

City of New York  
Administration for Children's Services

Policy # 2011/06

**SUBJECT: Post Final Discharge Supervision of APPLA+ Youth until 21 Years of Age**

**APPROVED BY: Ronald E. Richter, Commissioner**

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**DATE: December 23, 2011**



**IMPLEMENTATION  
RESPONSIBILITY:**

**Children's Services Division of Family  
Permanency and Foster Care Provider  
Agency Staff**

**PURPOSE:** Children's Services' mission to achieve positive outcomes for all NYC youth in and transitioning from foster care includes making sure that every teenage youth in our care receives services and support to acquire skills for a healthy, productive, and self-sufficient adult life. This policy provides foster care staff with critical case practice principles and a set of checklists to guide work with youth transitioning from care.

**SCOPE:** This policy applies to all Foster Care Provider Agency staff as well as staff in Children's Services Division of Family Permanency. It must be used when providing services to youth who are final discharged to APPLA+ ("Another Planned Permanent Living Arrangement with a Significant Connection to an Adult Willing to be a Permanency Resource")<sup>1</sup> and are to be supervised until age 21. This policy is effective immediately.

**POLICY: Post Final Discharge Supervision Requirements**

ACS and Foster Care Provider Agencies are responsible for the supervision of youth discharged from foster care until such youth become 21 years of age or until they are discharged to their own parents, discharged to relatives within the third degree or to their guardians, or until they are adopted.<sup>2</sup>

**1. Overview**

State regulations have been issued implementing the statutory requirement.<sup>3</sup> For youth discharged from foster care to APPLA+ and for youth deemed<sup>4</sup> to have been discharged to APPLA+ (i.e. a youth on trial discharge to parents/relative) and who has permanently left the home of his parents or relative prior to final discharge, provider agencies **must** supervise the youth until their 21<sup>st</sup> birthdays.<sup>5</sup> The provider agency directly working with the youth at the time of discharge is required to provide

<sup>1</sup> APPLA+ is a permanency planning goal to assist foster care youth in their transition to self-sufficiency by connecting the youth to an adult permanency resource, equipping the youth with life skills and, upon discharge, connecting the youth with any needed community and/or specialized services. See 18 NYCRR § 430.12(f).

<sup>2</sup> NY SSL § 398(6) (h); see also 18 NYCRR § 430.12(f) (4) (i) (b).

<sup>3</sup> NY SSL § 398(6) (h); see also 18 NYCRR § 430.12(f) (4) (i) (b).

<sup>4</sup> A child deemed to be discharged to another planned living arrangement with a permanency resource means a child 16 years of age or older who has resided in foster care for at least 12 months within the past 36 months and who has been discharged to parents or relatives. 18 NYCRR § 430.12(f).

<sup>5</sup> 18 NYCRR § 430.12(f) (4) (i) (b); see also NY SSL § 398(6) (h).

supervision, unless an alternative agreement (within prescribed guidelines) is reached between the child planning and the case planning/managing agency, if such agencies are different.

## 2. **Contacts**

Supervision includes at least monthly contact with the youth, unless the youth has maintained adequate housing and income continuously for the previous six months, in which case at least quarterly contacts must occur, either face-to-face or by telephone.<sup>6</sup> Where monthly contacts are required, face-to-face contacts on a quarterly basis must occur with the remaining contacts being either face-to-face or by telephone. The requirement of quarterly face-to-face contacts does not apply to youth living 50 miles outside of New York City. In all cases, the Foster Care Provider Agencies must provide referrals to needed services, including income and housing services, with sufficient follow-up efforts to ensure that the youth has begun to receive the services for which he or she was referred.<sup>7</sup>

If during a 60-day period, the Provider Agency has attempted two face-to-face or telephone contacts and one in-home contact and the youth has refused contact or cannot be located, then the contact requirements are considered satisfied. The mandated contact requirements must resume when the youth is located and desires to cooperate with the Provider Agency.<sup>8</sup>

