

SSIS V12.4 Release Training **Independent Living Plan**

Presentation for VPC
December 2012



Minnesota Department of **Human Services**



1. Right-click on the **Service Plans** folder.
2. Select **New State Service Plan**.

Hint: Service plans contained in the 'New Plan' selection are the 'old' service plans. Each is being revised; as the revisions occur each moves into the **New State Service Plan**

selection.

1

Setup Document Properties Linked State Service Plans

No required fields needed to complete.

Document template: Independent Living Plan

Description: Independent Living Plan

Status: Draft Status date: 11/02/2012

2

3

Display Setup

1. A **Setup** tab displays.
2. Click the **Document template** menu and select **Independent Living Plan**.
3. The **Display Setup** button displays only if returning to a previously-opened service plan.

Document

Document: Independent Living Plan

Elements

Review Date: 2/1/2013 1

Agency

Agency: Test County Family Services

County or tribe or region:

Workgroup

Workgroup: Keroutwick Gus CP Assessment 9/24/2012

Display the language block? yes 2

Service plan

Service plan: CMH Targeted Case Management Ind. Family Community S

Effective from date: 11/1/2012 3

Effective to date: 2/1/2013 4

1. Enter the **Review Date** on the Setup tab of the IL Plan. The *Review Date* is the date the plan will be reviewed with the child, which may or may not be the same as the *Effective from* date.
2. Click **Yes** to display the **Language block** at the end of the plan. (The language block provides information about interpreter services in several different languages.)

3. Enter the date the IL Plan is **Effective from**.
4. Enter the date the IL Plan is **Effective to**.

The IL Plan must be reviewed at least 180 days from the **Effective to** date, but may be reviewed earlier per request of any party.

Child

Participant: Keroutwick, Gus    **5**

First name Last name: Gus Keroutwick

Social Worker

Staff: Zzdhs-Walswick, Angela **6**  

Full name: Angela ZZDHS-Walswick

Document credentials: Program Administrator Senior

Phone: (651)431-4793

5. Select the name of the identified child for the IL Services in the **Participant** field. If the desired child's name doesn't display, click the word **Participant**; the cursor moves to the **Participants** folder in the Tree View where the child may be entered as a *Client*.
6. The name of the primary caseworker for the child's IL services should be selected in the **Staff** field. Click **Save**.

The **Documentation credentials** and **Phone** number displaying for the caseworker selected autofill from Admin. If this information is missing or incorrect, contact your agency's Admin staff.

It is recommended that an overall agency **Phone** be entered versus a specific worker **Phone** in the event the caseworker changes locations within the agency and/or telephone numbers.

Navigation Bar

1

Service Plan Screen

3

Setup Document Properties Linked State Service Plans

Title Page

Title Page

2

Diagnosis/Medications/Functional Assessment

✓ Current Diagnosis

✓ Medications

4

Minnesota Department of Human Services
Independent Living Plan

Child: Gus Keroutwick

Date of Birth: 01/03/1994

1. When the **Setup** tab of a **New State Service Plan** is complete, the **Document** tab is accessible. The **Document** tab contains a Navigation bar that functions just like the SSIS Tree View.
2. The screen currently selected is reflected by the **blue arrow** on the Navigation bar.
3. The screen contains merged information and allows for some data entry.
4. A **red checkmark** in the Navigation bar indicates that this screen will print on the service plan.

Minnesota Department of Human Services Independent Living Plan

Youth's Name: Gus Keroutwick 1	
Plan Dates: 11/01/2012 - 02/01/2013	Next Review Date: 02/01/2013
Worker Name: Angela ZZDHS-Walswick	Worker Phone: (651)431-4793

What assessments were used to develop the plan?

(Check all that apply)

Ansell Casey Life Skills 2

Educational

Vocational

Mental Health

Chemical Health

Other:

E

What assessments were used to develop the plan?
(Check all that apply)

Ansell Casey Life Skills

Educational

Vocational

Mental Health

Chemical Health

1. Review the merge fields on the **Title** page for accuracy.
2. Select the assessments used to develop the plan in the corresponding check boxes, and/or enter other/additional assessments in the **Editor** box.
- 3. Note:** Ansell Casey Life Skills has been changed to **Casey Life Skills**. This name change will be reflected in a future SSIS Release.

Identify individuals involved in developing/reviewing the plan:

E

3

Agency advised all parties of the availability of benefits of the foster care program up to age 21?

