

KY Department for Behavioral Health, Developmental and Intellectual Disabilities
Targeted Case Management
Single Curriculum Submission Summary

The KY Department for Behavioral Health, Developmental and Intellectual Disabilities (DBHDID) recommends use of the Targeted Case Management rubrics and related documents to ensure providers' submission of all necessary materials. This will allow the DBHDID staff to review the curricula in their entirety and make an approval decision or request supplementary materials in an efficient manner, within the period specified. Please complete the below information and submit all materials following the instructions below. This summary can be used for submission of one or many (up to five) curriculums.

Reference guide for "Curriculum Type" choices below.

TCM = Targeted Case Management (12 Hour Core TCM)

SED = Severe Emotional Disability (6 Hour Child SED)

SMI = Serious Mental Illness (6 Hour SMI)

CCPHC = Co-occurring Chronic or Complex Physical Health Condition (6 Hour SMI SED SUD CCPHC)

SUD = Substance Use Disorder (6 Hour SUD)

Today's Date:

Provider Information

Name of Provider:

Mailing Address Line 1:

Mailing Address Line 2:

City, State, Zip Code:

Contact Person

Name of Person Completing this Form:

Phone Number:

Email Address:

First Curriculum

Curriculum Type (check one): 12 Hour Core TCM 6 Hour Child SED 6 Hour SMI
 6 Hour SMI SED SUD CCPHC 6 Hour SUD

Author of Curriculum* (if different from the Contact Person above)

Author Name:

Phone Number:

Email Address:

*Are you submitting, with permission, a curriculum with no revisions owned by another entity that has previously submitted to DBHDID? Yes No

If the submitting agency chooses to provide a method other than in-person, face to face for the core competencies that have this option (identified in each curriculum rubric), please select that core competency from the list provided below. NOTE: If you are providing all face-to-face trainings for this curriculum type, you do not need to select from the list below. **Please select all that apply.**

- 12 Hour TCM Core Comp 6 Cultural Awareness
- 12 Hour TCM Core Comp 9 Developmental Perspectives Across the Life Span
- 12 TCM Core Comp 10 Documentation - Regulations
- 6 Hour SED Core Comp 4 Wraparound Phase 3 Plan Implementation and Monitoring
- 6 Hour SED Core Comp 5 Wraparound Phase 4 Transition
- 6 Hour SMI Core Comp 4 Transition from Long-Term Care
- 6 Hour SMI Core Comp 5 Involuntary Commitment and Court Related Outpatient Treatment
- 6 Hour SUD Core Comp 3 Meeting Facilitation o 6 Hour SUD Core Comp 4 Regulations

Second Curriculum

Curriculum Type (check one): 12 Hour Core TCM 6 Hour Child SED 6 Hour SMI
 6 Hour SMI SED SUD CCPHC 6 Hour SUD

Author of Curriculum* (if different from the Contact Person above)

Author Name:

Phone Number:

Email Address:

*Are you submitting, with permission, a curriculum with no revisions owned by another entity that has previously submitted to DBHDID? Yes No

If the submitting agency chooses to provide a method other than in-person, face to face for the core competencies that have this option (identified in each curriculum rubric), please select that core competency from the list provided below. NOTE: If you are providing all face-to-face trainings for this curriculum type, you do not need to select from the list below. **Please select all that apply.**

- 12 Hour TCM Core Comp 6 Cultural Awareness
- 12 Hour TCM Core Comp 9 Developmental Perspectives Across the Life Span
- 12 TCM Core Comp 10 Documentation - Regulations
- 6 Hour SED Core Comp 4 Wraparound Phase 3 Plan Implementation and Monitoring
- 6 Hour SED Core Comp 5 Wraparound Phase 4 Transition
- 6 Hour SMI Core Comp 4 Transition from Long-Term Care
- 6 Hour SMI Core Comp 5 Involuntary Commitment and Court Related Outpatient Treatment
- 6 Hour SUD Core Comp 3 Meeting Facilitation o 6 Hour SUD Core Comp 4 Regulations

Third Curriculum

Curriculum Type (check one): 12 Hour Core TCM 6 Hour Child SED 6 Hour SMI
 6 Hour SMI SED SUD CCPHC 6 Hour SUD

Author of Curriculum* (if different from the Contact Person above)

Author Name:

Phone Number:

Email Address:

*Are you submitting, with permission, a curriculum with no revisions owned by another entity that has previously submitted to DBHDID? Yes No

