

Planning Tool and Protocol for Transition Planning for Youth With Disabilities from the Child Welfare System to Adulthood



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Planning Tool and Protocol for Transition Planning for Youth With Disabilities from the Child Welfare System to Adulthood

Introduction

This planning tool and protocol is intended to be used with the guide *Transition Planning for Youth with Disabilities from the Child Welfare System to Adulthood*. The tool and protocol is designed for use by child welfare professionals and is intended to direct planning for individual youth and to influence case planning policies in county and private child welfare agencies. This planning tool and protocol should be used to highlight key areas and actions that need to occur for youth with disabilities to successfully transition from the child welfare system. This tool and protocol should be used as a supplement to an agency's comprehensive child welfare planning process to highlight special issues and action steps for youth with disabilities.

Part I: Youth Ages 14-17

A. Placement

What is the youth's placement? (check one)

- ☐ Regular Foster Care
- ☐ Medical Foster Care
- ☐ Therapeutic Foster Care
- ☐ Transitional Living Placement
- ☐ Supervised Independent Living Placement
- ☐ Congregate Care (group home)
- ☐ Residential Treatment Facility
- ☐ Other:

Is the placement the least restrictive and most family-like setting? Y ☐ N ☐

If NO, answer the following:

What treatment needs, behaviors, or other factors are creating barriers to reducing the level of restriction?

What specific efforts are being made to provide a less restrictive setting?

What services would aid in reducing the level of restriction?

1. Placement Funding

Are Title IV-E funds being used to cover the cost of care for the youth? Y___ N___

2. SSI

Is SSI being received for the youth? Y___ N___

If YES, complete the following:

Who is the payee?

___ County child welfare agency

___ An individual: _____

Are there any unmet special needs for which a portion of the SSI should be allocated?

Y___ N___

If NO,

Are there plans to apply for SSI while the youth remains in foster care? Y ____ N ____

3. Independent Living Services

If the youth is age 16 or older, is he or she receiving IL services? Y ____ N ____

If YES, describe how they are being provided:

If NO, indicate when a referral will be made:

Identify any barriers to the youth receiving IL services:

Describe what actions are being taken to address those barriers:

4. Age-Appropriate Activities

Is the youth being given an opportunity to learn and practice his or her IL skills in the placement and the community? Y ____ N ____

Do placement rules and expectations reflect the youth's age and development? Y ____ N ____

B. Permanency

What is the permanency plan? (check the plan that applies)

____ Reunification

____ Adoption

____ Legal Guardianship (PLC)

____ Placement with a Relative (kinship foster care)

___ Another Planned Permanent Living Arrangement (APPLA)

Has reunification or relative placement been fully explored? Y ___ N ___

Are there barriers to reunification or relative placement related to the youth's treatment or other special needs? Y ___ N ___

If YES, describe the barriers:

Identify the specific services or supports the family would need to care for the youth:

If family cannot provide placement, are they able to be involved in the youth's treatment or case planning while he or she is in care? Y ___ N ___

Has family finding been completed for the youth in the last year? Y ___ N ___

Has child-specific recruitment been attempted to find a placement, guardianship, adoptive resource or mentor? Y ___ N ___

For a youth with the permanency plan of APPLA, have any visitation resources been identified? Y ___ N ___

If the youth has siblings, is he or she placed with the sibling(s)? Y ___ N ___

If NO, is a visitation schedule in place? Y ___ N ___

C. Physical Health and Behavioral Health Treatment Needs

1. Health Insurance and MCO Status

Is the youth receiving Medical Assistance (MA)? Y ___ N ___

List the name and contact information for the youth's physical health MCO:

List the contact name and number of the MCO's Special Needs Unit:

List the name and contact information for the youth's behavioral health MCO:

List the name and contact information for the youth's primary care physician:

Does the primary care physician use the medical home model? Y _____ N _____

2. Behavioral Health

What behavioral health disability(ies) or impairment(s) has the youth been diagnosed with?

What treatment or services is the youth receiving to address the impairment(s) or disability(ies)?

Is the youth making progress in treatment(s)? Y ____ N ____

If NO, what are the barriers to progress?

