Division of Children and Family Services Protection and Safety Procedure # 30-2015	
Regarding:	Transitional Living Planning
Rescinding:	#17-2013 7. E
Date Effective:	09/29/2015
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Issued by:	Doug Weinberg , Director, Division of Children and Family Services

Philosophy:

The Division of Children and Family Services believes youth need to be supported in their transition into adulthood by establishing plans that set them on a path to succeed in furthering their education and/or having successful employment opportunities to develop into successful adults.

Procedure:

A Transitional Living Plan (TLP) is a plan describing programs and services designed to assist the youth in acquiring independent living skills. This plan must be developed for a state ward 14 years of age or older and be designed to empower youth in achieving successful adulthood by acquiring independent living skills. The TLP will be based on assessment of the youth utilizing the Ansell Casey Assessment. The completed assessment will be filed in the case record under Independent Living.

- The CFS Specialist is responsible to develop a TLP with the youth, the guardian ad litem and up to two individuals selected by the youth, who are not foster parents of the youth or a caseworker for the youth, and individuals who have knowledge of services available to the youth. One of the individuals selected by the youth may be designated to be the youth's advisor, and as necessary, advocate the application of the reasonable and prudent parent standard to the youth.
- The TLP will be updated and submitted to the Court for every review or permanency hearing. The TLP will document services provided to the youth since the last documented TLP in N-FOCUS. The CFS Specialist must provide documentation in each TLP narrative associated with the youth's age. TLP narrative descriptions have been included in this memo.
- The TLP must include the youth's acknowledgement of the youth's education, health, visitation and court participation rights which is explained in the Nebraska Foster Youth Bill of Rights. A copy of the signed Nebraska Foster Youth Bill of Rights must be maintained in the case record under the case plan/court report section and attached to every TLP submitted to the court. A signed copy of the Youth's Bill of Rights must be in the case record at all times, if a signed copy of these Rights cannot be located in the file, a CFS Specialist must have the youth sign a new copy of the Nebraska Foster Youth Bill of Rights.
- The court conducting the permanency hearing will ask the youth about his/her desired permanency outcome and will make a judicial determination that Independent Living is the best permanency plan for the youth and compelling reasons why it's not in the best interest of the youth to be placed permanently with a parent, relative, adoptive or guardianship placement. The CFS Specialist will document efforts and reasons for the desired permanency outcome in the permanency section of the TLP.
- The TLP must be individualized based on the youth's needs and address options for transitioning to successful adulthood. The following topics will be addressed in the plan:

a. Education;
b. Employment services and other workforce supports;
c. Heath and health care coverage including the youth's eligibility for Medicaid coverage under the federal Patient Protection and Affordable Care Act;
d. Financial assistance, including education on credit card financing, banking and other services;
e. Housing;
f. Relationship development; and
g. If the youth has needs that may require adult services;
h. Regular, on-going opportunities the youth is engaging with which are age or developmentally appropriate.
i. The intensive, ongoing and unsuccessful efforts to return the youth home or to secure a placement with a parent relative, legal guardian or adoptive parent.
j. Acknowledgement that the youth has received and signed a copy of the Nebraska Foster Youth Rights and Responsibilities.
k. If the youth is interested in pursuing higher education, a description of the process with applying for any applicable state, federal, or private aid.
l. The final TLP shall specifically identify how the need for housing will be addressed.
m. Information regarding the Bridge to Independence program to be shared with the youth;
n. Document when the youth received their social security card, certified birth certificate, driver's license or government ID card;
o. Document the dates that the youth's credit report was obtained and any actions needed to correct any inaccuracies in the report.

