

Ohio

**Department of
Job and Family Services**

The Final Transition Plan for Youth Aging Out of Foster Care

Hosted by

**The Office of Families and Children
Independent Living/Transition Age Youth Programs**

AGENDA

- Welcome & Introductions
- What is Transition Planning
- Necessary Steps of Transitioning Planning
- The Importance of Transition Planning for Youth Emancipating from Care
- Use of MSY Funds to Support Extended Care
- Transition Considerations for Older Youth with Developmental Disabilities
- The Bridges Warm Handoff Process
- Medicaid Coverage and Managed Care Plan Enrollment
- Creating a Transition Plan in SACWIS
- Post Emancipation Services and Supports
- Q & A

Presenters

ODJFS - Office for Families and Children

Shelly Boyd - Policy Developer, Transition Age Youth Programs

Talia Holmes - Foster Youth Advocate, Transition Age Youth Programs

Sue Williams- Bureau Chief, Multi-Systems Services and Supports

Jennifer Shoemaker - Policy Developer, Bridges

Angie Lykins - Business Analyst, SACWIS

Ohio Department of Medicaid

Doreen Buchler - Medicaid Health Specialist - ODM

What is Transition Planning?

Transition planning - is a process that considers the youth's long-term plans, then breaks them down into short-term goals. The goals should be specific, measurable and attainable. These goals must be completed prior to the youth's emancipation.



Requirements of Transition Planning

OAC Rule 5101:2-42-19 (N)

- At least **180 days** (6 months) prior to youth's emancipation, youth are provided information on post emancipation services and eligibility criteria to enroll in the Bridges Program. 5101:2-42-19.2
- It is mandated that **90 days** prior to a youth's emancipation (Best Practice is at least 180 days prior to emancipation) The PCSA or PCPA works with the youth to develop a final transition plan. The plan is to be youth driven and as detailed as the youth chooses.



Requirements of Transition Planning

The plan includes information such as:

- Option to receive post emancipation services
- Health Care and Medicaid Coverage
- Employment Services
- Secondary and Post secondary education & training
- **Obtaining and paying for housing**
- Budgeting for necessary living expenses
- Obtaining a credit report
- Registering for selective services
- Information on obtaining a drivers licenses

Requirements of Transition Planning

PCSA/PCPA Coordinate With the Following Services to Obtain Necessary Documents:

- The **department of health, office of vital statistics** , to ensure the youth obtains an original birth certificate.
- The **social security administration**, to ensure the youth obtains an original social security card.
- The **bureau of motor vehicles**, to ensure the youth obtains a current state identification card and information on obtaining a driver's license.

Requirements of Transition Planning

PCSA/PCPA Provide the Following Documents to the Youth Prior to Emancipation:

- A copy of the youth's final transition plan.
- The youth's health and education records.
- A letter verifying that the youth emancipated from agency custody.

The Importance of Transition Planning?



Use of MSY Funds Support Extended Care

Budget Bill: \$20 million to PCSAs to support the cost of care for children in agency custody with Multi-system needs placed in congregate care facilities.

Executive Order- March 2020:

increased flexibility to also pay for congregate and non-congregate care for young adults who would otherwise be emancipating, but are remaining care due to the pandemic.

5101:2-54-01

Billing Code: *JFSFP681 - Multi-System Youth services and supports.*

Transition Considerations for Older Youth w/DD

Proposed Change to Sec. 5101.1415. The provisions of divisions (A) and (C) to (F) of section 5101.1411 of the Revised Code shall not apply if the person ~~is eligible for~~ **remains in** temporary or permanent custody until age twenty-one pursuant to a dispositional order under sections 2151.353, 2151.414, and 2151.415 of the Revised Code.

CONSIDERATIONS

- **Bridges is a Voluntary Program**
- **Young adults with DD often have life-long needs that are better served through the adult DD system**
- **Coordination with the local Board of DD is *Critical* to ensure adequate continuity of care needed for the former foster youth's safety and well-being.**



What is it Bridges?

- ▶ Bridges is a voluntary program designed to provide financial assistance and case management supports to emancipated young adults between the ages of 18 to 21.
- ▶ Bridges can provide financial support and case management services to meet the young adult's basic needs such as food, clothing, and housing.
- ▶ Bridges is not a housing program, but can provide assistance with locating and maintaining safe stable housing.