- ____ Treatment is not appropriate
- ____ Appropriate course or type of treatment has not been identified
- ____ Unaddressed trauma issues
- ____ Cognitive or learning issues limit effectiveness of current treatment
- ____ Youth has not connected with treatment provider(s)
- ____ Other(s):

Is the youth prescribed any psychotropic medications? Y ____ N ____

If YES, complete the following:

Name of Prescription	Reason for Prescription

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Does the youth understand why he or she has been prescribed the medication(s)?

Y ____ N ____

Does the youth have any concerns about the medication(s)? Y ____ N ____

Does the youth know how to administer his or her medication(s)? Y ____ N ____

3. Physical Health Needs

Does the youth have any special physical health care needs that require treatment and/or monitoring? Y ____ N ____

If YES, list the physical disability(ies) or impairment(s) that the youth has been diagnosed with that require monitoring or treatment:

Check if the youth is receiving any of the following services:

____ Skilled Nursing

____ Personal Care Services

____ Home Health Services

List any non-routine or extraordinary medical services, treatment or supports that the youth is receiving to address a physical disability or special need:

Is the youth prescribed with any (non-psychotropic) medication? Y ____ N ____

If YES, complete the following:

Name of Prescription	Reason for Prescription

Does the youth have any assistive technology needs? Y ___ N ___

If YES, complete the following chart:

Name of Device	Funding/Coverage (MA, IEP, Other)

4. Intellectual Disabilities

Has the youth been identified as, or is it believed that the youth has an intellectual disability (ID)? Y ___ N ___

If YES, complete the following:

Has a psychological evaluation been completed that documents the youth's IQ?

Y ___ N ___

If YES, list the date of the evaluation(s):

Have evaluations or assessments of *adaptive functioning* been completed?

Y ___ N ___

If YES, list the date of the evaluation(s):

Has the youth been registered with IDS?¹ Y ___ N ___

If YES, complete the following:

Date of registration:

Name and contact information for Supports Coordinator:

Has a Prioritization of Urgency of Need for Services (PUNS) been completed that reflects the youth's anticipated discharge date? ___ Y ___ N

¹ Youth should be registered with IDS as soon as they are identified as having an ID. *Do not wait until right before they discharge.*

If the youth has been identified as ID, but NOT registered, complete the following:

What steps must be taken to register the youth? (Check all that apply)

- ☐ The call to the county IDS agency must be made.
- ☐ A psychological evaluation has been completed, but must be located.
- ☐ Psychological testing needs to be done.
- ☐ Testing or information about adaptive functioning is needed.
- ☐ Other:

What treatment services is the youth currently receiving to address the intellectual disability?

If the youth has been identified as having ID, has his caregiver and treatment team been trained in how to work with youth with ID? Y ___ N ___

Has the youth been identified as testing in the Autism Spectrum? Y _____ N _____

If YES, complete the following:

Check the diagnosis the youth received:

- ☐ Autistic disorder
- ☐ Pervasive developmental order, not otherwise specified
- ☐ Asperger Syndrome
- ☐ Childhood Disintegrative Disorder
- ☐ Retts Disorder

Check each area of need the youth exhibits and identify the treatment that is addressing that area. (This may include treatment or services provided in the school setting as part of an IEP).

X	Areas of Need	Treatment To Address Area of Need
	Language and communication	
	Social Skills	
	Cognitive Skills	
	Sensory and motor skills	
	Adaptive behaviors	

D. Education

1. General Education Issues

Does the youth have an identified Regular Educational Decision Maker? Y ____ N ____

If NO, has the solicitor or youth's attorney been notified so that a court order can be requested? Y ____ N ____

Is the youth making progress in school? Y ____ N ____

If NO, what are the barriers to success? Check all that apply

____ Lack of basic academic skills

____ Behavior is interfering with educational success

____ Absences from school

- ___ Emotional issues are interfering with educational success
- ___ There may be a learning issue that has not been addressed
- ___ There may be a developmental delay that has not been addressed
- ___ Other:

Is the youth having any problems with credit transfer? Y ___ N ___

Is the youth on track to meet graduation requirements? Y ___ N ___

2. Special Education Issues

Does the youth need to be evaluated for special education eligibility? Y ___ N ___

Does the youth have an Individualized Education Plan (IEP)? Y ___ N ___

Does the youth have a special education decision maker or Surrogate Parent?

