ALPS RECEIVED ON-TIME**

- **Level Decreases** – If the level of care is reduced, and:
  1. Child remains in the same placement, the lower level of care shall be effective on the 31st day following the utilization review due date; or
  2. Child is placed in another child-caring facility or child-placing agency after the utilization review due date, the rate for the lower level shall be effective on the day the child is placed.
- **Level Increases** – If the level of care is increased, the rate for the higher level of care shall be effective the day after the utilization review due date.

**LATE ALPS**

- **Level Decreases** - If an ALP is received by CRP after the due date and the child’s level is lowered based on the late ALP, the level will go into effect on the UR due date. The PCC/PCP will not have the 30 day window before the new level rate goes into effect and the Cabinet may make an adjustment for any overpayment retroactive to the first utilization review due date that was missed.
- **Level Increases** - If an ALP is received by CRP after the due date and the child’s level is increased based on the late ALP, the higher rate begins the day after the late report is received by CRP rather than the day after the due date.

## LEVEL OF CARE DEFINITIONS

Children's Review Program Clinical Reviewers utilize the following Level of Care Definitions from 922 KAR 1:360 when making level assignments:

⇒ **Level 1**

*A Level I child requires a routine home environment that:*

- (a) Provides maintenance;
- (b) Provides guidance;
- (c) Provides supervision to meet the needs of the child; and
- (d) Ensures the emotional and physical well-being of the child.

⇒ **Level 2**

*A Level II child:*

- (a) May engage in nonviolent antisocial acts, but be capable of meaningful interpersonal relationships; and
- (b) Requires supervision in a structured supportive setting with:
  - 1. Counseling available from professional or paraprofessional staff;
  - 2. Educational support; and
  - 3. Services designed to improve development of normalized social skills.

⇒ **Level 3**

*A Level III child:*

- (a) May engage in an occasional violent act;
- (b) May have superficial or fragile interpersonal relationships;
- (c) Requires supervision in a structured, supportive environment where the level of supervision and support may vary from low to moderate, proportional to the child's ability to handle reduced structure;
- (d) May occasionally require intense levels of intervention to maintain the least restrictive environment; and
- (e) Requires a program flexible enough to allow:
  - 1. Extended trials of independence when the child is capable;
  - 2. A period of corrective and protective structure during relapse; and
  - 3. Counseling available from professional or paraprofessional staff.

⇒ **Level 4**

*A Level IV child:*

- (a) Has behavioral and physical, mental, or social needs that may present a moderate risk of causing harm to himself or others;
- (b) Requires a structured supportive setting with:
  - 1. Therapeutic counseling available by professional staff; and
  - 2. A physical, environmental, and treatment program designed to improve social, emotional, and educational adaptive behavior.

⇒ **Level 5**

*A Level V child:*

- (a) Has a severe impairment, disability, or need;
- (b) Is consistently unable or unwilling to cooperate in his own care;
- (c) Presents a severe risk of causing harm to himself or others; and
- (d) Requires Level IV services and a:
  - 1. Highly structured program with twenty-four (24) hour supervision; or
  - 2. Specialized setting that provides safe and effective care for a severe, chronic medical condition, behavioral disorder, or emotional disturbance.

## REDETERMINATION REQUESTS

- If circumstances change such that the level might be affected or if you disagree with a level assignment, you can request a redetermination of that level by submitting the following:
  - ✓ The level assignment form with the redetermination request section completed.
  - ✓ A narrative explaining any new information or behaviors that were not previously reported or more details about previously submitted information.
- Before submitting the redetermination request, we suggest that you:
  - ✓ Review the level of care definitions.
  - ✓ Re-read the ALP and other materials initially submitted.
  - ✓ Provide additional information regarding past incidents or provide information regarding more recent behaviors to support the requested change in level.