Who's eligible for Bridges?

- ▶ Young adults who have left the custody of an Ohio PCSA at the age of 18, 19, or 20 years old.
- ▶ Young adults who turn 18 when in the care & placement responsibility of an Ohio Title IV-E Juvenile Court
- ▶ Young adults who turn 18 when in the care & placement responsibility of DYS and are in a IV-E reimbursable placement setting.
- ▶ Must meet at least one of the following eligibility criteria:



The 5 Eligibility Criteria's for Bridges

- ▶ Completing secondary education or a program leading to an equivalent credential.
- ▶ Enrolled in an institution that provides post- secondary or vocational education.
- ▶ Participating in a program or activity designed to promote, or remove barriers to, employment.
- ▶ Employed and working at least eighty hours every 30 days.
- ▶ Unable to participate in any of the above activities due to a mental or physical health condition that is supported by regularly updated information from a qualified practitioner.



Bridges Warm Handoff Process

- ▶ The goal of the warm hand off process is to create a transparent shift from the custodial agency to Bridges when custody terminates.
- ▶ This process will start with the custodial agency at 180 days prior to emancipation introducing Bridges to the young adult.
 - ▶ Voluntary Program
 - ▶ Eligibility Criteria

Bridges Warm Handoff Process (con't)

At 90 days prior young adult's emancipation from custodial agency:

- ▶ If young adult is interested in Bridges, custodial agency will make a referral
- ▶ Bridges Regional Coordinator will be assigned to the young adult's case in SACWIS
- ▶ Bridges Regional Coordinator will make contact with custodial agency & young adult to:
 - ▶ Discuss documentation needed for enrollment into Bridges.
 - ▶ Discuss young adult's Final Transition Plan including housing
 - ▶ **Bridges is not the young adult's final transition plan**
 - ▶ **Bridges cannot provide financial assistance to young adult until application is approved**
 - ▶ **Custodial agency is to leverage resources to ensure young adult's housing and other supports during the Bridges enrollment process**
- ▶ Custodial agency to communicate scheduled emancipation date with Bridges Regional Coordinator.
- ▶ Custodial agency & Bridges Regional Coordinator will continue to communicate and collaborate until the young adult emancipates and the custodial agency's custody is terminated

Bridges Warm Handoff Process (con't)

At 30 days prior to young adult's emancipation:

- ▶ Bridges provider agency is assigned and the Bridges Supervisor or Liaison will reach out to connect with the custodial agency and young adult.
- ▶ Bridges will review if one of the eligibility criteria can be met for the young adult to be enrolled in Bridges.
- ▶ Custodial agency will assist young adult in collecting required eligibility documentation
- ▶ Custodial agency will continue to communicate with the Bridges Regional Coordinator, Bridges Supervisor and/or Bridges Liaison the transition plans for the young adult.
- ▶ Custodial agency will ensure that the young adult's person profile in SACWIS is completely up to date (i.e. address, contact info, medical providers, diagnosis, medication, education, income - SSI, Soc Sec)

Bridges Warm Handoff Process (con't)

At 14 days prior to young adult's emancipation, custodial agency is to:

- ▶ Ensure the young adult has all documents required to enroll in the Bridges program - consult with Bridges Supervisor and Liaison to determine if documentation obtained is appropriate

Upon Emancipation, custodial agency is to:

- ▶ Enter custody termination date into SACWIS, this enables the Bridges application to be submitted for approval
- ▶ Bridges will notify custodial agency when the application has been approved by ODJFS, if the application was denied, or if the young adult voluntarily decides to no longer participate in Bridges