- Independence Hearings: Independence hearings will be the last court hearing before jurisdiction pursuant to subdivision (3)(a) of section 43-247 is terminated for a youth who is 16 years of age or older. The Independence Hearing shall address the youth's future goals and plans to access to services and support for the transition from foster care to adulthood. The CFS Specialist must provide information about community services and supports the youth is eligible for after jurisdiction has been terminated. A list of resources can be attached to the court report. A CFS Specialist can locate a list of resources at http://dhhs.ne.gov/children_family_services/BridgeToIndependence/Pages/Home.aspx
- The CFS Specialist must inform the youth and adoptive parent or relative guardians about the eligibility criteria for the Educational and Training Voucher (ETV) program. Wards or former wards who are now 17-23 years of age are eligible for the ETV program if they have:
    a. Aged out of foster care; or
    b. Received a guardianship status at age 16 or older; or
    c. Were adopted at age 16 or older; or are in out-of-home placement; or
    d. Were formerly in out-of-home care at the time of their discharge from the State.
- During the planning meetings on transitioning the youth to living independently, the CFS Specialist will provide and review the Living Will and Durable Power of Attorney for Health Care information sheet and have the youth sign a Living Will and Durable Power of Attorney Acknowledgment form. These forms will be filed in the medical section in the case record. The CFS Specialist must make it clear that the youth will not be able to exercise this option until he/she reaches the age of 19. An example of the Living Will and Durable Power of Attorney for Health Care documents are located at the end of this memo.

- When a youth in foster care turns 19 years old, the CFS Specialist will provide the youth with the following documents:
    a. Birth Certificate
    b. Social Security Card
    c. Driver's License or Identification Card

d. Health Insurance Information
e. Medical Records

A youth who has been in care for less than six months is exempt.

Required TLP narrative descriptions must be documented in NFocus for the following age groups:

14 years of age and Older

1. Supporting Permanency for youth in Foster Care by documenting the intensive, ongoing and unsuccessful efforts to return the youth home or to secure a placement with a parent relative, legal guardian or adoptive parent, including efforts that utilize search technology, including social media, to find biological family members; and
2. Supporting and demonstrating Normalcy for youth in Foster Care to ensure children have regular, ongoing opportunities to engage in age or developmentally-appropriate activities and social events
3. Document the dates that the youth's credit report was obtained and any actions needed to correct any inaccuracies in the report.

16 years of age and Older

1. Include all documentation above for youth ages 14 and older; and
2. Document the youth's desired permanency outcome to ensure the courts have information to make a judicial determination that Independent Living is the best permanency plan for the youth and compelling reasons why it's not in the best interest of the youth to be placed permanently with a parent, relative, adoptive or guardianship placement.
3. Document when youth who were adjudicated to be a juvenile described in subdivision (3)(a)of section 43-247 and who were in out-of-home placement at sixteen years of age received information about the Bridge to Independence Program (B2i), and continue to document notification of the B2i program yearly thereafter until nineteen years of age.

17 years of age and Older

1. Include all documentation from the above categories for youth ages 14 and older and 16 and older; and
2. Document when the youth and adoptive parent or relative guardians were informed about the eligibility criteria for the Educational and Training Voucher (ETV) program. Wards or former wards who are now 17-23 years of age are eligible for the ETV program if they have:
    a. Aged out of foster care; or
    b. Received a guardianship status at age 16 or older; or
    c. Were adopted at age 16 or older; or are in out-of-home placement; or
    d. Were formerly in out-of-home care at the time of their discharge from the State.

18 years of age

1. All documentation above for all age groups; and
2. Document when the youth has received their social security card, certified birth certificate, driver's license or government ID card;
3. Document when the youth was explained health care options required for enrollment in Medicaid coverage for former foster care children as available under the federal Patient Protection and Affordable Care Act and options to create or maintain a Medical Home;
4. Document the date when the youth was explained the Durable Power of Attorney for Health Care Decisions and signed the acknowledgment.

Nebraska Foster Youth Bill of Rights

- I have the right to be treated with respect.
- I have the right to be safe and well cared for.
- I have the right to be who I am.
- I have the right to lifelong family connections.
- I have the right to safely visit my family.
- I have the right to be fully informed about what is happening to me.
- I have the right to adequate health care, including mental health care.
- I have the right to a good, stable education.
- I have the right to permanency.
- I have the right to know when court hearings are scheduled and to attend hearings regarding my care.
- I have the right to receive skills, knowledge and resources needed to be a successful adult.
- I have the right to receive a credit report annually.
- I have the right to seek assistance if these rights aren't being met.