*If the submitting agency chooses to provide a method other than in-person, face to face for the core competencies that have this option (identified in each curriculum rubric), please select that core competency from the list provided below. NOTE: If you are providing all face-to-face trainings for this curriculum type, you do not need to select from the list below. **Please select all that apply.***

- 12 Hour TCM Core Comp 6 Cultural Awareness
- 12 Hour TCM Core Comp 9 Developmental Perspectives Across the Life Span
- 12 TCM Core Comp 10 Documentation - Regulations
- 6 Hour SED Core Comp 4 Wraparound Phase 3 Plan Implementation and Monitoring
- 6 Hour SED Core Comp 5 Wraparound Phase 4 Transition
- 6 Hour SMI Core Comp 4 Transition from Long-Term Care
- 6 Hour SMI Core Comp 5 Involuntary Commitment and Court Related Outpatient Treatment
- 6 Hour SUD Core Comp 3 Meeting Facilitation o 6 Hour SUD Core Comp 4 Regulations

Fourth Curriculum

Curriculum Type (check one): 12 Hour Core TCM 6 Hour Child SED 6 Hour SMI
 6 Hour SMI SED SUD CCPHC 6 Hour SUD

Author of Curriculum* (if different from the Contact Person above)

Author Name:

Phone Number:

Email Address:

*Are you submitting, with permission, a curriculum with no revisions owned by another entity that has previously submitted to DBHDID? Yes No

*If the submitting agency chooses to provide a method other than in-person, face to face for the core competencies that have this option (identified in each curriculum rubric), please select that core competency from the list provided below. NOTE: If you are providing all face-to-face trainings for this curriculum type, you do not need to select from the list below. **Please select all that apply.***

- 12 Hour TCM Core Comp 6 Cultural Awareness
- 12 Hour TCM Core Comp 9 Developmental Perspectives Across the Life Span
- 12 TCM Core Comp 10 Documentation - Regulations
- 6 Hour SED Core Comp 4 Wraparound Phase 3 Plan Implementation and Monitoring
- 6 Hour SED Core Comp 5 Wraparound Phase 4 Transition
- 6 Hour SMI Core Comp 4 Transition from Long-Term Care

- 6 Hour SMI Core Comp 5 Involuntary Commitment and Court Related Outpatient Treatment
- 6 Hour SUD Core Comp 3 Meeting Facilitation o 6 Hour SUD Core Comp 4 Regulations

Fifth Curriculum

Curriculum Type (check one): 12 Hour Core TCM 6 Hour Child SED 6 Hour SMI
 6 Hour SMI SED SUD CCPHC 6 Hour SUD

Author of Curriculum* (if different from the Contact Person above)

Author Name:

Phone Number:

Email Address:

*Are you submitting, with permission, a curriculum with no revisions owned by another entity that has previously submitted to DBHDID? Yes No

*If the submitting agency chooses to provide a method other than in-person, face to face for the core competencies that have this option (identified in each curriculum rubric), please select that core competency from the list provided below. NOTE: If you are providing all face-to-face trainings for this curriculum type, you do not need to select from the list below. **Please select all that apply.***

- 12 Hour TCM Core Comp 6 Cultural Awareness
- 12 Hour TCM Core Comp 9 Developmental Perspectives Across the Life Span
- 12 TCM Core Comp 10 Documentation - Regulations
- 6 Hour SED Core Comp 4 Wraparound Phase 3 Plan Implementation and Monitoring
- 6 Hour SED Core Comp 5 Wraparound Phase 4 Transition
- 6 Hour SMI Core Comp 4 Transition from Long-Term Care
- 6 Hour SMI Core Comp 5 Involuntary Commitment and Court Related Outpatient Treatment
- 6 Hour SUD Core Comp 3 Meeting Facilitation o 6 Hour SUD Core Comp 4 Regulations

Submission of Documents and Materials

The below is a checklist of items to include on the USB flash drive:

- Curriculum (saved as a Word, Power Point and/or PDF files)
- Curriculum rubric (saved as a Word or PDF file) (recommended)
- Evaluation form to be used at the training
- Trainee test to be used at the training

On the flash drive, clearly label the flash drive with the provider’s name. **Submit this document and the USB flash drive to the below address.**

Submit this information to:
Department for Behavioral Health, Developmental and Intellectual Disabilities
Division of Program Integrity
Program Support Branch
275 East Main Street, 4E-C
Frankfort, KY 40621