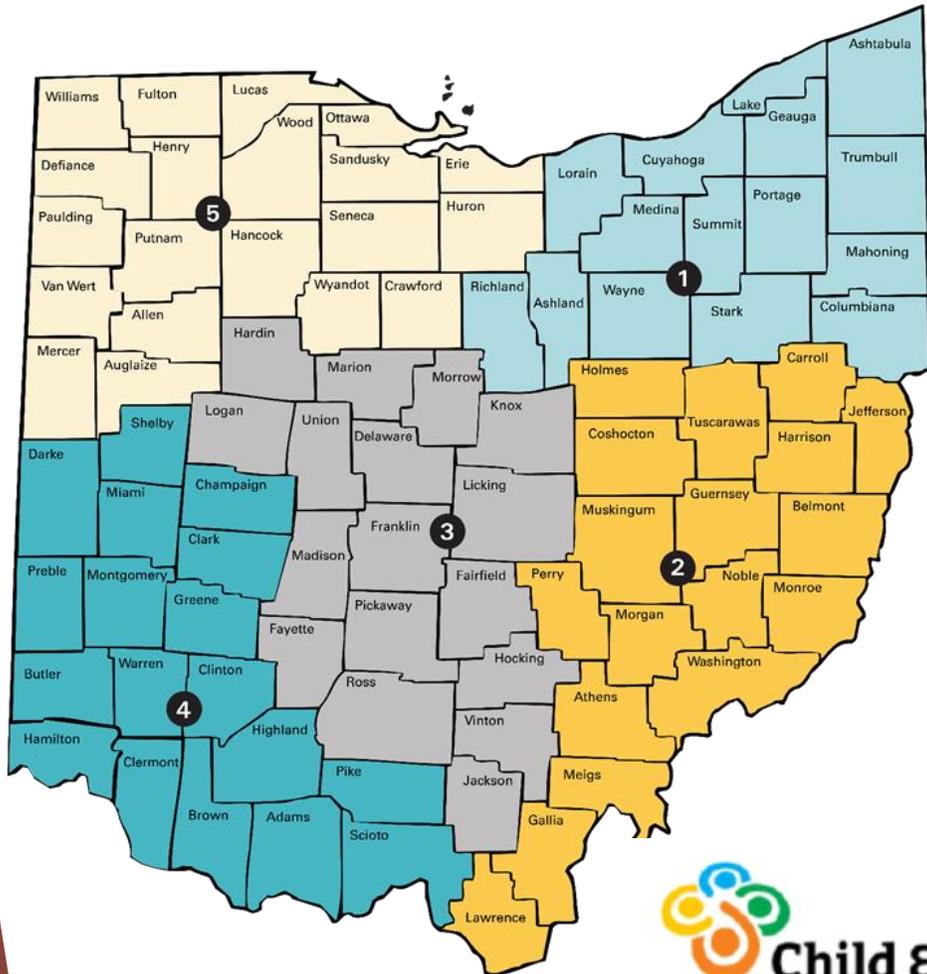
Things to Remember about Bridges

- ▶ A young adult is not enrolled in Bridges until the application is approved.
- ▶ Bridges Application can not be processed to ODJFS for approval until custodial agency enters termination date in SACWIS.
- ▶ Bridges cannot provide funds to young adult until application is approved.
- ▶ Custodial agency should plan ahead to provide resources to the young adult should there be a delay in Bridges enrollment.
- ▶ Bridges is a voluntary program. A young adult can choose to no longer participate in Bridges.
- ▶ Young adult may still receive Young Adult Services (YAS) from their county PCSA, if not enrolling in Bridges.

Need more information:

Website: bridgestosuccess.jfs.ohio.gov/index.stm

Email: Bridges@jfs.ohio.gov



Region 1: Northeast Region

ne.region@cfhcoho.org/(614)656-6328

Region 2: Southeast Region

se.region@cfhcoho.org/(614)869-3889

Region 3: Central Region

c.region@cfhcoho.org/(614)655-8259

Region 4: Southwest Region

sw.region@cfhcoho.org/(614)568-6596

Region 5: Northwest Region

nw.region@cfhcoho.org/(614)568-9428

Medicaid Coverage

FFC Aging out of Foster Care Transition to FFC Medicaid

 OHIO DEPARTMENT OF MEDICAID

Applying for Medicaid Benefits



[Benefits.Ohio.gov](https://benefits.ohio.gov)
Self-Service Portal

[Medicaid.Ohio.gov](https://medicaid.ohio.gov)



[The Medicaid Hotline](#)
1-800-324-8680

[County Shared Services Hotline](#)
1-844-640-6446



[In person – CDJFS](#)

[Mail or fax](#)

Medicaid Coverage Form

Verification of Aging out of Foster Care (ODM 01958 form)

[Reset Form](#)

Ohio Department of Medicaid
REFERRAL FOR MEDICAID CONTINUING ELIGIBILITY REVIEW
 IV-E Agency to County Department of Job and Family Services

