922 KAR 1:430. Child protective services in-home case planning and service delivery.

RELATES TO: KRS 600.010, 600.020, 605.130, 620.050(3), 620.072, 42 U.S.C. 620-629m, 1397-1397h, 5106a

STATUTORY AUTHORITY: KRS 194A.050(1), 605.150(1)

NECESSITY, FUNCTION, AND CONFORMITY: KRS 194A.050(1) requires the Secretary for the Cabinet for Health and Family Services to promulgate administrative regulations necessary to operate programs and fulfill the responsibilities vested in the Cabinet for Health and Family Services, qualify for the receipt of federal funds, and cooperate with other state and federal agencies for the proper administration of the cabinet and its programs. KRS 605.150(1) authorizes the cabinet to promulgate administrative regulations to implement the provisions of KRS Chapter 605 - Administrative Matters. This administrative regulation establishes cabinet procedures for delivery of ongoing in-home case planning and service delivery for child protection cases of abuse, neglect, or dependency in compliance with KRS 605.130.

Section 1. Definitions. (1) "Cabinet" is defined by KRS 600.020(7).
(2) "Case planning" means a process during which the cabinet works with the family and other involved parties to identify conditions within a family, which may cause the threat of harm to a child and that need to be changed, and the services necessary to bring about familial changes in order to facilitate a child’s safety and well being in the home environment.
(3) "Permanency goals" means the goals for permanency established by 922 KAR 1:140, Section 4.

Section 2. In-Home Case Planning. (1) If the cabinet has determined that a child shall remain in the home, the cabinet shall review the results of the investigation or assessment conducted pursuant to 922 KAR 1:330 to include:
(a) Reviewing the case history;
(b) Initiating contact with a family;
(c) Completing a case plan with input from the family and community supports, pursuant to 922 KAR 1:140, Sections 3 and 5; and
(d) Completing a Prevention Plan in accordance with 922 KAR 1:330, if indicated, with input from family and community supports.
(2) An assessment shall:
(a) Be completed at least every six (6) months prior to each periodic case plan; and
(b) Include:
1. Information gathered during contacts with the family and service providers;
2. Considerations of the level of cooperation and efforts made by the family members to reduce threat and address the high-risk behaviors that brought the family into contact with the department;
3. The family’s progress towards case plan objectives; and
4. Further services or case actions necessary to achieve the case plan objectives and case closure.
(3) The cabinet shall advise a family receiving in-home case planning and service delivery of the right to a fair hearing in accordance with 922 KAR 1:320.

Section 3. Case Plan. (1) A case plan shall encompass:
(a) Identified expectations of a family and the cabinet; and
(b) Initiating linkage to community resources, including services to:
1. Address the high-risk behaviors of the family that brought the family to the attention of the
cabinet; and

2. Meet the safety, health, and developmental needs of the child.

(2) If a child continues to reside in the home of a parent or guardian, the cabinet shall:
(a) Have monthly contact with the family:
   1. To evaluate the family’s progress; and
   2. In accordance with KRS 620.072; and
(b) Make a monthly in-home, face-to-face visit with the child to:
   1. Observe the interaction between parent, child, and siblings;
   2. Determine the appropriateness of interactions, such as the parent’s ability to address the child’s needs, attachments, and cooperation among caregivers;
   3. Determine if parenting skills need improvement; and
   4. Identify the protective capacity of the parent, including the parent’s response to service provision and abilities to recognize the child’s needs, control impulses, and express positive attachment to the child.

(3) If the home environment was indicated as an issue in the case plan, an in-home visit to assess the home shall be conducted.

Section 4. Case Closure and Aftercare Planning. (1) A new assessment in accordance with Section 2(2) of this administrative regulation shall be completed before an in-home case is closed.

(2) The decision to close a case shall be:
   (a) Based on documentation that the original factors resulting in abuse, neglect, or dependency, or the risk of the abuse, neglect or dependency, has been resolved to the extent that the parent or guardian is able to:
      1. Protect the child; and
      2. Meet the needs of the child; and
   (b) Reviewed and approved by the cabinet staff’s supervisor or designee.
(3) Consideration for closure of a child protective service case shall occur if the following conditions are met:
   (a) The child is no longer in need of protection; and
   (b) The case planning or permanency goals have been achieved.

(4) The family shall be:
   (a) Notified in writing of the decision to close the protective services case; and
   (b) Advised of the right to a fair hearing in accordance with 922 KAR 1:320.

(5) If it is determined that a protective services case is appropriate for closure, the cabinet shall work with the family to develop an aftercare plan in accordance with 922 KAR 1:330 by:
   (a) Linking the family to community resources;
   (b) Continuing preventative measures; and
   (c) Instructing the family in how to use the aftercare plan.

(6) The focus of the aftercare plan shall be to prevent a reoccurrence of child abuse, neglect, or dependency. (27 Ky.R. 2022; Am. 3120; eff. 5-14-2001; TAm eff. 10-27-2004; TAm eff. 1-27-2006; TAm eff. 8-24-2010; TAm eff. 7-5-2012; 44 Ky.R. 431, 1075, 1357; eff. 1-5-2018.)