## 3. **Documentation**

After termination of Children's Services' custody of the youth, State regulations require that progress notes be maintained by the Foster Care Provider Agency which show the number and type of contacts with the youth, the services and service providers to whom the youth has been referred, and whether the youth actually received services. If the required number of contacts with the youth has not been made, the record must document the efforts made by the Foster Care Provider Agency to contact the youth and to encourage the youth to cooperate with the agency.<sup>9</sup>

**NOTE: Until CNNX Build 19 is implemented, thereby formalizing the changes required to facilitate provider agencies' ability to document services for the APPLA+ client,<sup>10</sup> ACS and OCFS have agreed to a temporary solution. Please refer to Attachment 1 for details.**

## 4. **Tracking (Submission of Form CS 853A)**

Foster care provider agencies are required to complete the *Supervision Until 21 for Youth Discharged to APPLA+* Form CS 853A (See Attachment 2) and submit it to the Preparing Youth for Adulthood (PYA) mailbox at [acs.sm.pya@dfa.state.ny.us](mailto:acs.sm.pya@dfa.state.ny.us).<sup>11</sup> Please note that this mailbox **cannot** be used for the submission of case-related systems issues pertaining to the CNNX, WMS, or CCRS. Form CS853-A must be

<sup>6</sup> 18 NYCRR § 430.12(f) (4) (i) (b).

<sup>7</sup> 18 NYCRR § 430.12(f) (4) (i) (b).

<sup>8</sup> See, "Voluntary Replacements (Foster Care Re-Entry)" Procedure #2010/07 (revised 8/28/11), for information relating to youth age 18-20 who have been final discharged and are requesting to voluntarily re-enter foster care.

<sup>9</sup> 18 NYCRR § 430.12(f) (4) (ii) (b).

<sup>10</sup> Clients who are receiving post final discharge supervision until they are 21 years of age

<sup>11</sup> For instructions on emailing confidential information, please refer to *Security of Confidential, Case-Specific or Personally Identifiable Information Policy* #2010/07, dated 12/6/10.

submitted every six months from the date the APPLA+ youth is final discharged until the youth is 21.

The provider agency/PYA coordinator will be responsible for downloading the CS 853A form template to the case planner's/caseworker's computer from the Post Final Discharge Supervision Form installation Compact Disc. The case planner/caseworker should complete, save and submit the electronic version of the CS 853A form to the PYA mailbox.

**5. *Monitoring***

Children's Services Divisions of Family Permanency and Policy, Planning and Measurement will work in collaboration to manage a system for monitoring Foster Care Provider Agencies' practices and compliance with the requirements described in this Policy. Key components of the system include on-going tracking and follow up by ACS Agency Program Assistance (APA) regarding trends in agency performance on post final discharge supervision of APPLA+ youth until they are age 21. Children's Services will hold Foster Care Provider Agencies accountable for their performance in accordance with APA Roles and Responsibilities.

For additional information on this policy, please contact Gregory Weir (212) 676-6532 or via e-mail at [gregory.weir@dfa.state.ny.us](mailto:gregory.weir@dfa.state.ny.us) or you may also contact Jorge Pastor at (212) 341-3189 or at [jorge.pastor@dfa.state.ny.us](mailto:jorge.pastor@dfa.state.ny.us)

*Documenting APPLA+ Youth Case Information in CNNX*

Currently, provider agencies do not have the ability to document progress notes in CONNECTIONS (CNNX) for closed cases. It is anticipated that Build 19 will allow provider agencies the ability to enter progress notes on said cases. In the interim, ACS in consultation with OCFS has agreed to the following modifications as a temporary workaround:

1. Create an FSI from the Connections Toolbar

Provider agency staff will create a Family Services Intake (FSI) from the CNNX toolbar and select the Out of Town Inquiry (OTI) option. This will only allow the provider agency staff to enter narratives. When creating the FSI the case planner must:

- open the FSI/OTI with only the young adult included in the stage;
- complete the Intake, Narrative, Persons Demographics and Decision Summary tabs as required;
- record the decision (in the Decision Summary tab) and forward the request through your agency's supervisory review as applicable prior to submitting the intake details to ACS System Support Office (SSO) for acceptance; and
- assign Karen Bly in the ACS SSO, a Case Worker's role to assist the agency in progressing the FSI Stage to an Family Services Stage (FSS);

**Note:** provider agency must correctly **identify** the case planner for the agency and state that this is a "Supervision to 21" request in the narrative section.