Section I: Information about referred individual

First Name		M.I.	Last Name	
Social Security Number		Date of Birth	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Is this individual disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No
Street Address, Apt. No.		City	State	Zip Code County
Home Telephone		Custody of IV-E Agency? <input type="checkbox"/> Yes <input type="checkbox"/> No		Date Medicaid under PCSA ends
Did individual age out of foster care at age 18? <input type="checkbox"/> Yes <input type="checkbox"/> No		In receipt of IV-E services (FCM / Independent Living Services) before 18th birthday (Please specify)		Has citizenship been verified by PCSA? <input type="checkbox"/> Yes <input type="checkbox"/> No
Reason for termination				

If the individual listed is aging out of foster care, skip sections II and III, continue to IV. Assist the individual in completing a ODM 07216 and 07236, then forward all forms to the local county department of job and family services.

If the individual listed is not aging out of foster care, please continue with sections II, III, and IV below.

Section II: Living arrangement information

First Name (Parent/Caretaker #1)		M.I.	Last Name	
Date of Birth	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Receives Medicaid health coverage, OWP or Food Stamps <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
Case Number (if known)	Race/Primary Language		Social Security Number (if known)	
Relationship to referred individual				
First Name (Parent/Caretaker #2)		M.I.	Last Name	
Date of Birth	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Receives Medicaid health coverage, OWP or Food Stamps <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
Case Number (if known)	Race/Primary Language		Social Security Number (if known)	
Relationship to referred individual				

Section III: Income Information. If known, complete lines below for referred individual and parents(s)/caretaker(s) who have earned or unearned income from any source, such as: wages, self-employment, social security, SSDI, VA pension, workers compensation, alimony, or child support.

Name	Employer or Income Source	Gross Amount	How Often Received
1.		\$	
2.		\$	

Section IV: Other Health Insurance Information. If the individual has other health insurance or a medical support order, please document below.

Insurance Company	Policy Number	Monthly Premium

Signature of IV-E Agency Representative:

By signing this document, the PCSA affirms it has verified and properly documented U.S. citizenship in accordance with Chapter 5101:1-38 of the Administrative Code. The PCSA also affirms it has conducted a pre-termination review, and has issued proper notice and hearing rights to the affected IV-B or IV-E foster child identified on this form, in accordance with Chapter 5101:1-38 and rule 5101:8-7-02 of the Administrative Code, respectively.

Eligibility Worker	Title, Agency	Telephone Number	E-mail	Date

Managed Care Plans Enrollment

Once approved, select Managed Care Plan

The screenshot shows the Ohio Department of Medicaid website. At the top, there is a blue header with the Ohio Department of Medicaid logo and the text "OHIO DEPARTMENT OF MEDICAID". Below this is the "Ohiomh.com" logo. A navigation bar includes contact information: "Call Us: 1-800-324-8680", "Customer Service: Mon-Fri 7am-8pm and Sat 8am-5pm EST", and links for "Login / Register", "Translation Services", and "Contact Us". The main content area features the "Ohio Department of Medicaid" logo, a search bar, and navigation links for "Compare Plans", "Find A Provider", "Change My Plan", and "Resources". A large banner image shows a doctor smiling at a young child. Below the banner is a white box with the text "Compare Managed Care Plans in Your Area" and "Learn about managed care plans available in your area. Compare different benefits and providers offered by the plans." At the bottom, there are three blue buttons with white icons and text: "Learn More About Managed Care Plans" (with a question mark icon), "Compare Plans and Find a Provider" (with a person icon), and "I Would Like to Change My Plan" (with a pencil icon).

Managed Care Plans

MCP Contact Information

	BUCKEYEHEALTHPLAN.COM	1-866-246-4358
	CARESOURCE.COM	1-800-488-0134
	MOLINAHEALTHCARE.COM	1-800-642-4168
	PARAMOUNTHEALTHCARE.COM	1-800-462-3589
	UHCCOMMUNITYPLAN.COM	1-800-844-7230



Completing a Final Transition Plan in SACWIS

Locating the FT plan in SACWIS

From the Left Hand Navigation > Click Independent Living > Youth Name > Add Plan

- [Placement Request](#)
- [Placement/ICCA](#)
- ▶ [Independent Living](#)
- [Case Plan Tools](#)
- [Visitation Plans](#)
- [Review Tools](#)
- [Family Team Meeting](#)
- [Safety Reassessment](#)
- [Reunification Assessment](#)
- [Case Conference Note](#)
- [Child Fatality/Near Fatality](#)
- [ICPC/ICAMA](#)