## EXPIRED LEVELS OF CARE

- If the child has had a previous level that is expired before being admitted to a program, the program has 30 days from the date of admission to complete a PCC reassignment. The following paperwork will be accepted for a PCC reassignment if received on or before 30 days of admission to a program:
  - ✓ 1<sup>st</sup> page of the ALP (CRP-7) accompanied by the program's initial assessment, and a CBCL, if applicable.

### **OR**

- ✓ 1<sup>st</sup> page of the ALP (CRP-7) accompanied by a current 886A (not more than 30 days old) and a CBCL, if applicable.

### **OR**

- ✓ An ALP (CRP-7) fully completed and a CBCL, if applicable.

If the discharge summary is available from the previous placement, please include this as well.

- If the child has been admitted more than 30 days, then the DCBS worker has to complete a new 886A, 886, and Child Behavior Checklist. A PCC/PCP may help expedite the level of care assignment process for an expired level by offering to complete the CBCL rather than the DCBS Worker.

## RESOURCES

If you have questions or feedback regarding this information, please contact:

- Alan Hounshell, MA ([awhounshell@bluegrass.org](mailto:awhounshell@bluegrass.org), (859) 455-7452 ext. 243) or
- Roni Giberson, Ph.D. ([rsgiberson@bluegrass.org](mailto:rsgiberson@bluegrass.org), (859) 455-7452 ext. 225)

To register as a user in the CRP web application, contact Tye Reece ([jtreece@bluegrass.org](mailto:jtreece@bluegrass.org)).

## LINKS

- CRP website: [www.bluegrass.org/CRP](http://www.bluegrass.org/CRP)
- 922 KAR 1:360: <http://www.lrc.state.ky.us/kar/922/001/360.htm>
- PCC Tracking Move Reasons: <http://www.bluegrass.org/crp/blankForms/PCC%20Tracking%20Move%20Reasons.pdf>

**THANK YOU!**

# **PCC TRACKING MOVE REASONS**

**(for use with moves/discharges on or after 1/1/2009)**

## ***Caretaker Incapacity (Foster Care programs only, not for use with Residential or ILP programs)***

- 21 Caretaker physical illness/incapacity - Move is due to a change in the physical health of a caretaker making continued placement not suitable.
- 22 Caretaker emotional problem - Move is due to a change in the emotional/mental health of a caretaker making continued placement not suitable.
- 23 Caretaker employment - Move is due to a change in employment of a caretaker making continued placement not suitable.
- 24 Caretaker death - Move is due to the death of a caretaker.
- 25 Caretaker change in life situation - Move is due to a change in life circumstance for a caretaker that is not specified in another "caretaker incapacity" reason and makes continued placement not suitable. For example, a change in the health of a caretaker's relative that requires the caretaker to care for the relative and end the placement.

## ***Caretaker Failure (Foster Care programs only, not for use with Residential or ILP programs)***

- 26 Caretaker non-compliance with requirements - Move is due to a caretaker not complying with agency (public or private) policy or licensing regulations.
- 27 Caretaker incarceration - Move is due to a caretaker being incarcerated.
- 28 Caretaker abandonment (whereabouts unknown) - Move is due to a caretaker abandoning the child and the caretakers whereabouts are unknown.
- 29 Caretaker relinquishment (rejects child) - Move is due to a caretaker surrendering the child for reasons that are not due to a child behavior problem, and the caretaker's whereabouts are known.
- 30 Caretaker leaves public or private agency: Child moves - The child is moved because a caretaker leaves the agency (public or private) or discontinues fostering. For example, when a caretaker chooses to work for a different agency AND the child moves to a different home. There are no other caretaker reasons for the move.
- 31 Caretaker leaves public or private agency: Child does not move- The caretaker leaves the agency (public or private) and a payment change is needed, but the child is not moved. For example, when a caretaker chooses to work for a different agency AND the child does not move to a different home. There are no other caretaker reasons for the move.

## ***Caretaker Investigation (Foster Care programs only, not for use with Residential or ILP programs)***

- 32 CPS investigation - Move is due to a CPS investigation being initiated on either a caretaker or member of the caretaker's household.
- 33 APS investigation - Move is due to an APS investigation being initiated on either a caretaker or member of the caretaker's household.
- 34 Criminal investigation - Move is due to a criminal investigation being initiated on either a caretaker or member of the caretaker's household.