2. Stage Progress the case to FSS

The ACS SSO intake staff responsible for stage-progressing the FSI to the FSS is Karen Bly. The SSO staff will stage-progress the FSS and assign the identified agency worker planning responsibility.

**Note:** All Supervision to 21 cases are assigned to Gregory Weir of ACS, for the monitoring of cases to verify compliance with required casework contact. Mr. Weir can be contacted at [gregory.weir@dfa.state.ny.us](mailto:gregory.weir@dfa.state.ny.us)

For CNNX case-related issues such as providing status updates regarding the case progression, and closing or reopening of the cases on the FSI/OTI intake phase, please e-mail the Foster Care mailbox at [acs.sm.cnnx.b18cases.fostercare@dfa.state.ny.us](mailto:acs.sm.cnnx.b18cases.fostercare@dfa.state.ny.us) or [fostercare@dfa.state.ny.us](mailto:fostercare@dfa.state.ny.us). All Supervision to 21 inquiries regarding mandate requirements must be sent to Mr. Gregory Weir via e-mail at [gregory.weir@dfa.state.ny.us](mailto:gregory.weir@dfa.state.ny.us).

*Case Scenarios*

The following three case scenarios were developed to encompass most of the situations that agencies are likely to encounter when servicing the Post Final Discharge Supervision APPLA+ population:

1. Case Type Child Welfare Stage (CWS) with Child 18 discharge-APPLA+
2. Case Type CWS with Child 18 discharge-APPLA+/with other children receiving continued services
3. Case Type Child Care Record (CCR)with child 18+ being discharge-APPLA+

### Assumptions

- All scenarios may include a discharged child returning to care or given Preventive Services.
- Scenario 2 is necessary to stop the FASP trigger for the APPLA+ child. FASP will need to be completed for the remaining children on the stage.

#### 1. Case Type CWS with Child 18 discharge-APPLA+

*In this scenario there are no other children in care or receiving continued services.*

- CWS stage is closed
- Welfare Management System (WMS) and Child Care Review Service (CCRS) are closed (on original CWS case)
- OTI is opened with only the 18+ child to be supervised
- New Case is merged to original case
- Supervision is documented in progress notes
- If child is in need of additional services (Preventive) or re-enters care, the stage is converted to CWS and normal process is followed to authorize services.

#### 2. Case Type CWS with Child 18 discharge-APPLA+/with other children receiving continues services

- Child is end-dated in CNNX
- Child is deleted from WMS composition & CCRS track is closed (on original CWS case)
- OTI is opened with only the 18+ child to be supervised
- Supervision is documented in progress notes in the OTI stage
- If child is in need of preventive services, the OTI stage will be converted to a CWS, WMS is opened and the correct Program Choice & Permanency Planning Goal are entered to track Child
- If child is to re-enter care, the OTI stage is closed and merged into the original family CWS case
- PC/PPG is added to the open CWS for the 18+ child and normal process is followed to authorize services.

#### 3. Case Type CCR with child 18+ being discharge-APPLA+

*This is a freed child in their own CCR stage that was discharged- APPLA+*

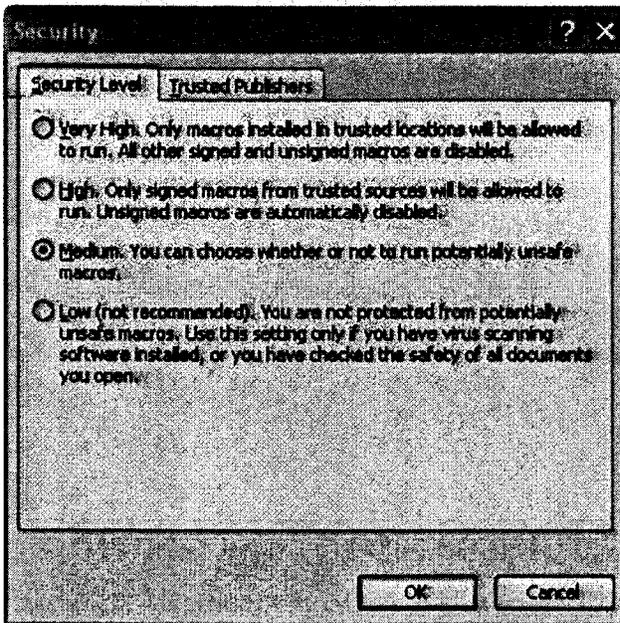
- CCR stage is closed
- WMS & CCRS are closed (on original CCR case)
- OTI is opened with only the 18+ child to be supervised
- Supervision is documented in progress notes