[Filter](#) [Clear Form](#)

Independent Living Records

Youth Name	Plan Type	Plan Developed Date	Plan Closed Date	Agency
------------	-----------	---------------------	------------------	--------

Plan Type: * Youth Name: * [Add Plan](#)

Youth Information

- Resources
- Necessary Documents
- Contact Directory
- Signatures

Address: 4 Privet Drive Warren, Rhode Island 02885-1440

Contact:

The Youth would like to receive post emancipation services provided or arranged by the PCSA or PCPA from which the youth emancipated: *

Plan Developed Date: * 

Plan Closed Date: 

 Please update Youth's address at time of emancipation

Health

Anticipated health insurance at time of emancipation: *No Health Insurance Provider Record(s)*
[Add/Update Insurance Provider](#)

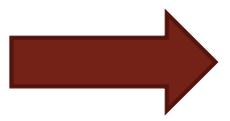
Health Care Provider

Peds on Wheels - (419) 217-1177 - 167 E Washington ROW Sandusky, Ohio 44870-2609

Current Medication

No Current Medication Record(s)

Other health related information: [\(expand full screen\)](#)



Heath, Current Medication & Health Care Provider will pull into the plan when it is entered on the Person Profile

Education

Highest grade Youth will complete:

Last School Attended: Edison Middle School

What is the Youth's post-secondary education or training plan?

Describe:

Has FAFSA been completed:

- [FAFSA Information](http://www.fafsa.ed.gov)
- [Department of Higher Education](https://ohiohighered.org)
- [Education Training Voucher \(ETV\) Program](http://www.fc2success.org/programs/education-training-vouchers)

Go to Forms/Notices to generate the **Application for Federal Student Aid letter**

What has the youth identified as their educational or vocational needs and goals? [\(expand full screen\)](#)

✓ ABC
4000



The school will pull into the plan when it is entered on the Person Profile

Hyperlinks are to gather further information from these sites:

- FAFSA Information
- Department of Education
- Education Training Voucher Program

Final Transition Resources

Financial Information

No Employment Information

[Update Employment Information](#)

Does the youth earn enough to pay bills?

No

Does the youth have a budget?

Yes

Does the youth have a checking account?

Yes

Bank Name and Information:

Does the youth have a savings account?

No

Does the youth have any outstanding court fees?

No

Resources available to youth:

- [Social Security Benefit Information](http://ssa.gov)
- [County Job and Family Services Benefits ODJFS](http://odjfsbenefits.ohio.gov//SelfServiceSplash.jsf)
- Other (please specify)

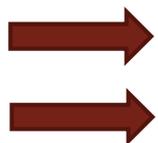
Obtaining a Credit Report:

- [Experian](http://www.experian.com) LAST PROVIDED
- [TransUnion](http://www.transunion.com) LAST PROVIDED
- [Equifax](http://www.equifax.com) LAST PROVIDED 11/02/2020



Registering for selective service (males only):

[Selective Service System](http://www.sss.gov/Home/Verification)



- To update a youth's employment record- click hyperlink to enter information in the person profile.
- Credit Report will display the date that the report was given to the youth

Resources con't

Housing Information

Type of housing upon emancipation:

- House
- Apartment
- Boarding House
- Shelter
- Other (please specify)

Which type of housing items have been requested by the youth?

	Requested	Provided
Rent:	<input type="checkbox"/>	<input type="checkbox"/>
Deposit:	<input type="checkbox"/>	<input type="checkbox"/>
Furniture:	<input type="checkbox"/>	<input type="checkbox"/>
Gas:	<input type="checkbox"/>	<input type="checkbox"/>
Electric:	<input type="checkbox"/>	<input type="checkbox"/>
Phone:	<input type="checkbox"/>	<input type="checkbox"/>
Internet:	<input type="checkbox"/>	<input type="checkbox"/>
Cable:	<input type="checkbox"/>	<input type="checkbox"/>
Water:	<input type="checkbox"/>	<input type="checkbox"/>
Trash Removal:	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>

What has the youth identified as their employment, financial, or housing needs and goals? [\(expand full screen\)](#)

(Detail those resources requested by the youth and how they will be obtained/provided.)