## ***Child Behavioral Difficulties***

- 35 Property destruction - Move is due primarily to property destruction by the child.
- 36 Aggressive to peers - Move is due primarily to physically aggressive behavior toward peers by the child.
- 37 Aggressive to caregivers - Move is due primarily to physically aggressive behavior toward caregivers by the child.
- 38 Sexual acting out - Move is due primarily to sexual acting out behavior by the child.
- 39 Sexual aggression - Move is due primarily to sexually aggressive behavior by the child towards someone younger, someone unable to consent or by using force.
- 40 Runaway behavior - Move is due primarily to runaway behavior by the child.
- 41 Homicidal behavior - Move is due primarily to homicidal ideation/behavior by the child.
- 42 Suicidal behavior - Move is due primarily to suicidal ideation/behavior by the child.
- 43 Self abusive behavior - Move is due primarily to physically self abusive behavior by the child, where the intent is not suicidal.
- 44 Substance abuse - Move is due primarily to substance abuse by the child.
- 45 Defiant oppositional behavior- Move is due primarily to defiant/oppositional behavior by the child.
- 46 Other behavior/emotional problem- Move is due primarily to some other behavioral or emotional problem by the child.

### ***Child Progress Toward Permanency***

- 47 Adoptive or pre-adoptive Placement - Move is due to the child being placed in an adoptive or preadoptive home.
- 48 Placement with siblings - Move is due to the child being placed with his/her siblings.
- 49 Placement closer to home - Move is due to the child being placed closer to home.
- 50 Placement with non-relative - Move is due to the child being placed with a non-relative adult.
- 51 Placement with relative - Move is due to the child being placed with a relative or in kinship care.
- 52 Educational/Vocational Placement - Move is due to child being placed in an educational or vocational setting (e.g., college, Job Corps).
- 53 Placement with parent - Move is due to the infant child being placed with his/her teenage committed parent.
- 54 Needs less restrictive care - Move is due to the child making progress, but the reason is not due to one of the other "child progress toward permanency" reasons. For example, a child moving from a residential placement to a foster care placement.
- 55 Trail home visit - Intent is that the child will not return to the OOHC placement.
- 56 Released from DCBS Custody – Child is exiting DCBS custody.

### ***Agency or System Move Reason***

- 57 Agency non-compliance with contract or licensing - Move is due to the program/home being noncompliant with contract or licensing and may or may not result in program closure. For example, a program could exhibit systemic problems warranting either closure and/or moving all children.
- 58 Provider voluntarily closes program/service - Move is due to the discontinuance of services by the provider. For example, when an agency closes a unit (does not apply to a single foster home).
- 59 Needs different/additional specialized services - Move is due to the necessity of obtaining specialized services that are not available in the current placement. For example, when a private agency discovers information about the child which would have caused the private agency to not admit the child had the information been known prior to admission or when the child develops a condition requiring specialized services that are not available in the community.
- 60 Move from short term temporary placement - Move is made from an intentional temporary placement (e.g., an emergency shelter, crisis stabilization unit, detention, etc.) to a more stable placement.
- 61 Court orders placement change - Move is due to court order.
- 62 Dissatisfaction with service delivery - Move is due to the legal guardian's dissatisfaction with delivery of services that does not rise to the level of "Agency non-compliance with contract or licensing". For example, when group therapy has been recommended but not provided.
- 63 Pre Adoption Disruption - Child placed in pre-adoptive home is moved because the plans for adoption are terminated.
- 64 Unknown – This is an administrative reason and not used for private child care.
- 65 Move between Independent living locations within the same agency- Child moves from one IL location to another IL location within the same licensed program.
- 66 Administrative change within parent agency: Child does not move- Foster family changes affiliation from one licensed program to another within the same licensed agency and the child does not move.