Y ___ N ___

If YES, list name and contact information of the special education decision maker or Surrogate Parent:

If NO, has the solicitor or youth's attorney been notified so that a court order can be requested, or has a request been made to the school district to appoint a surrogate parent? Y ___ N ___

Is the IEP appropriate? Y ___ N ___

If NO, what actions are being taken to address the problems in the IEP?

Does the transition plan in the IEP have goals and services to achieve those goals in the following areas?

Postsecondary Education Y ____ N ____

Employment Y ____ N ____

Independent/Community Living Y ____ N ____

Community Participation Y ____ N ____

Adult Service Connections Y ____ N ____

Is the transition plan adequate? Y ____ N ____

If NO, what actions are being taken to address the inadequacy of the transition plan?

E. Youth Engagement in Decision Making

Has the youth been actively involved in the planning meetings for this case? Y ____ N ____

If NO, describe what steps will be taken to involve the youth:

Is the youth receiving instruction in understanding the nature of his or her behavioral and/or physical health care needs? Y ____ N ____

Is the youth receiving instruction in understanding the nature of the treatment, including medications, that he or she is receiving? Y ____ N ____

Part II: Youth Ages 17-21

This section of the planning protocol and tool highlights the actions the caseworker or advocate must take as a youth approaches discharge from the child welfare system. *Many of these actions are time sensitive.* For example, many of the “big ticket” benefits, such as MA Waivers, must be applied for well in advance of a youth’s discharge from the child welfare system. Even then, there may still be waiting lists for services. In addition, some benefits are not available until a youth is age 21 so staying in care past age 18 is a crucial element of the transition plan.

One of the biggest challenges in transition planning for youth with disabilities is to understand the different rules and criteria for eligibility of benefits and services in the adult system. Youth lose many important benefits and supports when they leave the child welfare and other child-serving systems. The challenge is to figure out how to fill those gaps in the adult system. The questions below should help you identify gaps that you need to fill and prompt you to take the actions to be able to fill those gaps. Please refer to the companion guide, *Transition Planning for Youth with Disabilities from the Child Welfare System to Adulthood*, for specific information on how to access services and benefits that are referenced below.

For each section, you should repeat the questions and prompts for youth 14-17 in Part I. Additional questions and prompts focused on discharge are included below.

A. Placement

1. Age-Appropriate Placement and Independent Living Skills

If the youth is in *congregate care*, describe what services or supports are needed so the youth can be placed in a foster home, Transitional Living Placement (TLP) or Supervised Independent Living (SIL) placement:

2. Living Setting/Housing Upon Discharge

Will the youth have sufficient income from employment to be able to afford to rent his or her own apartment or housing without other financial assistance? Y ____ N ____

If YES, describe the source and amount of income the youth is expected to make:

If NO, complete sections a. and b. below to show the proposed living arrangement and funding for the living arrangement.

a. Place an "X" by the living setting that best matches the anticipated living setting upon discharge?

- ☐ Home of family members
- ☐ Independent apartment
- ☐ Dormitory on a college campus
- ☐ Apartment with supervision and supportive services for an individual with mental illness
- ☐ Community group living for individuals with ID
- ☐ Family setting for individuals with ID Supported living for individuals with ID
- ☐ Domiciliary care
- ☐ Residential Treatment Facility for Adults
- ☐ Personal Care Home
- ☐ Intermediate Care Facility (ICF MR/ORC)
- ☐ Other

b. What is the source of funding for living arrangement chosen? (You may need to select more than one funding source. For example, SSI may cover the room and board but the MA waiver may cover the supportive and medical services needed to maintain the setting)

- ☐ SSI
- ☐ MA Waiver (type) _____
- ☐ Family will provide all financial support
- ☐ Financial aid for cost of attendance of postsecondary program
- ☐ MA
- ☐ Accepted into a voucher program
- ☐ *Name of program:*
- ☐ Accepted into a rent subsidy program
- ☐ *Name of program:*
- ☐ Other Source of Funding:

Based on the plan and funding source selected above, list the steps that must be taken to effectuate the plan:

3. SSI

Is SSI currently being received on the youth's behalf? Y ____ N ____

If YES, complete the following:

Has the youth been provided any opportunity to manage and budget some of the SSI funds used for his cost of care? Y ____ N ____

Will any portion of the SSI be placed in savings for expenses related to implementing the transition plan (security deposit or furniture for an apartment)? Y ____ N ____

Will the youth need a payee for the SSI benefit after he or she discharges from the child welfare system? Y ____ N ____

If NO, complete the following:

If the youth's child welfare placement is funded by state and local funds, list the target date on which the youth's SSI application will be submitted (it should be filed *at least six months* before planned discharge):

If the youth's child welfare placement is funded by Title IV-E funds, list the target date on which the youth's SSI application will be submitted (it should be filed *no later than 90 days* before planned discharge):

Will the youth need a payee for the SSI benefit after he or she discharges from the child welfare system? Y ____ N ____

B. Permanency

List the name and contact information for individuals the youth identifies as family, kin, mentors or sources of support after they transition from the child welfare system:

Does the youth have contact information for any siblings who are still in the child welfare system? Y ___ N ___

Is there a plan for how the youth will continue to visit with and keep in contact with a sibling who is still in the child welfare system when the youth discharges? Y ___ N ___

Has the youth expressed the intent or interest in finding or returning home to his or her biological parents or family? Y ___ N ___

If YES, answer the following:

Has the youth been provided services to facilitate reunification? Y ___ N ___

Has the youth been provided counseling to support him or her as they reconnect or reach out to family? Y ___ N ___

Has the youth been offered any grief or loss counseling to address feelings related to loss of or disrupted family connections? Y ___ N ___

C. Physical Health and Behavioral Health Treatment Needs

1. Health Insurance

Has the youth been provided with documentation that he or she was in foster care and enrolled in the MA program when he or she was age 18 or older for the purpose of establishing eligibility for MA to age 26 under that Affordable Care Act (ACA)? Y ___ N ___

Has the youth been provided instructions on how to apply for MA and establish eligibility under the ACA? Y ___ N ___

Has the youth been provided information that he or she may not be eligible for MA to 26 if he or she moves out of the state of Pennsylvania, and in that event he or she may need to find insurance through other means?² Y ____ N ____

List the name and contact information for any treatment providers that the young adult will continue to receive treatment from once he or she discharges from the child welfare system:

Name of Treatment Provider	Phone Number	Type of Care/Treatment

Will the young adult have behavioral health or physical health treatment needs after leaving the child welfare system? Y ____ N ____

If YES, complete the following chart:

Treatment/Service	Provider and Contact Information	Funding Source ³

² At the time of this writing, draft federal regulations only require that states must provide MA to 26 to youth who were in foster care and enrolled in MA in their “home” state at age 18. States have the option, but are not mandated, to cover youth from other states. This means that a youth who was in care and enrolled in MA in PA at age 18 who moves to Ohio would be eligible for MA until age 26 in PA, but may not be eligible in Ohio unless Ohio elects to cover youth from out of state.

³ If the treatment or services is not available under the MA program for adults or there are limitations on services, you should indicate how they will be funded by sources other than MA.

Will the young adult require medication as part of treatment after leaving the child welfare system? Y ____ N ____

If YES, complete the following chart.

Name of Medication	Funding Source

2. MA Waivers

If the youth has a significant *physical disability* and may be eligible for the Attendant Care, Independence, OBRA, COMMCARE, or AIDS waivers, complete the following:

Has eligibility has already been established for the youth for a MA Waiver? Y ____ N _

If YES, what is the name of the Waiver?

____ Attendant Care

____ Independence

____ OBRA

____ COMMCARE

____ AIDS

Identify the services that are listed in the MA waiver Individual Service Plan (ISP) that will be provided to young adult upon discharge from the child welfare system:

Services the Young Adult Will Receive Upon Discharge as Listed in the ISP

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.

If NO, what is the name of the waiver for which an application will be made?