If child is in need of additional services (Preventive) or re-enters care, the stage is converted to CWS and the process outlined in the applicable procedure(s) is followed to authorize services.

## Guidelines for Installing, Initiating and Submitting the CS 853A

*The following instructions are designed for use by the provider agency staff when completing and submitting a Supervision to Age 21 Checklist for Youth Discharged to APPLA+ (Form CS 853A)*

1. Please copy the Supervision to Age 21 Checklist for Youth Discharged to APPLA+ Checklist (Form CS 853A) template to your workstation.<sup>1</sup> It is recommended that your Information Technology consultant install the forms because of your agency's application programs and use of a designated drive for storage. Insert the S21 Disk in the desired desktop(s) and install as detailed below. You do this only once by making sure that you are saving all changes to the agency designated drive. Then staff can begin to use it.
2. Open Microsoft WORD and set the macro security levels in WORD.
  - If you have WORD 2003:
    - a. You can either click on **Tools**, point to **Macro**, then click on **Security** OR you can click on **Tools**, click **Options**, click the **Security** tab, then click the **Macro Security** button.
    - b. Either method displays the Security dialog box:



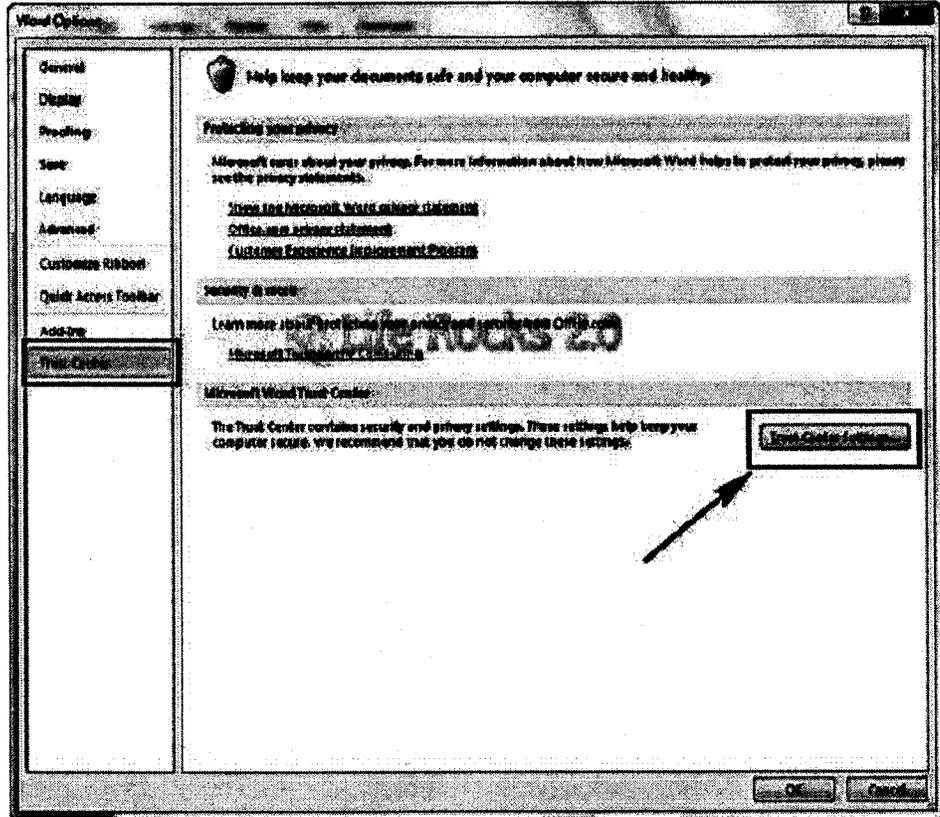
- c. Click **Medium**.
- d. Click **OK**.
- e. You will see a Security Warning box. Click the **Enable Macros** button in the box.