4

Yes
No
Not applicable

All required parties received the notice: 5

- Youth
- Parents or legal guardians
- Foster parent or care provider

The plan should identify the youth's needs as they prepare to leave foster care, including addressing the progress toward or accomplishment of the items identified in Minnesota Statutes, [section 260C.212, subdivision 1 \(c\) \(11\)](#) Independent Living Plan and [section 260C.212, subdivision 7](#) Administrative or court review of placements.

6

8

Complete

7

<<

>>

Agency advised all parties of the availability of benefits of the foster care program ~~up to age 21?~~ **past age 18?**

All required parties received the notice:

- Youth
- Parents or legal guardians
- Foster parent or care provider

Guardian ad litem

3. Enter the names of the individuals developing or reviewing the plan in the **Editor** box.
4. Select **Yes**, **No**, or **Not Applicable** to indicate whether all applicable parties have been informed of Extended Foster Care Benefits.
5. Select the check boxes for those individuals provided notice of Extended Foster Care.

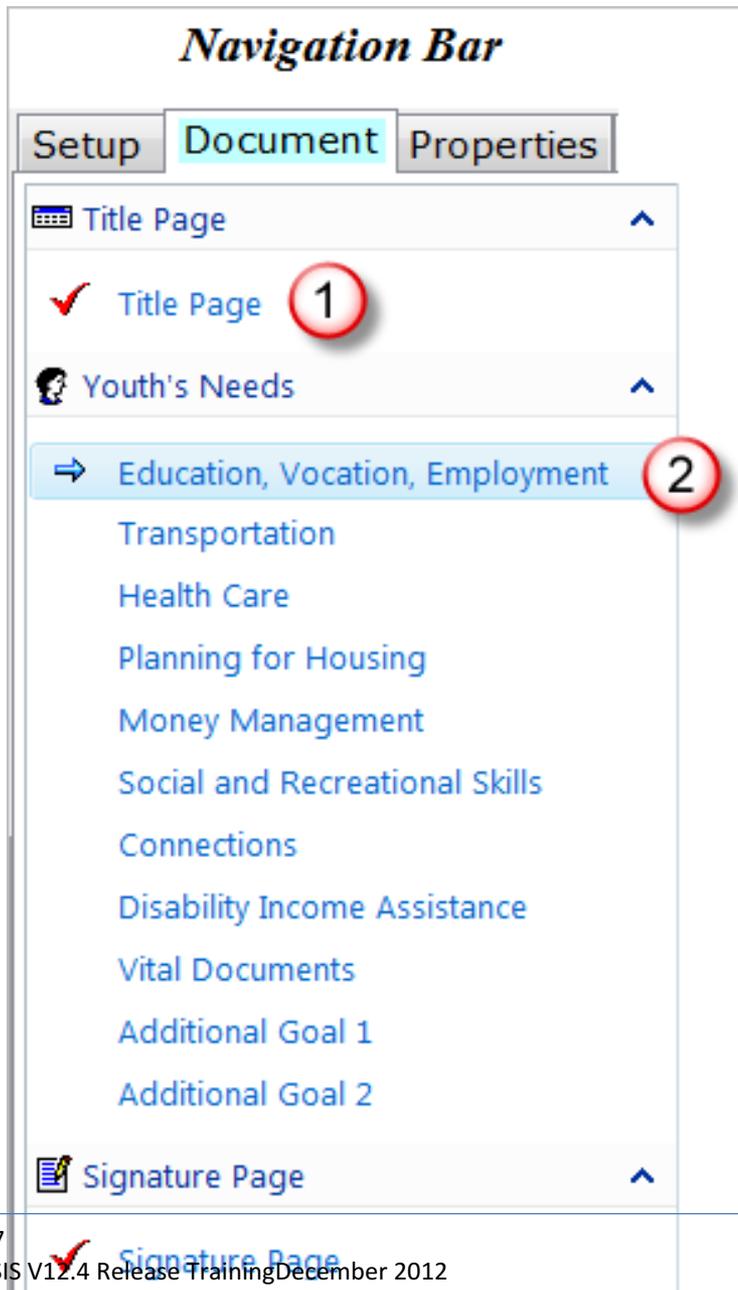
Note: The Guardian ad litem is one of these required individuals. This check box will be added in a future SSIS Release. Indicate the GAL's notice in the above **Editor** box.

6. Note the [blue hyperlinks](#) on this screen. Click on a particular [hyperlink](#) to learn more about the statutory requirements associated with the data entry on this screen.

7. Note: Section *260C.212 Subd 7* is changed to **260C.203 Subd b(2)**.

Click the **Complete** box at the bottom of the screen if you want the information on this screen to display on the printed IL Plan.