- ☐ Attendant Care
- ☐ Independence
- ☐ OBRA
- ☐ COMMCARE
- ☐ AIDS

What actions have been taken to start the application?

Identify any barriers to completing the application for the MA Waiver (*Check all that apply*)

- ☐ Enrollment broker will not respond to calls
- ☐ Additional documentation of the youth's condition is needed
- ☐ There is not sufficient medical information/records to establish eligibility
- ☐ Other:

3. Youth Identified as Intellectually Disabled (ID)

Has the youth's Support Coordinator been involved in the youth's child welfare transition planning? Y ____ N ____

Do you have a copy of the youth's IDS Individual Support Plan(ISP)? Y ____ N ____

For which Waiver has eligibility been established?

- ____ Consolidated Waiver
- ____ Person/Family Directed Support Waiver

What living arrangement will the youth have when he or she discharges the child welfare system?

- ____ Living with family or relatives
- ____ Life Share
- ____ Community Group Home
- ____ Supported Living
- ____ Other:

Identify the services that are listed in the ISP that will be provided to young adult upon discharge from the child welfare system:

Services the Young Adult Will Receive Upon Discharge as Listed in the ISP

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.

If the youth has been identified as testing in the autism spectrum, has an application for the Autism Waiver been made? Y ____ N ____

If YES, has eligibility been determined? Y ____ N ____

If YES, has the youth been placed on the waiting list for the Waiver? Y ____ N ____

If the youth has been identified as testing in the autism spectrum and lives in Chester, Cumberland, Dauphin, or Lancaster Counties, has an application for the ACAP program been made? Y ____ N ____

D. Education

Has a referral to Office of Vocational Rehabilitation (OVR) been made? Y ____ N ____

Has the OVR been included in the IEP meetings? Y ____ N ____

Is the youth on track to graduate? Y ____ N ____

Is the youth taking advantage of his or her right to attend school until the end of the school year in which he or she turns age 21?⁴ Y ____ N ____

List the transition plan goals in the IEP below:

Post-secondary Education or Training Goals:

Employment Goals:

Independent/Community Living Goal:

Community Participation Goals:

Adult Service Connection Goals:

⁴ If the student is eligible for extended school year, he or she can also take advantage of that support in the summer following the end of the school year in which he or she turned age 21.

Is the youth on track to meet the transition plan goals in the IEP? Y ____ N ____

Identify the post-graduation plan for school and/or work:

- ____ Community college
- ____ Four year college
- ____ Job Training program
- ____ Trade school
- ____ Paid employment:
- ____ Other:

Has a Summary of Academic Achievement and Functional Performance been completed? Y ____ N ____

If the youth is or will be attending community college, a four-year college, a job training program, or trade school, complete the following:

Has a 504 Accommodations Plan been developed? Y ____ N ____

Has the youth contacted the disability services office? Y ____ N ____

Does the youth have a list of tutoring and other academic supports that are available at the school or program? Y ____ N ____

Will the youth live on campus in the dormitories? Y ____ N ____

If YES, has a plan been developed for housing during school breaks?
Y ____ N ____

Identify the source of funding to cover the cost of attendance:

Will the grants, scholarships, and funds listed above cover the cost attendance so that the youth will not have to take out any loans? Y ____ N ____

E. Health Care and Financial Decision Making

Does the young adult have individuals in his or her life who can provide input, support, and guidance in making health care and other treatment decisions? Y ____ N ____

If YES, provide the contact information of those individuals:

Does the young adult have a health care or mental health care power of attorney?

Y ____ N ____

Does it appear that the young adult has the capacity to make his or her own health care and treatment decisions? Y ____ N ____

If NO, complete the following:

Is there someone who can act as the young adult's *health care representative* if he or she currently does not have the capacity to make health care and treatment decisions or may not in the future ? Y ____ N ____

Has consideration been given to whether there is a need to file a petition for guardianship in Orphans Court because less intrusive means to provide for substitute decisions making have been ruled out? Y ____ N ____

If it has been determined that a guardianship petition should be filed, complete the following:

Who will prepare the guardianship petition?

Who will file the petition?

Has an individual been identified who can act as the guardian? Y ____ N ____

What is the timeline to file the petition?