<sup>1</sup> A sample of this form is located at the end of these instructions

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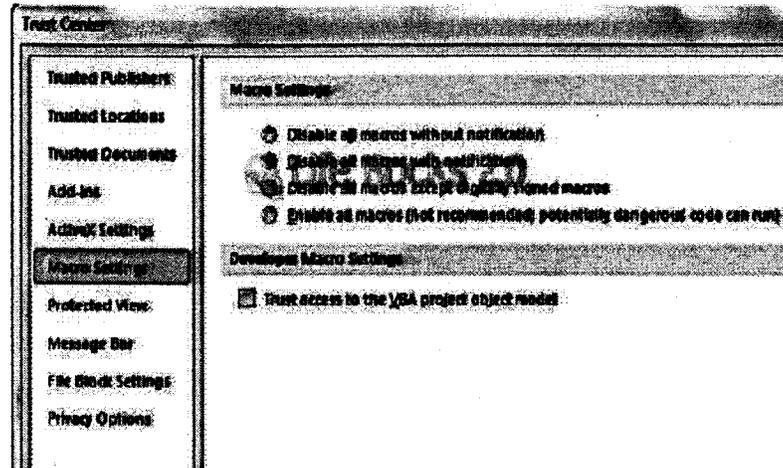
- If you have WORD 2007 or 2010:
  - a. Click the Microsoft Office button  and then click Word Options.
  - b. The following screen displays:



- c. Click Trust Center and then click Trust Center Settings as shown by the arrow above.

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d. The following screen displays:



e. In the Macro Settings section, you can click either:

**Disable all macros with notification** This is the default setting. Click this option if you want macros to be disabled, but you want to get security alerts if there are macros present. This way, you can choose when to enable the macros you want on a case by case basis.

**Enable all macros NOT RECOMMENDED - potentially dangerous code can run.** Click this option to allow all macros to run without getting security alerts. This setting makes your computer vulnerable to potentially dangerous code and it is not recommended.

f. When you have made your selection, click OK.

g. You will see a Security Warning ribbon. Click on Enable Content in the ribbon.

3. Review contacts in CNXX.

4. Open the Supervision to Age 21 checklist (CS 853A) form template.

5. The form template takes some time to load.

6. When the form template is loaded and displayed, enter information into the fields in the form template. You can tab from one field to another field. You must enter at least the CIN and agency code.

7. All the required fields in the form are red. Some fields may change to red depending on information you enter in other fields. If a field asks you for information that is pending, do not click Yes or No in it.

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8. If you need to blank out all the fields, click Clear Form so you can begin again.
  
9. After you enter correct information in several fields, you can click the Save Form button to save it on your workstation. When you click the Save Form button the first time, the name of the file will be created and the location of the file will be indicated by the system. The file will be saved in the same directory (agency designated drive) where the form templates are stored at your workstation.

**S21 Forms Naming Conventions for work stations using the "Lite" version. All others will have this done automatically every time you save and/or send.**

Please use the following naming conventions when submitting S21 forms

- |         |  |
|---------|--|
| Step 1: | For Supervision to Age 21 forms, start the file name with a "S"                            |
| Step 2: | Add an underscore (no spaces)  |
| Step 3: | Add your three character agency code (for example, B02)                                    |
| Step 4: | Add another underscore (no spaces)   |
| Step 5: | Add the youth CIN  |
| Step 6: | Add another underscore (no spaces)   |
| Step 7: | Add the month in the following format: mmddyyyy<br>(For example, June 1, 2011 is 06012011) |
| Step 8: | The file will end in ".doc" because this is being done in MS Word                          |

The finished file name would look like this: **S\_B02\_AB12345C\_06012011.doc**

Please note that we will be **REJECTING** forms that are not named correctly.