Nebraska Foster Youth Responsibilities

- I am responsible for my choices, decisions, actions and behaviors. I understand that I make the biggest difference in my life.
- I know I will make mistakes but I hope to learn from them and make positive choices for my life to create a bright future.
- I will treat myself and others with respect; I will follow the golden rule and treat others as I wish to be treated.
- I promise to make every effort to take the necessary actions not to cause harm to myself or others.
- I will do my best to communicate openly with people when I have a problem and try to ask for help when I need it… but please remember I may have trouble asking for help.
- I will try to work to the best of my ability in school and achieve the educational goals that I need to be a productive and successful person.
- I have the responsibility to ask for help in learning life skills I need for becoming an independent young adult.
- I will make an effort to be involved in and cooperate with suggested mental health treatment.
- Respectfully I ask that you do not judge me by my past, instead get to know me for the person I am today.
- Family connections are very important to me. I know I am responsible for setting and keeping safe boundaries with my family members. I am also responsible for making amends for any of my former actions that may have caused someone harm.
- I will try to be courageous and speak up when I feel my rights have been violated.

I have been provided with and understand my rights and responsibilities.

_____ _____

Signature Date

Durable Power of Attorney for Health Care Decisions Information sheet

In 1992, Nebraska adopted legislation allowing individuals to appoint a third party to make medical decisions for them when they are incapable of doing so for themselves. This is known as a Power of Attorney for Health Care.

A Nebraska Power of Attorney for Health Care allows you to choose a person who will have the authority to make health care decisions for you if you are unconscious, mentally incompetent, or otherwise unable to make such decisions.

What is an advance Health Care directive?

Advance health care directive are written instructions individuals used to give directions about a type of care they want or don't want, should they become unable to make health care decisions for themselves.

Why Should I choose a Durable Power of Attorney for Health Care?

If you become unable, even temporally, to make health care decisions, someone else must decide for you. Health care providers often look to family members for guidance. Family members might not be aware of your desires and may be required to express what they think your wishes may be related to a particular treatment, if no guidance is provided. Appointing an agent lets you control your medical treatment.

Who can be a Durable Power of Attorney for Health Care?

- Almost anyone who is 19 years of age or older.
- Nebraska law also allows the designation of another adult as a successor when the original durable power of attorney is unable or refuses to serve.

How do I appoint a Durable Power of Attorney for Health Care?

- You have to be 19 years of age or older or who is married or has been married before you can appoint a Power of Attorney for Health Care.
- You would sign a form called a Power of Attorney for Health Care.
- You need two adult witnesses to sign the form OR your signature must be notarized. State law prevents your parent, spouse, child, or sibling from serving as a witness on the form.
- Your Power of Attorney for Health Care will include the instructions for your medical treatment if you are incapable of making your own medical decisions. The form will also provide the name of the individual you desire to serve at attorney in fact, and make health care decisions on your behalf.

When would my Durable Power of Attorney begin to make Health Care decisions for me?

Your Attorney- In-Fact would begin to make health care decisions after your doctor provides a written decision that you are not able to make your own health care decisions. As long as you are able to make health care decisions for yourself, you will have the right to do so.

What decisions can my Durable Power of Attorney for Health Care make?

Your appointed Attorney-In-Fact for Health Care will be able to make any health care decision that you could have made if able to do. However, you have the ability to limit your Attorney-In-Fact's authority. It is important to inform and make your wishes known to your Attorney-In-Fact. Unless you limit your Attorney-In-Fact authority,

your Attorney-In-Fact has the authority to decide if you receive treatment, to choose among different treatments and to decide what treatments should not be provided. Your Attorney-In-Fact must follow your wishes.

Your Durable Power of Attorney for health care does not give your Attorney-In-Fact the power to make non–health care decisions for you, such as financial decisions.

Why is it important to me to appoint an Attorney-In-Fact because I am young and healthy?

The decision whether to appoint an Attorney-In-Fact is entirely up to you. As you make this decision, keep in mind that no one knows what the future holds. Appointing an Attorney-In-Fact for health care will give you peace of mind because you know that someone will act upon your wishes in case you are unable to make health care decisions. You may become temporarily unable to make decisions such as when you are under general anesthesia or have become incapacitated because of an accident.