7. Click the **double arrow** buttons at the bottom right of the screen to advance the screen forward or back.



1. Screens that will print on the service plan are those displaying with a **red checkmark** next to the node in the Navigation bar.
2. The **blue** arrow indicates the screen currently displaying.

Educational, Vocational or Employment Planning

- Obtaining a high school diploma or its equivalent
- Engaging in career/employment planning and/or is employed
- Planning to or has enrolled in a post-secondary educational or training program (college, vocational/technical school, trade school) and is applying for or has obtained financial aid for which they are eligible, [including the Education and Training Voucher Program](#)

2

What has the youth identified as their educational, vocational or employment needs and goals?

E

What strengths and abilities does the youth have to make progress toward or accomplish these goals?

1

E

1. Each screen on the IL Plan provides **Editor** boxes where questions regarding a particular topic are to be answered by the primary caseworker and the youth. Click directly in the **Editor** box to type text, or click the blue **E** button to open a larger **Editor** screen providing more editing options.
2. Click the **Education and Training Voucher hyperlink** to move to the ETV page on the DHS website.

http://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYN Education and Train... 3

Minnesota Department of **Human Services**

Skip to: [Main content](#) | [Subnavigation](#) | [Quicklinks](#) |

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[DHS Home Page](#) | [Forms \(eDocs\)](#) | [County and Tribal Workers](#) | [A-Z Topics](#) |

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> [Children](#) > [Adolescent services](#) > [Education and training vouchers](#)

Adolescent services

- Education and training vouchers**
- Extended foster care to age 21
- Healthy Transition and Homeless Prevention
- National Youth in Transition Database
- Publications
- Self Program

5

Education and Training Voucher (ETV) Program 4

The Educational and Training Voucher Program (ETV) provides funds to help current and former foster care and adoptive youth attend colleges, universities, vocational or technical programs. Eligible youth can receive up to \$5,000 per school year to pay for tuition, fees books, housing, transportation and other school-related costs and living expenses. ETV funds are to complement the student's own efforts to secure financial assistance to attend post-secondary school. The program is administered by the Minnesota Department of Human Services (DHS) through contracts with Ramsey County, Hennepin County, and Lutheran Social Services (LSS) – Willmar to coordinate the program in their assigned areas.

[Apply for the program](#)
[Get program materials](#)

3. The ETV page displays in its own window.
4. Additional information is provided regarding the ETV program, as well as links to related information for youth.
5. Review the links to the right of the screen for additional youth information.
6. Note the keyword search feature available on the webpage.

1 For each step, who will assist the youth? At the plan reviews, identify the progress of each step.

Provider	Timeframe	Progress
What specific steps need to be taken by the youth, social worker and foster parent/caregiver for the youth to make progress toward these goals?		
Name of Provider	Timeframe of Services	
Description of services... Goals to be accomplished... Address barriers... Further explanation...		

3

Youth's comments/feedback:

E **The Independent Living Plan is completed in partnership with the Youth.** 4

Complete 5 << >>

For each topic on the IL Plan, a corresponding grid displays with the following fields:

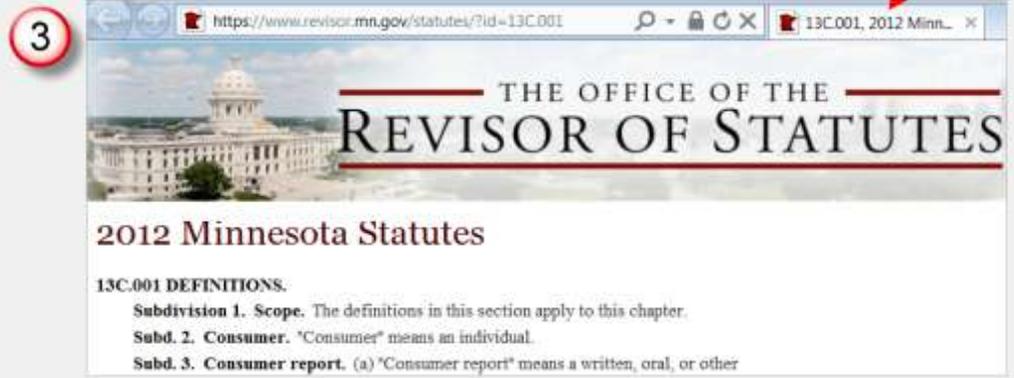
1. Enter the **Provider** reflecting each identified service.

2. Indicate the **Timeframe** for identified services. Click on the **Progress** header for a drop-down menu to select plan progress during a review. The divider line between columns can be adjusted by clicking it and dragging.

3. Enter a **Description** of each identified service.
4. Indicate the youth's **Comments or Feedback** in the corresponding **Editor** box.
5. At the bottom of the screen, click the **Complete** box to ensure that this information displays on the printed service plan. Click the **double arrow** buttons to advance the screen ahead or back.

- 1 **Transportation**
- Health Care Planning and Medical Coverage**
- Planning for Housing**
- Money Management** 2

Federal law requires that the agency shall ensure that the youth receives annually at no cost to the youth, a copy of the youth's consumer credit report as defined in [Minnesota Statutes, Section 13C.001](#) and assistance in interpreting and resolving any inaccuracies in the report. If this has been done within the previous twelve month period it is not necessary to do it again before the youth is discharged from foster care.



- 3 **Social and Recreational Skills**
- Establishing and Maintaining Connections**
- Disability Income Assistance**

1. Seven topics are listed on the IL screens.
2. Note the hyperlink for the **Money Management** screen.
3. Click it to review statute required in this topic area.

Vital Documents

1 . 2 Vital Documents that must be obtained prior to discharge including youth's social and medical history. 3

- Social Security Card
- Birth Certificate
- State identification card or driver's license
- Contact information for the youth's siblings, if they are in foster care
- Contact list of the youth's medical, dental and mental health providers
- Youth's social and medical history
- Medical records
- Dental records
- Green card or school visa
- School records
- If male, has registered for the Selective Service

2012 Minnesota Statutes

*(Statute is modified -
Pertinent sentences display below:)*

260C.212 CHILDREN IN PLACEMENT.

Subdivision 1. Out-of-home placement; plan.

(c) The out-of-home placement plan shall be explained to all persons involved in its implementation, including the child who has signed the plan, and shall set forth:

- 2 (11) an independent living plan for a child age 16 or older. The plan should include, but not be limited to, the following objectives:
 - (i) educational, vocational, or employment planning;
 - (ii) health care planning and medical coverage;
 - (iii) transportation including, where appropriate, assisting the child in obtaining a driver's license;
 - (iv) money management, including the responsibility of the agency to ensure that the youth annually receives, at no cost to the youth, a consumer report as defined under section 13C.001 and assistance in interpreting and resolving any inaccuracies in the report;
 - (v) planning for housing;
 - (vi) social and recreational skills; and
 - (vii) establishing and maintaining connections with the child's family and community; and
- (12) for a child in voluntary foster care for treatment under chapter 260D, diagnostic and assessment information, specific services relating to meeting the mental health care needs of the child, and treatment outcomes.

2012 Minnesota Statutes

*(Statute is modified -
Pertinent sentences display below:)*

259.43 BIRTH PARENT HISTORY; COMMISSIONER'S FORM.

3

Each child's social and medical history must be provided on a form or forms prepared by the commissioner and must include background and health history specific to the child, the child's birth parents, and the child's other birth relatives. Applicable background and health information about the child includes: the child's current health condition, behavior, and demeanor; placement history; education history; sibling information; and birth, medical, dental, and immunization information. Redacted copies of pertinent records, assessments, and evaluations shall be attached to the child's social and medical history. Applicable background information about the child's birth parents and other birth relatives includes: general background information; education and employment history; physical health and ~~mental health history; and reasons for the child's placement.~~ The child's social and medical history shall be completed ~~in a manner that protects the identities of all individuals described in it.~~

1. Click the check box next to each **Vital Document** provided to the youth.
2. The [**Vital Documents**](#) hyperlink references **MN Statute 260C.212** Children in Placement.
3. The [**youth's social and medical history**](#) hyperlink references **MN Statute 259.43**.

Signature Page

The plan should be signed by the youth and social worker. The youth and foster parent or caregiver should be given a copy of the plan.

Youth:

Gus Keroutwick

1

Social Worker:

Angela ZDHS-Walwick

This information is available in alternative formats to individuals with disabilities by calling your county worker. TTY users can call through Minnesota Relay at (800) 627-3529. For Speech-to-Speech, call (877) 627-3848. For additional assistance with legal rights and protections for equal access to human services programs, contact your agency's ADA coordinator.

Setup Document Properties

Title Page 3

Youth's Needs

Education, Vocation, Employment

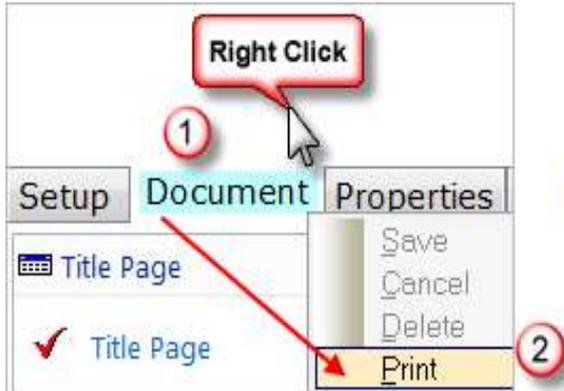
Complete

Check to include in printed copy

2



1. The names of the **youth** and **social worker** autofill in the corresponding **Signature Page** fields.
2. Click **Save**.
3. Ensure that each screen you wish to print has a **red checkmark** next to the corresponding node in the Navigation bar.



OR



1. Print the complete plan by right-clicking on the **Document** tab and selecting **Print**, OR
2. Expand the IL Plan in the Tree View and right-click on the **Document** node and select **Print**.

Example of Printed Independent Living Plan:

*Screen Shot is modified -
Pertinent text is highlighted below:*

1 **Minnesota Department of Human Services
Independent Living Plan**

Youth's Name: Gus Keroutwick	
Plan Dates: 11/01/2012 - 02/01/2013	Review Date 02/01/2013
Worker Name: Angela ZZDHS-Walswic	Worker Phone: (651)431-4793

What assessments were used to develop the plan?

(Check all that apply)

* Ansell Casey Life Skills

2

Provider	Timeframe	Progress
What specific steps need to be taken by the youth, social worker and foster parent/caregiver for the youth to make progress toward these goals?		

Name of Provider

Timeframe of Services

Description of services... Goals to be accomplished... Address barriers... Further explanation....

3

Youth's comments/feedback:

**The Independent Living Plan is
completed in partnership with the Youth.**

4

1. Review all of the merge fields for accuracy.
2. Note that only the check boxes selected display in the **Print Preview**.
3. Text displays as it is entered.
4. Text with altered **FONTS**, **colors**, or **sizes** displays in **Print Preview** just as it does in the **Editor** box.

Example of Printed Independent Living Plan:

*Screen Shot is modified -
Pertinent text is highlighted below:*

Vital Documents

5 Vital Documents that must be obtained prior to discharge including youth's social and medical history -

- * Social Security Card
- * Birth Certificate
- * State identification card or driver's license
- * Contact information for the youth's siblings, if they are in foster care
- * Contact list of the youth's medical, dental and mental health providers
- * Youth's social and medical history
- * Medical records
- * Dental records
- * Green card or school visa
- * School records
- * If male, has registered for the Selective Service

6

What strengths and abilities does the youth have to make progress toward or accomplish these goals?

Youth strengths and abilities

Provider	Timeframe	Progress
What specific steps need to be taken by the youth, social worker and foster parent/caregiver for the youth to make progress toward these goals?		
Provider details...	Timeframe details...	
Additional details...		

Youth's comments/feedback:

Youth's comments

5. The **hyperlinks** are still noted by **blue**, **underlined text** in Print Preview.
6. Note that all **Vital Documents** display. Those selected – indicating that they have been provided to the youth – display with an asterisk ***** next to the name of the document.

Example of Printed Independent Living Plan:

The plan should be signed by the youth and social worker. The youth and foster parent or caregiver should be given a copy of the plan.

Signature	Date	This plan was	I received a copy
Gus Keroutwick	7	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Angela ZZDHS-Walswick		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

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8 Attention. If you want free help translating this information, ask your worker.

ملاحظة: إذا أردت مساعدة مجانية في ترجمة هذه المعلومات، فاسأل مساعدك في مكتب الخدمة الاجتماعية.

ආකාරයට සිදු කළ හැකි පරිදි මෙම තොරතුරු පිළිබඳව නොමිලේ ආදායම් ලබන අයට ආදායම් ලබන අයට මුද්‍රා දැමිය හැක.

Pažnja. Ako vam je potrebna besplatna pomoć za prevod ove informacije, pitajte vašeg radnika.

Ceeb toom. Yog koj sav tu kev pah xhais cov aov no rau koj dawb, nug koj tus neeg lis dej uam (worker).

注意: 如果您需要免費的翻譯服務，請向您的工作人員詢問。如果您需要免費的翻譯服務，請向您的工作人員詢問。

7. The Independent Living Plan automatically displays the name of the identified youth and the primary caseworker in the **Signature** fields.

For every other **New State Service Plan**, these names must be typed into the Signature fields.

8. This is an example of how the **Language block** displays at the end of the service plan.

QUESTIONS



SSIS HELP DESK

DHS.SSIShelp@state.mn.us

Angela Walswick - SSIS Training

angela.m.walswick@state.mn.us

Wendy Woessner - SSIS Training

wendy.woessner@state.mn.us

Nan Beman - Child Welfare Policy

Nan.Beman@state.mn.us

