DOCUMENTING POSTSECONDARY EDUCATION SUPPORT PERSONS IN A NEW OR EXISTING CASE PLAN IN CWS/CMS

Client Services 🧸   **Case Management Section (Green)**

1. From Client Services, open the appropriate case. Click *Open Existing Case Plan* or "**+**" button to *Create New Case Plan*.	
2. **Case Mgmt Svcs** In the Case Mgmt Svcs tab, click the "**+**" in the **Case Mgmt Svcs** grid to open the dialog box.	

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3. Next, from the dialog box, select/highlight the *Participant* youth's name, choose "**Secondary and Post Secondary Education Guidance**" from the *Category* drop down list, and choose the *Type* of activity(ies) from the list that have a designated and identified adult support person. Then, choose "OK" and the dialog box will close.

   a. If the "*Type*" of activity that the identified adult support person is assisting the youth with is completing college applications, select "*Other*."

4. In the *Provider* frame on the **Case Mgmt Svcs** tab, click "Staff Person", "Service Provider" or "Collateral" from the Provider type radio button list to identify who has been identified as the Post Secondary Education support person for each Secondary and Post Secondary Guidance *Service Type*.

   a. If the *Service Type* of guidance being provided is to assist the youth with completing college applications, enter a statement in the *Agency Responsibilities for Services* text field stating such.

(See ACIN I-08-23, dated March 2, 2023, for further details.)
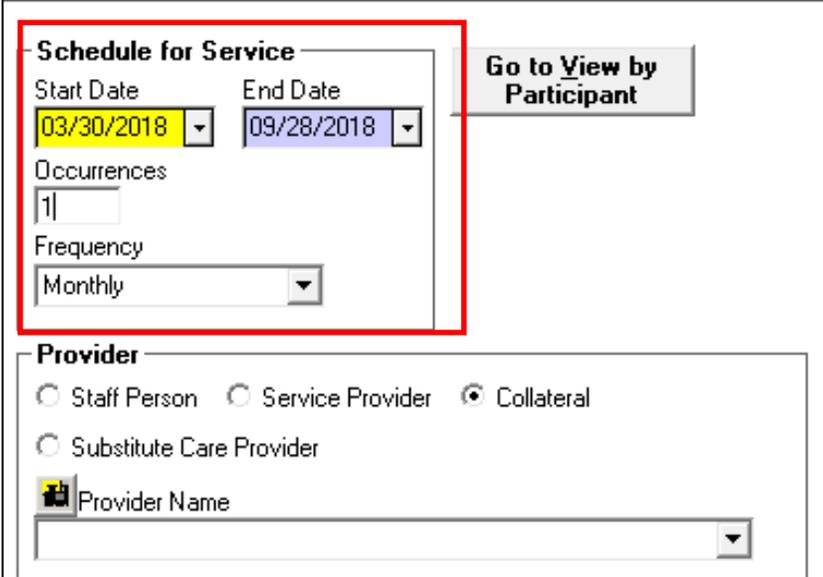
5. If the Secondary and Post Secondary Guidance Provider is a "Collateral", click on the 🏢 to perform a search for the "Collateral" Provider Name 6. If the Provider is a "Collateral", select the *Provider Name* from the drop- down menu. .	**Provider** ○ Staff Person ○ Service Provider ☐ Collateral ○ Substitute Care Provider 🏢 Provider Name [_____ ▼]
7. Once the *Provider* for <u>each</u> Secondary and Post Secondary Guidance *Service Type is selected*, enter the **Start Date** in the *Schedule for Service* frame. The system will automatically fill in the end date, which is six (6) months from the selected **Start Date**.	**Schedule for Service** **Go to View by Participant** Start Date End Date [03/30/2018 ▼] [09/28/2018 ▼] Occurrences [1] Frequency [Monthly ▼] **Provider** ○ Staff Person ○ Service Provider ◉ Collateral ○ Substitute Care Provider 🏢 Provider Name [_____ ▼]