✓ ABC

4000

Record Information

Date Youth received Original Birth Certificate:



Date Youth received Original Social Security Card:



Date Youth received State Identification Card:



Date Youth received Driver's License:



Date Youth received a copy of their health records:



Date Youth received a copy of their education records:



Date Health Care Power of Attorney reviewed:



Date Youth received letter verifying Emancipation from Agency Custody:



Go to Forms/Notices to generate the **Wardship Letter** (Verification of County Wardship)

Additional Comments: [\(expand full screen\)](#)

Youth Name: [Potter, Harry / 12530778](#)

DOB: 07/03/2003

Gender: Male

[Youth Information](#)

[Resources](#)

[Necessary Documents](#)

[Contact Directory](#)

[Signatures](#)

Screen 1

Contacts

 **This youth has no Permanent Adult Connection**

Case Members/Associated Persons:

Add

-or-

Create New Contact

Youth Name: [Potter, Harry / 12530778](#)

DOB: 07/03/2003

Gender: Male

Screen 2

Contact Details

Contact Name: *

[Snape, Severus / 7340474](#)

Relationship to Youth: *

Adult

This contact is a Permanent Adult Connection 

Youth Support Person 

Contact Address:

123 E Main ST
Columbus, OH 43215-5207

Contact Type:

Cell: (567) 219-0174

Cell: (123) 456-7899

Other Contact Information: [\(expand full screen\)](#)

Additional information recorded here

Person has been added to the Youth's contacts. A Contact Person Report can be generated from the List screen.

Youth Name: [Potter, Harry / 12530778](#)

DOB: 07/03/2003

Gender: Male

[Youth Information](#) [Resources](#) [Necessary Documents](#) [Contact Directory](#) [Signatures](#)

Contacts

[edit](#)

Severus Snape - Adult

123 E Main ST Columbus, OH 43215-5207

Primary Contact: (123) 456-7899 ...

Other Contact Info: Additional information recorded here.

Youth Support Person

ACTIVE

 *This youth has no Permanent Adult Connection*

Case Members/Associated Persons:

Add

-or-

Create New Contact

Contacts

[view](#)

Severus Snape - Adult

123 E Main ST Columbus, OH 43215-5207

Primary Contact: (123) 456-7899 ...

Other Contact Info: Additional information recorded here.

Youth Support Person

INACTIVE

- Youth Information
- Resources
- Necessary Documents
- Contact Directory
- Signatures**

Signatures Captured

Potter, Harry - Youth

Date Signed:



Add Agency Representative

The Final Transition Report can be generated on the List page

- Independent Living**
- Case Plan Tools
- Visitation Plans
- Review Tools
- Family Team Meeting
- Safety Reassessment
- Reunification Assessment
- Case Conference Note
- Child Fatality/Near Fatality
- ICPC/ICAMA
- Adoption
- Case Closure
- Agency Case Transfer

Filter Clear Form

Independent Living Records

	Youth Name	Plan Type	Plan Developed Date	Plan Closed Date	Agency	
edit	Potter, Harry	Final Transition Plan	11/16/2020		Erie County Department of Job and Family Services	 

Plan Type: * Youth Name: * **Add Plan**

For additional questions, contact the SACWIS Helpdesk at: 614-466-0978 or see the KBA on Completing a Final Transition Plan:

<https://jfskb.com/sacwis/index.php/case/88-independent-living-nytd/735-creating-a-final-transition-plan>

Young Adult Services

OAC Rule 5101:2-42-19.2

- Requirements to receive YAS services
- Types of Services available
- Financial & Educational Assistance

Thank You For Serving Youth



Questions



IL Contact Information

Independent Living/ Transition Age Youth Mail Box (Program Questions)

Transitional-Youth-Programs@jfs.ohio.gov

Laurie Valentine, Program Manager – Laurie.Valentine@jfs.ohio.gov

Shelly Boyd, Policy Developer – Shelly.Boyd@jfs.ohio.gov

Nashawn Lariviere, Foster Youth Advocate – Nashawn.Lariviere@jfs.ohio.gov

Talia Holmes, Foster Youth Advocate – Talia.Holmes@jfs.ohio.gov