All hospitals, nursing homes, doctors and other health care providers are legally required to provide your Attorney-In Fact with the same information that would be provided to you.

Can an advance health care directive be changed or cancelled?

A Power of Attorney for Health Care may be revoked orally or in written form at any time by you as long as you are determined to be competent at the time of the decision to revoke. If you have become incapacitated, and an attorney in fact is making your health care decisions, once you are able, your health care decisions will revert back to you.

Things to think about and remember:

- Have an open discussion about your wishes with your attorney in fact. If your attorney in fact does not know your wishes your agent is legally required to act in your best interest.
- Give a copy of your Power of Attorney for Health Care to your attorney in fact, your doctor, and any other family members or close friends you would like to have the information.
- Keep a copy of the form in your wallet or purse or with other important papers.
- Your power of attorney will remain in effect indefinitely or you can choose a date for it to end.

Living Will and Durable Power of Attorney

1. I appoint _____,
   whose address is _____
   and whose telephone number is _____, as my Attorney In Fact for Health Care. I appoint _____,
   whose address
   is_____, as my successor Attorney-In-Fact for Health Care. I authorize my Attorney-In-Fact appointed by this document to make heath care decisions for me when I am determined to be incapable of making my own health care decisions. I have read the warning at the end of this document and understand the consequences of executing a Durable Power of Attorney for Health Care.

2. I direct that my Attorney-In-Fact comply with the following instructions or limitations
   _____
   _____
   _____
   _____

3. I direct that my Attorney-In-Fact comply with the following instructions on life-sustaining treatment: (optional)
   _____
   _____
   _____
   _____

4. I direct that my Attorney-In-Fact comply with the following instructions on artificially administered nutrition and hydration:
   (optional)_____
   _____
   _____

I HAVE READ THE POWER OF ATTORNEY FOR HEALTH CARE. I UNDERSTAND THAT IT ALLOWS ANOTHER PERSON TO MAKE LIFE AND DEATH DECISIONS FOR ME IF I AM INCAPABLE OF MAKING SUCH DECISIONS. I ALSO UNDERSTAND THAT I CAN REVOKE THIS POWER OF ATTORNEY FOR HEALTH CARE AT ANY TIME BY NOTIFYING MY ATTORNEY ON FACT, MY PHYSICIAN, OR THE FACILITY IN WHICH I AM A PATIENT OR RESIDENT. I ALSO UNDERSTAND THAT I CAN REQUIRE IN THIS POWER OF ATTORNEY FOR HEALTH CARE THAT THE FACT IF MY INCAPACITY IN THE FUTURE BE CONFIRMED BY A SECOND PHYSICIAN.

_____ _____

Signature of person making designation Date

Declaration of Witnesses

We declare that the principal is personally known to us, that the principal signed or acknowledged his or her signature on this Durable Power of Attorney for Health Care in our presence, and that the principal appears to be of sound mind and not under duress or undue influence, and that neither of us nor the principal's attending physician is the person appointed as Attorney-In-Fact by this document.

Witnessed By:

_____ _____
(Signature of Witness/Date) (Printed Name of Witness)

_____ _____
(Signature of Witness/Date) (Printed Name of Witness)

OR

State of Nebraska)
)
County of _____)

On this _____day of_____20____, before me,_____, a notary public in and for_____County, personally came_____, personally known to be the identical person whose name is affixed to the above Durable Power of Attorney for Health Care as principal, and declare that he or she appears in sound mind and not under duress or undue influence that he or she acknowledges the execution of the same to be his or her voluntary act and deed, and that I am not the attorney in fact or successor designated by this Durable Power of Attorney for Health Care.

Witness my hand and notarial seal at_____ in such county the day and year last above written.

_____
Notary Public

Acknowledgment

I _____, have been told when I am 19 years of age, I can choose a "Durable Power of Attorney For Health Care" which can make medical decisions for me if I am not able. When I turn 19, I will receive directions and a form which I can complete if I want to choose a Durable Power of Attorney For Health Care.

_____ _____

Signature *Date*

References:

Public Law 113-183, Preventing Sex Trafficking and Strengthening Families Act.