

KDOC Services Placement Agreement

Name of Youth: _____

Date of birth: _____

Medicaid ID Number: _____

Social Security#: _____

This agreement, entered into on this _____ day of _____, _____ shall be approved for a period not to exceed _____ days. This agreement shall expire on the _____ day of _____, _____. This agreement is between the KDOC through its designated Community Supervision Agency and the provider _____. The provider and Community Supervision Agency agree to follow all requirements as set forth in this agreement for the service type indicated below.

Level of Service:

_____ Therapeutic Family Foster Home
_____ Satellite Family Foster Home
_____ Emergency Family Foster Home
_____ Community Integration Program
_____ Specialized Family Foster Home

_____ Youth Residential Center I
_____ Youth Residential Center II
_____ Juvenile Justice Foster Care
_____ Residential Maternity Care
_____ Transitional Living Program

_____ Emergency Shelter
_____ Maternity Foster Home
_____ Family Foster Home

Upon admission, an initial KDOC Placement Agreement shall be completed for a period not to exceed 90 calendar days for all placements listed above (excluding Emergency Shelters). All subsequent KDOC Placement Agreement extensions shall be completed for a period not to exceed 60 calendar days for all placements (excluding Emergency Shelters).

The initial KDOC Placement Agreement for Emergency Shelter placements shall be completed for a period not to exceed 30 calendar days. Please see the Emergency Shelter standards criteria regarding extensions and complete the KDOC Placement Agreement accordingly (if approval is granted).

The Provider hereby agrees:

- To abide by applicable childcare licensing regulations of the State of Kansas, adhere to the terms detailed in your KDOC contract, and fulfill all standard requirements specific to this level of service within the KDOC Provider Handbook.
- To allow the juvenile to remain in placement unless it has been mutually agreed to transition the juvenile to another placement, and inform the community supervision officer of reasons for which they can no longer meet the juvenile's needs.

The Community Supervision Agency (CSA) hereby agrees:

- The Community Supervision Officer is responsible for the completion of this form (initial and all renewals).
- To authorize payment at the rate stated in the Provider Handbook for the respective placement type indicated on this agreement. Authorization shall be for all placement days provided in accordance with the Provider Handbook, excluding the day of discharge.
- To provide a Medicaid card issued by the State of Kansas to Provider or for a non-Medicaid eligible youth to authorize alternative payment for necessary medical care.
- To provide notice to the provider before removing child. No notice is required if said removal is court ordered, is done for the protection of the child, or is no longer supported by the CBST or supervision plan process.

The Parties agree that this agreement is supplemental and in addition to any other written agreements or contracts between the parties which may exist or may hereafter be entered into. Failure of the provider to provide placement services as specified may result in the withholding of authorization for payment.

CSA: _____ Work Phone Number: _____ Fax Number: _____

Community Supervision Officer Signature Date

Provider Signature Date

CSA Supervisor Signature Date

CSA Emergency/On-Call Number: _____