All S21 forms should be submitted to the PYA Mailbox at [acs.sm.pya@dfa.state.nv.us](mailto:acs.sm.pya@dfa.state.nv.us)

An example of an agency designated "C" saving location and saved filename is:

C:\Documents and Settings\My Documents\S\_B02\_AB12345C\_06012011.doc

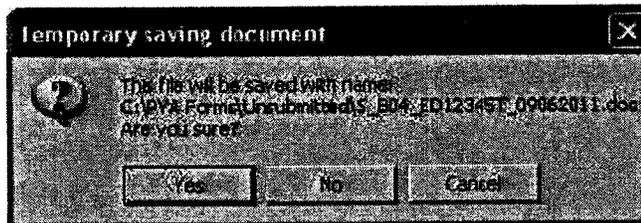
where the agency designated saving location is C:\Documents and Settings\My Documents\ and the filename of the saved form is S\_B02\_AB12345C\_06012011.doc

where S = Supervision to 21, B02 is the agency code, AB12345C is the CIN, 06012011 is the date in mmddyyyy format, and doc indicates that the form was saved as a Microsoft Word file.

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10. As you continue to enter information, click the Save Form button to save it in the directory. Also, there is an automatic save every 15 minutes. If you need to take a break, click Save Form. When you return from your break, go to the directory and double-click on the form to open it again.
11. When the form is complete, click Save Form and then the Submit Form button.



12. If any required fields are incomplete or blank, you will receive a popup message asking you to fill in these fields. Enter correct information in these fields.
13. After you click Submit Form and the required fields are completed, click "Yes" to proceed so the form can be sent to ACS (or click No if you do not want the form sent to ACS).
14. After you click "Yes", the form will be saved at your workstation, and it also will be automatically emailed to ACS together with a backup copy. To make sure that the form was sent to ACS, go to your "sent" box in your email program (for example, Microsoft Outlook) to see that the form was sent to ACS. If it was not sent, see your Supervisor.
15. At ACS, a password must be used to open the form and backup copy. The password is:  
CCC + S + Agency Code: where CCC equals the first 3 characters of the CIN number, S indicates Supervision to 21 checklists, and the Agency Code is at the end
16. When the form is processed at ACS, if you have Microsoft Outlook, you will receive a message saying it is processed at ACS.

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17. If necessary after the form is emailed to ACS, if your agency wants a different file name for the form, do a "Save As" to save the form at your workstation with the name determined by your agency.
  
18. Print the form that was saved at your workstation by clicking the Print Form button. When you have the printed form, sign it and let the youth sign it. Then make a copy of the signed form and give the copy to the youth.
  
19. Begin and end another Supervision to Age 21 for Youth Discharged to APPLA+ checklist (CS 853A) form by returning to Step 3 above. Use the form template you were using which is now blank after you clicked Submit Form, or open a different form template. Enter details from the case review in CNNX, complete and submit to ACS.



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Discharge Checklist



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- B. The youth has not maintained adequate housing and income continuously for the past six months so contacts are required
  - B1. ALL REQUIRED CONTACTS MADE AND DOCUMENTED IN PROGRESS NOTES
  - B2. ONE OR MORE OF THE MONTHLY CONTACTS WERE NOT SUCCESSFUL. DILIGENT EFFORTS WERE MADE TO CONTACT YOUTH AND DOCUMENTED IN PROGRESS NOTES
- C. Contact requirements satisfied because youth refuses to engage (please describe diligent efforts below)
  - C1. THIS STATUS IN EFFECT ENTIRE 6 MONTH PERIOD
  - C2. THIS STATUS CAME INTO EFFECT DURING REPORTING PERIOD

Explain:

[Empty rectangular box for explanation]

- D. Face to face contact not required - youth resides 50 miles or more outside agency location

- E. Youth re-engaged during the reporting period

Date of contact: [ ]/[ ]/[ ]

Type of contact:  Phone  Face to Face  Other: \_\_\_\_\_

- F. Other  
Explain:

[Empty rectangular box for explanation]

Attempted Contacts

	Date of Contact	Type of Contact
Contact 1	[ ]/[ ]/[ ]	<input type="checkbox"/> In Home <input type="checkbox"/> Face to Face <input type="checkbox"/> Phone <input type="checkbox"/> Email <input type="checkbox"/> Text <input type="checkbox"/> Other: _____
Contact 2	[ ]/[ ]/[ ]	<input type="checkbox"/> In Home <input type="checkbox"/> Face to Face <input type="checkbox"/> Phone <input type="checkbox"/> Email <input type="checkbox"/> Text <input type="checkbox"/> Other: _____
Contact 3	[ ]/[ ]/[ ]	<input type="checkbox"/> In Home <input type="checkbox"/> Face to Face <input type="checkbox"/> Phone <input type="checkbox"/> Email <input type="checkbox"/> Text <input type="checkbox"/> Other: _____
Contact 4	[ ]/[ ]/[ ]	<input type="checkbox"/> In Home <input type="checkbox"/> Face to Face <input type="checkbox"/> Phone <input type="checkbox"/> Email <input type="checkbox"/> Text <input type="checkbox"/> Other: _____
Contact 5	[ ]/[ ]/[ ]	<input type="checkbox"/> In Home <input type="checkbox"/> Face to Face <input type="checkbox"/> Phone <input type="checkbox"/> Email <input type="checkbox"/> Text <input type="checkbox"/> Other: _____
Contact 6	[ ]/[ ]/[ ]	<input type="checkbox"/> In Home <input type="checkbox"/> Face to Face <input type="checkbox"/> Phone <input type="checkbox"/> Email <input type="checkbox"/> Text <input type="checkbox"/> Other: _____

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**Successful Contacts**

	Date of Contact	Type of Contact
Contact 1	□□ / □□ / □□	<input type="checkbox"/> Face to Face <input type="checkbox"/> Phone <input type="checkbox"/> In Home
Contact 2	□□ / □□ / □□	<input type="checkbox"/> Face to Face <input type="checkbox"/> Phone <input type="checkbox"/> In Home
Contact 3	□□ / □□ / □□	<input type="checkbox"/> Face to Face <input type="checkbox"/> Phone <input type="checkbox"/> In Home
Contact 4	□□ / □□ / □□	<input type="checkbox"/> Face to Face <input type="checkbox"/> Phone <input type="checkbox"/> In Home
Contact 5	□□ / □□ / □□	<input type="checkbox"/> Face to Face <input type="checkbox"/> Phone <input type="checkbox"/> In Home
Contact 6	□□ / □□ / □□	<input type="checkbox"/> Face to Face <input type="checkbox"/> Phone <input type="checkbox"/> In Home

1. Youth offered referral services during the past six months

	Date Received	Service Information
Housing	□□ / □□ / □□	Name: <input type="text"/> Phone #: <input type="text"/> - <input type="text"/> - <input type="text"/> Address: <input type="text"/> Contact: <input type="text"/>
Education	□□ / □□ / □□	Name: <input type="text"/> Phone #: <input type="text"/> - <input type="text"/> - <input type="text"/> Address: <input type="text"/> Contact: <input type="text"/>

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Employment  /  /

Name:

Phone #:  -  -

Address:

Contact:

Individual needs  /  /

Name:

Phone #:  -  -

Address:

Contact:

2. Youth received the following referral services, or services have been initiated during the past six months

Date Offered  /  /

Service Information

Housing  /  /

Name:

Phone #:  -  -

Address:

Contact:

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Date Offered

Service Information

Education  /  /

Name:

Phone #:

 -  - 

Address:

Contact:

Employment  /  /

Name:

Phone #:

 -  - 

Address:

Contact:

Individual needs  /  /

Name:

Phone #:

 -  - 

Address:

Contact:

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3. Youth has refused offered referral services during the past six months

Please explain:

**Insurance**

Has the Youth has maintained Medicaid eligibility or secured another type of insurance?  Yes  No

Please explain:

**Re-Entry Information**

Youth has requested re-entry into foster care?  Yes  No

Youth has re-entered foster care?  Yes  No  Decision Pending



**Case Planner/Workers**

Contact #: \_\_\_\_\_

Date Started: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Date Started: \_\_\_\_\_

Contact #: \_\_\_\_\_

**Agency:**

Address: